

Wandsworth Town Dental Practice Limited

Morden Dentist

Inspection Report

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Overall summary

We carried out this unannounced inspection on 30 July 2018 and 8 August 2018 (announced) under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this practice was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Background

Morden Dentist is in the London Borough of Merton and provides private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs.

The dental team includes three dentists, three dental nurses and one trainee dental nurse. The dental nurses also provided reception duties. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the

Summary of findings

Care Quality Commission (CQC) as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Morden Dentist was the principal dentist.

On the day of inspection we were unable to speak with patients because there were none booked in and the inspection was unannounced.

During the inspection we spoke with one dentist and one of the dental nurses. On the second day of our visit the practice manager from the provider's other location also attended the inspection and spoke with us. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 9.00am to 5.00pm.

Our key findings were:

The practice appeared clean and well maintained.

- The clinical staff provided patients' care and treatment in line with current guidelines.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had infection control procedures that were broadly in line with published guidance.
- The practice had staff recruitment procedures; however they were not following their procedures.
- Appropriate medicines and life-saving equipment were available.

- The practice did not have suitable safeguarding processes and not all staff knew their responsibilities for safeguarding adults and children.
- The practice did not have suitable information governance arrangements.
- The practice did not assess and mitigate risks suitably.

We identified regulations the provider was not meeting. They must:

- Ensure suitable processes are in place for safeguarding people from abuse.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure specified information is available regarding each person employed

Full details of the regulations the provider was not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Review the practice's protocol and staff awareness of their responsibilities in relation to the duty of candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Review its responsibilities to respond to the needs of patients with disability and the requirements of the Equality Act 2010 and ensure a Disability Discrimination Act audit is undertaken for the premises.
- Review the practice's systems to monitor and track referrals to ensure that these are dealt with promptly.
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Both the staff members we spoke with (including the principal dentist who was also the safeguarding lead for the practice) had not received training in safeguarding and did not know how to recognise the signs of abuse and how to report concerns. The safeguarding lead for the practice was not fully aware of safeguarding issues or reporting procedures. Following the inspection the provider sent us confirmation that the lead had subsequently completed training.

Staff were qualified for their roles.

The practice could not demonstrate that they had completed all essential recruitment checks for staff employed in the service.

Premises and equipment were clean and properly maintained.

The practice were following national guidance for cleaning, sterilising and storing dental instruments and the disposal of clinical waste though improvements were required.

The practice had arrangements for dealing with medical and other emergencies although some staff had not completed medical emergencies training in a number of years.

Requirements notice



Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients feedback received by the practice indicated that patients felt confident and happy with the treatment they received.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

No action



Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

No action



Summary of findings

The inspection was unannounced and there were no patients available on the day of our inspection. We were therefore unable to obtain patient feedback. However we reviewed the practice patient satisfaction surveys and they were all positive about the service being provided.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families. The practice had access to telephone and face to face interpreter services and had arrangements to help patients with sight or hearing loss.

The practice responded to concerns and complaints.

No action



Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

Staff told us they felt supported and appreciated.

The practice arrangements to ensure the smooth running of the service required improvements. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. Management structure was not clearly defined and governance arrangements were not appropriate to ensure the smooth running of the service.

Risks associated with undertaking of regulated activities had not been suitably identified and mitigated.

Requirements notice



Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. However, the policy did not have the details of the local authority where concerns could be referred to. Not all staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances; this included the lead for safeguarding in the practice.

We saw evidence that some staff had received safeguarding training. However there were some staff who had not completed training in safeguarding and this included the safeguarding lead. Following the inspection the provider sent us confirmation that the lead had subsequently completed training.

The practice had a whistleblowing policy. The policy had details of external organisations staff could escalate concerns to in the event of needing to report outside the practice.

The dentist told us that they used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. However, no rubber dam kit was available on the premises. We were therefore unable to confirm this was happening.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency and locum staff. We looked at seven staff recruitment records. These showed the practice were not following their recruitment procedure. Essential checks were missing. This included evidence of Disclosure and Barring Services checks, Hepatitis B status, proof of identification and copies of CVs. The principal dentist assured us that that had completed them but that they were missing from staff files. When we returned on our second day of the visit some of the documents had been found and filed but others were still missing.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

An external company had carried out the five-year fixed wire testing in July 2018. No action was identified as a result of the tests. Portable appliance testing was also completed at the same time.

There was emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers at the premises. However, these had been provided by another provider based at the location who was in the process of being registered with the CQC. We discussed this with the principal dentist and they advised us that they would ensure appropriate arrangements such as an official agreement to share equipment or purchase their own were in place in the future for the location.

The practice did not have suitable arrangements to ensure the safety of the X-ray equipment. On the day of our first visit they did not have a radiation protection file available and therefore could not demonstrate how they met current radiation regulations. On the second day of our visit the practice manager assured us that they had a radiation protection file and servicing was undertaken but it was computerised and they could not access it from the location. After the inspection the provider sent us evidence of that they had a contract with an external company with who they had a contract and maintained an online radiation protection file.

The principal dentist and practice manager told us that the dentists justified, graded and reported on the radiographs they took and that they carried out radiography audits every year. The practice forwarded copies of radiograph audits after our second visit.

We saw evidence that two of the dentists had completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

Are services safe?

The practice had health and safety policies and procedures. The practice was unable to provide evidence of the risk assessment they carried out on the premises. There was another provider based at the location who had completed fire, premises and general health and safety risk assessments. These risk assessments were comprehensive and identified no risks with the premises. We discussed the lack of risk assessments with the principal dentist and they assured us that they would set up procedures to ensure appropriate systems were implemented immediately.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items.

The provider told us they had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. Paperwork was missing for some staff to confirm this. The provider sent us evidence of Hepatitis B immunisation for some staff after our visits.

Of the two staff available on the day of our visit one staff member (the dental nurse) did not know how to respond to a medical emergency.

The principal dentist told us that all staff had received training in emergency resuscitation and basic life support (BLS). We were though only shown one staff member's certificate to evidence the training.

We discussed this with the principal dentist and they assured us that all staff would receive refresher training as soon as possible.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. Some staff had completed infection prevention and control training and received updates as required. Infection control training was outstanding for some staff.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. One of the dental nurses gave a demonstration of the decontamination process which was broadly in line with guidance - The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care.

The dental instruments we checked were clean and stored suitably. We noted that some clean instruments were not pouched and dated, a long handle brush was not available for cleaning dental instruments, the temperature of water used for cleaning and rinsing instruments was not monitored and the decontamination room was cluttered. We found numerous dental materials that were past their use by date.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The new provider who was in the process of being registered with the CQC had carried out a legionella risk assessment. The risk assessment did not identify any areas of concern. The practice had recently set up systems for testing water temperatures.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

The practice had policies and procedures in place for clinical waste. However, they were not following the policy. There was no contract in place for the disposal of clinical waste. The principal dentist told us that they had a contract at their other location and clinical waste was transported from this location to the other location. The provider confirmed that they did not have a permit for transporting clinical waste.

Are services safe?

The new provider who was in the process of being registered did have a contract in place for disposal of clinical waste and they told us that they had allowed the practice to use their facilities for the past few weeks.

The provider assured us that they would make appropriate arrangements for the future disposal of clinical waste.

The practice carried out infection prevention and control audits twice a year. The latest audit they had completed showed that the practice was meeting the required standards. However, there were inconsistencies in the audit. For example, the audit stated that all staff had completed infection control training and this was not the case. The audit also stated that there was a contract in place for clinical waste, that cleaning materials were stored appropriately; there was no evidence of any of these things.

Information to deliver safe care and treatment

We checked a sample of dental care records. Dental care records we saw were accurate and legible and were kept securely and complied with data protection requirements. Some dental care records needed improvement to ensure review of medical histories where undertaken was suitably recorded and notes made to record updates. Some files we reviewed did not have copies of the patients' treatment plan.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice only provided private treatment however we found a stock of NHS prescriptions in one of the surgeries. Staff explained that this was a mistake and that they were from the provider's other location.

Private prescriptions were computerised and printed as and when necessary.

Track record on safety

The practice told us that they monitored and reviewed incidents. We were told that there had not been any accidents or incidents in the previous 12 months.

We saw that the practice had an accident book available to record any accidents that might occur. Incident forms were also available.

Lessons learned and improvements

There were adequate systems for reviewing and investigating when things went wrong.

There was a system for receiving and acting on safety alerts. The practice manager told us that they shared safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice had access to intra-oral cameras to enhance the delivery of care.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

We saw from notes that where applicable the dentist discussed smoking, alcohol consumption and diet with patients during appointments.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice's consent policy included information about the Mental Capacity Act 2005. The policy also referred to Gillick competence, by which a child under the age of 16 years can consent for themselves. The staff we spoke with demonstrated basic awareness of consent and mental capacity.

Monitoring care and treatment

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

Effective staffing

The principal dentist told us that staff new to the practice had a period of induction based on a structured programme. The staff we spoke with confirmed they received a suitable induction as per their needs..

We saw that some clinical staff had completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

The principal dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide evidence of this.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Are services caring?

Our findings

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

The inspection was unannounced so we were unable to obtain patients feedback about staff in this area.

We saw that staff treated patients respectfully, appropriately were friendly towards patients at the reception desk and over the telephone.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff that might be able to support them. This included staff who spoke Urdu, Punjabi and Hindi.

The practice had information in the premises providing patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example models and pictures

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had made reasonable adjustments for patients with disabilities. These included step free access and accessible toilet with hand rails and a call bell.

A Disability Access audit had not been completed. The practice manager assured us it would be completed as soon as possible.

Timely access to services

The practice displayed its opening hours in the premises, and included on their website.

The practice had an appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day.

The practice website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. This included a number for patients to call out of hours which was shared with the providers other location. Patients had the option of being seen at either location.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint.

The practice manager was responsible for dealing with these. The practice manager told us they aimed to settle complaints in-house and would speak with the patient in person to discuss their concern. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. We saw that complaints were handled in line with their policy.

Are services well-led?

Our findings

Leadership capacity and capability

Staff told us they the principal dentist was visible, provided good leadership and supported them. . Staff spoke positively about the support and encouragement they received from them.

Vision and strategy

Culture

Staff we spoke with stated they felt respected, supported and valued. They were proud to work in the practice.

The provider was not aware of the requirements of the Duty of Candour.

Governance and management

Systems to support good governance and management were not in place.

There was lack of clear responsibilities and roles assigned to leads. Staff gave us conflicting information about who was lead officer for various areas of work.

Systems for monitoring certain aspects of the service such as staff training, risk assessments and staff recruitment were not in place.

Documentation relating to these areas were not filed systematically and many documents were missing or not available. For example, certificates for members of staff training and the radiation protection file were not available. The principal dentist told us that electrical testing had not been carried out; however on the second day of the the practice manager showed us certification confirming it had been completed. We discussed this with the principal dentist and practice manager and they acknowledged that improvements were required.

Details relating to staff recruitment were not available on the first day of the visit. When we returned, some information was provided, though there were still some documents missing. This included copies of staffs' curriculum vitae, interview notes, evidence of conduct in previous jobs, GDC registration (where applicable) and evidence of Disclosure and Barring Services checks.

Appropriate and accurate information

The practice did not have appropriate information governance arrangements. Policies were not available at the location on the first day we visited. When we returned policies had been brought from the provider's other registered location.

Some of the policies we checked were not specific to the location and had details of the other location. For example, the safeguarding policy had the details of another local authority not relevant for the practice. We discussed this with the principal dentist and the practice manager and they told us they would ensure appropriate governance arrangements were put into place.

Engagement with patients, the public, staff and external partners

The practice used patient surveys to obtain staff and patients' views about the service. We reviewed the results of the most recent surveys received from patients. The feedback was generally very positive.

Staff told us they were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The practice did not demonstrate that they had quality assurance processes to encourage learning and continuous improvement. When we visited, the practice was unable to provide evidence of audits they had completed. Following the second visit we were sent copies of infection control and radiography audits. The infection control audits submitted had inconsistencies. The principal dentist and practice manager told us that they would implement a system of comprehensive auditing as soon as possible.

The principal dentist told us that staff received annual appraisals, and learning needs and, general wellbeing were discussed, though documentation to support this was not available.

Staff we spoke with confirmed they were supported by managers and could speak with them about wellbeing.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met The registered person had failed to establish systems to prevent abuse. In particular:</p> <p>The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users. In particular:</p> <ul style="list-style-type: none">• They did not ensure that all staff had received safeguarding training;• They did not ensure that staff had the right level of knowledge to protect people• The safeguarding lead in the practice had not completed training and did not have sufficient levels of knowledge• They did not have systems in place for staff to report safeguarding concerns within the practice or externally escalating to wider authorities. <p>Regulation 13(1)&(2)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to the management of the regulated activity or activities In particular:</p>

Requirement notices

- Staff training details were not maintained and the provider did not have records to evidence training in some areas staff had completed;
- There were no systems in place to ensure that medicines and dental material were checked or monitored for their expiry dates.

There was additional evidence of poor governance. In particular:

- Some policies were out of date
- Key documents, policies and records relevant for the location were not accessible at the location;
- There was no comprehensive or orderly system in place for maintaining policies and other key documents for running the service.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk

- Risks associated with decontamination of dental instruments, waste handling and disposal, fire and electrical safety and health and safety had not been suitably identified and mitigated.

Regulation 17(1)

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

This section is primarily information for the provider

Requirement notices

- Copies of curriculum vitae, interview notes, conduct in previous roles and Hepatitis B status were not available at the location and/ or missing for some staff.
- Disclosure and Barring Services checks were not available at the location and / or missing.

Regulation 19(3)