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Feelgood Dental

Inspection report

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Date of inspection visit: 3 February 2022
Date of publication: 23/03/2022

Overall summary

We carried out this announced focused inspection on 3 February 2022 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 practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- Is it well-led?

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

Our findings were:

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The dental clinic appeared to be visibly clean and well-maintained.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Summary of findings

- The practice had infection control procedures which reflected published guidance. However, improvements were needed to ensure these were understood and complied with.
- Staff knew how to deal with medical emergencies. Improvements were needed to ensure that the required medicines and life-saving equipment were available and appropriately stored.
- The practice had systems to help them manage risk to patients and staff. Improvements were needed to ensure that these systems were monitored, risk assessments were completed accurately and acted on to mitigate risks.
- The practice had staff recruitment procedures which reflected current legislation. Improvements were needed to ensure relevant information was maintained for visiting specialist staff.
- Improvements were needed to ensure effective leadership and a culture of continuous improvement.

Background

The provider has six practices and this report is about Feelgood Dental Practice.

This practice is in the London Borough of Hillingdon and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Metered car parking spaces, including dedicated parking for people with disabilities, are available near the practice. The practice has made reasonable adjustments to support patients with additional needs.

The dental team includes seven dentists, five dental nurses, one trainee dental nurse and one dental hygienist. The clinical team are supported by three receptionists and a practice manager. The practice has four treatment rooms.

During the inspection we spoke with three dentists, two dental nurses, two receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

8.30am to 5.30pm on Mondays, Wednesdays and Fridays

8.30am to 8pm on Tuesdays and Thursdays

8.30am to 1pm on Saturdays

8.30am to 4pm on Sundays

We identified regulations the provider was not complying with. They must:

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Full details of the regulation the provider is not meeting are at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action ✓
Are services effective?	No action ✓
Are services well-led?	Requirements notice ✗

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance. However, these were not monitored effectively to ensure that they were followed. Infection prevention and control audits were carried out every six months, however, those seen on the day of inspection were not completed accurately and did not identify some issues we identified:

- There was no identifiable zoning for clean and dirty areas within the treatment rooms or the decontamination room to minimise the risk of cross contamination.
- Improvements were needed to ensure the transportation and cleaning of dental instruments and the procedures for daily checks for sterilising equipment are in accordance with relevant guidance.

The practice had additional procedures in relation to COVID-19 in accordance with published guidance and these were kept under review.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. Improvements were needed so that all recommendations from the risk assessment were acted upon and evidenced.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean. Improvements were needed so that cleaning equipment was stored in accordance with the relevant guidance to minimise the risk of cross contamination.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover. Improvements were needed so that relevant records were available for the visiting implantologist and dental nurse.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Are services safe?

Emergency medicines were available and checked in accordance with national guidance. Improvements were needed to ensure that the medicine used to treat low blood glucose (Glucagon Hypo kit) was stored in accordance with the manufacturer's instructions to ensure its efficacy. Improvements were needed so that emergency equipment - self-inflating mask with reservoir - was in good working order, and that other equipment including airways, oxygen masks and tubing are stored so that they are easily accessible in the event of a medical emergency.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating when things went wrong. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

The practice had a standard operating procedure and undertook suitable risk assessments before providing dental care in domiciliary settings such as care homes or in people's residence.

The orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits following current guidance and legislation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services well-led?

Our findings

We found 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). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The practice demonstrated a transparent and open culture in relation to people's safety.

However, a lack of effective monitoring impacted on how some processes were implemented.

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff discussed their training needs during annual appraisals. The processes could be improved upon so that staff also have the opportunity to discuss general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

The practice had arrangements for delegating responsibilities roles and systems of accountability. to support good governance and management.

There were systems of clinicals governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. However, improvements were needed to the management and governance oversight to ensure policies, procedures and relevant guidance was well understood and followed to support good governance.

We saw there were processes for managing risks. However, these were not monitored effectively to ensure all risk assessments were completed accurately or acted on where areas for improvements were identified.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff through meetings and informal discussions.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.

This section is primarily information for the provider

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the Regulation was not being met</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Procedures in relation to the transportation and cleaning of dental instruments were not monitored to ensure they were in accordance with relevant guidance.• Procedures for daily checks for sterilising equipment were not in accordance with relevant guidance• There were no systems to ensure that the emergency medicine to treat low blood glucose was stored in accordance with the manufacturer's instructions• There were no systems to ensure that emergency equipment was checked to ensure good working condition and ease of access in the event of a medical emergency.• Infection prevention and control audits were not monitored to ensure that they were completed accurately and areas for improvements identified and acted on.• It was not evident that all of the areas for improvement identified within the Legionella risk assessment had been acted upon. <p>Regulation 17(1)</p>