

Inspire Dental Care

Inspire Dental Care – Kilburn

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 5 October 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 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 was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.

Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.
- The practice had some systems to help them manage risk to patients and staff. Improvements were needed to ensure there were systems in place for the ongoing identification and management of fire risks.
- The practice had staff recruitment procedures which broadly reflected current legislation. Improvements were needed to ensure documentation of persons employed in relation to their competence, skills and experience which are necessary for the work to be performed by them were obtained and stored.
- The provider had some systems in place to ensure the premises and equipment used for providing care and treatment were safe. Improvements were needed to ensure radiography equipment was serviced and maintained in line with the relevant regulations.

Background

Inspire Dental Care - Kilburn is in the London Borough of Brent 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. Car parking spaces and public transport links are available near the practice. The practice has made reasonable adjustments to support patients with additional needs.

The dental team includes 2 dentists, a visiting implant dentist, 2 qualified dental nurses and a trainee dental nurse. The practice has 4 treatment rooms and a separate decontamination room.

During the inspection we spoke with one dentist and the trainee dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 8.30am to 5pm and on Saturday by appointment only.

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

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

- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.

Summary of findings

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular, they should ensure that a rectangular collimator is used with the intraoral X-ray units.

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?	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 broadly reflected published guidance. On the day of inspection, we observed several undated wrapped instruments in surgery 1 and 2. The practice could not demonstrate that they had a process in place to ensure that the maximum storage time of 12-months for wrapped sterilised dental instruments was not exceeded. Following the inspection, the provider told us that they had re-sterilised the undated instruments and the packagings were now stamped, clearly indicating the expiry date.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

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.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. Improvements were needed to ensure that sufficient documentation was obtained for persons employed to demonstrate their competence, skills and experience. On the day of the inspection we reviewed 6 staff records. We observed that the provider did not have records on file to demonstrate the competence and relevant experience of the visiting clinician who was employed to carry out dental implant procedures.

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

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 risks around fire safety had not been assessed and mitigated and neither reviewed regularly by a person with the qualifications, competence and experience to do so. An in-house fire risk assessment undertaken on 21 May 2022 was made available to us for review. The assessment listed central heating, Bunsen burner, oxygen, portable electrical equipment, laboratory substances, extension leads and autoclaves as significant hazards and included the control measures of these. The emergency routes and exits, fire detection systems, firefighting equipment, the removal and storage of dangerous substances, emergency fire evacuation, the needs of vulnerable people and staff training had not been assessed and documented.

Furthermore, the practice did not have procedures in place to mitigate risks associated with fire. There were no records of periodic in-house testing of the fire safety equipment, including the fire alarm system, smoke detection system and emergency lighting. The provider could not demonstrate that the emergency lighting equipment was serviced regularly. There was no evidence staff undertook fire awareness or fire marshal training.

The practice had some arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We saw evidence that the 3-yearly dosage and calibration tests had been undertaken in July 2020. However, the provider could not demonstrate that the annual electrical and mechanical servicing of radiography equipment had been carried out. Additionally, improvements were needed to ensure rectangular collimators were available for the intra-oral radiography units in line with the current guidance.

Are services safe?

Risks to patients

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

Emergency equipment and medicines were available and checked in accordance with national guidance

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 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 did not have systems for the safe storage medicines. On the day of inspection, we observed prescription only medication in an unlocked cabinet. Additionally, the provider did not have in place adequate stock control system of medicines which were held on site. Following the inspection, the provider informed us that they had safely disposed of all prescription only medication at a local pharmacy and they would no longer dispense medication.

Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating 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.

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.

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 six-monthly following current guidance and legislation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. However, improvements were needed to ensure the provider had systems in place to assure themselves of the relevant competence and skills of visiting clinicians.

Staff completed continuing professional development required for their registration with the General Dental Council. On the day of inspection, we observed that the visiting clinician did not have all training certificates on file, including those for safeguarding and infection control. Following the inspection, the provider submitted a copy of these missing certificates.

The practice did not have a formal induction programme in place. On the day of inspection, we observed that a recently appointed member of clinical staff did not feel confident in the use of medical emergency equipment and their role in the event of a medical emergency. Following the inspection, the provider submitted an 'Induction Checklist' they said they would use to record the induction of new staff. Furthermore, they told us that medical emergency scenarios would be discussed in future practice meetings.

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.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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.

Staff 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 described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, study models, and X-ray images.

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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

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

Timely access to services

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.

Listening and learning from concerns and complaints

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

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.

There was strong leadership and emphasis on continually striving to improve.

The information and evidence presented during the inspection process was clear and well documented.

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

Culture

The practice 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 one to one 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. However, improvements were needed to ensure the provider had systems in place to assure themselves, at the time of recruitment and regular intervals thereafter, of the relevant competence and skills of all staff working at the practice.

Governance and management

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

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

The processes for managing risks were ineffective. The practice did not have adequate systems in place for identifying, assessing and mitigating risks of fire.

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. Staff 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 had systems and processes for learning, continuous improvement and innovation.

Are services well-led?

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.

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 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. In particular:</p> <ul style="list-style-type: none">• The fire risk assessment did not consider all risks associated with fire and it was not carried out and regularly reviewed by a person with the qualifications, skills, competence and experience to do so.• There were no records of periodic in-house testing of the fire safety equipment, including the fire alarm system, smoke detection system and emergency lighting.• The emergency lighting system had not been serviced regularly.• Staff did not undertake fire awareness training.• The practice did not have arrangement for the safe storage of medicines.• There was no adequate stock control system of medicines which were held on site. <p>The registered person had systems and processes in place that -operated ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:</p>

Requirement notices

- There was no documentation to demonstrate the relevant competence and skills of the visiting clinician in relation to the treatment they were employed to carry out.

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:

- The provider did not have a structured induction program in place to ensure newly appointed staff were familiar with the internal policies and procedures.
- A recently appointed member of clinical staff did not feel confident in the use of medical emergency equipment and their role in the event of a medical emergency.

Regulation 17 (1)