

K2 Dental

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Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 31 January 2023 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which largely reflected published guidance.
- Staff knew how to deal with medical emergencies. Improvements were required to ensure all appropriate life-saving equipment was available as per current national guidance
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect.

Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- Improvements were needed to help the provider manage better the risks for patients, staff and the premises, and to support continuous improvements.
- The practice had staff recruitment procedures which reflected current legislation; however, some staff records needed completion.
- The leadership and oversight for the day-to-day management of the service needed improvements.

Background

K2 Dental is in the London borough of Hammersmith and Fulham and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, a trainee dental nurse, 2 dental hygienists, a team coordinator and a receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with one of the principal dentists, the trainee dental nurse, the receptionist and the team coordinator. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday and Friday from 8am to 4.30pm

Tuesday and Thursday from 9am to 5.30pm

Wednesday from 8am to 7pm

The practice had taken steps to improve environmental sustainability. For example, the practice provided a drop-off point to encourage recycling of toothpaste tubes. The practice also had a policy to minimise unnecessary energy use.

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

- Take action to ensure the suitability of the premises and ensure all areas are fit for the purpose for which they are being used. In particular ensure the mains electrical 5 yearly check is carried out.
- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.

Summary of findings

- Implement protocols for the use of closed -circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.
- Take action to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

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 largely reflected published guidance. We observed that used instruments were rinsed beneath running water creating a risk of contaminated aerosol. Following our inspection, a plug was fitted to the sink, allowing instruments to be fully submerged.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. Improvements could be made by ensuring sentinel tap temperatures readings were recorded. The provider gave assurances that this had been implemented with immediate effect.

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

The practice appeared clean and there was a schedule in place to ensure it was kept clean. Improvements were required to ensure that cleaning equipment was appropriate for healthcare environments. There was only one mop and bucket available at the practice and it was unclear in which areas the mop was being used as it was not colour coded. Following our inspection, the provider obtained additional sets of colour-coded cleaning equipment.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. Improvements were required to ensure all clinical staff have adequate immunity to Hepatitis B. Consideration was needed to decide if enhanced Disclosure Barring Service (DBS) checks are appropriate for clinical staff.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. Improvements were required to ensure the facilities were maintained in accordance with regulations. In particular there was no evidence that the 5 yearly fixed electrical installation check had been carried out. Following our inspection, the provider arranged an electrical survey.

The provider had fire safety procedures which required some improvements. We saw that staff had received fire safety training and fire alarms tests and drills were carried out. The practice was uncluttered and fire exit signs were clearly displayed. Fire-fighting equipment was suitably maintained, however we noted that the fire alarm system and emergency lighting had not been serviced at regular intervals by a competent person as detailed within the practice policy. A new fire safety risk assessment and servicing were immediately arranged.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT) equipment. The practice updated the Local Rules, which alluded to the previous regulation, to reflect the requirements of Ionising Radiation Regulations 2017 (IRR17) immediately following our inspection.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness and lone working. We observed that sharps were handled safely in the practice and the provider assured us that the written policy and risk assessment would be adjusted to reflect the procedures accurately.

Are services safe?

Emergency equipment and medicines were available with the exception of a portable suction device to clear the airway in the event of an emergency. The provider ordered this immediately. The logs used to check emergency equipment and drugs were updated to reflect this and to include a record of the checks carried out with regard to the Automated External Defibrillator (AED). Glucagon, a medicine to treat low blood sugar was stored within a refrigerator where the temperatures were monitored daily, but we noted that the temperature exceeded the range required for this medicine's storage. On the day of inspection, the thermostat was adjusted to lower the fridge temperature to maintain the cool chain.

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

The practice had some risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Improvements were required to ensure all hazardous substances within the practice were included in the risk assessments.

Information to deliver safe care and treatment

Patient care records were complete, legible, 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. Improvements were required to ensure the referrals were followed up to ensure patients received care in a timely manner. The provider sent evidence that a system had been devised and implemented on our recommendation.

Safe and appropriate use of medicines

The systems for appropriate and safe handling of medicines required some improvement. The practice took immediate action to improve the labelling of some dispensed medicines to comply with The Human Medicines Regulations 2012. Antimicrobial prescribing audits were not carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. 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.

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.

Staff were aware of national oral health campaigns which supported patients to live healthier lives, for example, stop smoking services. They directed patients to these schemes when appropriate.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

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 patient care records in line with recognised guidance.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits at six-monthly intervals. Improvements could be made to ensure these audits used the current radiographic grading system and contained analyses and action plans.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The principal dentist who placed dental implants utilised the CBCT equipment for treatment planning purposes. They recognised that further radiography training in the use of CBCT was necessary and a course was completed 2 days after our inspection.

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 caring?

Our findings

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

Kindness, respect and compassion

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

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television, to improve security for patients and staff. The practice did not have the relevant protocols and procedures in place to ensure its appropriate use.

A privacy impact statement had not been completed. Following our inspection, we received evidence that the practice had rectified the omissions.

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 and gave patients clear information to help them make informed choices about their treatment.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included for example photographs, study models, X-ray images and an intra-oral camera.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including an enabled toilet for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website and social media page.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website information leaflet and answerphone provided a telephone number for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

We found this practice was providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

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

Oversight at the practice had suffered recently due to staff turnover. This had been recognised and steps taken to address this to create stronger leadership. There was a strong emphasis on continually striving to improve. Following our inspection feedback, the provider and team coordinator acted immediately to address all recommendations.

There was strong leadership with emphasis on people's safety and continually striving to improve.

The majority of the information and evidence presented during the inspection process was clear and well documented. Some evidence was not available on the day of inspection, but was sent without delay at our request.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

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

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

Staff discussed their training needs during annual appraisals and meetings. They also discussed learning needs, 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

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff. Improvements were required to ensure the policies were accurate and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had information governance arrangements which required improvements. In particular, the practice had installed closed-circuit television (CCTV). There was no privacy impact statement and there was no signage within the practice. The provider took immediate action to address this.

Engagement with patients, the public, staff and external partners

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

Feedback from staff was obtained through meetings, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, quality assurance, and continuous improvement. These included audits of disability access, radiographs and infection prevention and control. Improvements were required to ensure the infection prevention and control audits are carried out at 6-monthly intervals and we noted some inaccurate statements within the latest audit which had not been dated. The quality of the radiographic audits also required improvements and the provider should consider carrying out audits of antimicrobial prescribing.