Rosslyn Hill Dental Clinic

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Inspection report

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Date of inspection visit: 18 January 2022
Date of publication: 18/03/2022

Overall summary

We carried out this announced focused inspection on 18 January 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:

- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff felt involved and supported and worked as a team.
- The practice did not always follow their recruitment policy.
- The provider had not ensured the inspection or servicing of the gas boiler and electrical fixed wiring in accordance with legislation.
- Improvements were needed in relation to the practice governance arrangements.

Summary of findings

- Emergency equipment and medicines were not available and checked in accordance with national guidance. This was immediately rectified by the provider.
- The dental team was long-standing which meant there was continuity of care and treatment for patients.
- Dental care records we looked at were not completed in line with national guidance.

Background

Rosslyn Hill Dental Practice is in Hampstead which comes under the local authority of Camden, and provides private dental care and treatment for adults and children.

There is ramp access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes three dentists, three dental nurses, two dental hygienists and one receptionist/administrator. The practice has five treatment rooms.

During the inspection we spoke with all members of staff. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Friday 9:30am to 4:30pm except for Friday when they close at 1:30pm. During out of hours or when the practice is closed, patients could contact the emergency mobile number for care and treatment.

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 was not meeting is at the end of this report.

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.
- Take action to ensure dentists are aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.
- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, those relating to latex and lone working.
- 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.

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. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance. However, clinical staff had not been fit tested for filtering facepiece masks as part of their personal protective equipment to minimise the risk of contracting Covid-19.

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. The pre-acceptance audit completed in July 2021 demonstrated that the provider had ensured wastes were appropriately segregated in line with legal requirement.

We saw the practice was visibly clean and there was a cleaning schedule to ensure the practice was kept clean.

All clinical staff were qualified and registered with the General Dental Council, however, we were not able to confirm all clinical staff had professional indemnity cover. We found that adequate recruitment checks had not been carried out for the visiting clinician, in accordance with relevant legislation. We only saw copies of their qualification and that they were registered with the General Dental Council.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The provider had ensured most facilities were maintained in accordance with regulations. However, they had not ensured the inspection or servicing of the gas boiler and electrical fixed wiring in accordance with legislation.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. However, the provider had not acted on recommendations from the most recent critical examination. This included for example, not adjusting the entrance dose of the intra oral machines. Similarly, circular collimators instead of rectangular ones were in still in use in two surgeries.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety including sharps safety and sepsis awareness. The issues highlighted on the day in relation to medical equipment had been addressed by the provider following the inspection.

The practice had not carried out lone worker risk assessments to help them manage risks pertaining to clinical staff who worked without chairside support.

We saw no evidence of patient group directions in place for the two dental hygienists.

Risks associated with latex were not appropriately managed. For example, they had latex rubber dams as part of the dental stock.

Are services safe?

Emergency equipment and medicines were not available and checked in accordance with national guidance. In particular, the oropharyngeal airways sizes 0, 1, 2, 3 and 4 were out of date. Equipment we did not see on the day were; pocket mask with oxygen port, self-inflating bag with reservoir for child. The clear face masks for self-inflating bag were all old and worn. They had a size D oxygen cylinder instead of the 460L recommended by the United Kingdom Resuscitation Council. We received evidence 24 hours after the inspection that action had been taken to rectify appropriately.

Staff knew how to respond to a medical emergency and had completed online training in emergency resuscitation and basic life support every year and they told us they had scheduled to attend hands on simulated training.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health and data sheets were available and accessible to all staff.

Information to deliver safe care and treatment

Not all dental care records we saw were complete. For example, we looked at nine care records of which five were not maintained comprehensively. We spoke with the clinicians to confirm our findings and observed that individual records were not typed and managed in a way that kept patients safe. They were not comprehensive in that they failed to include medical history, soft and hard tissue examination , intra and extra oral checks, risk assessments, discussions had with patients, radiographic justification, gradings or reports, consent, treatment options offered including their advantages and disadvantages and periodontal charting. We also found instances where diagnosis was not recorded, and clinicians had not recorded the use of local anaesthetic.

The practice had a referral policy; however, they did not have adequate systems for monitoring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The provider's process for issuing prescription was safe and in line with current guidance.

The provider dispensed antimicrobials; they had not ensured a stock control system was in place to ensure medicines held on site did not pass their expiry date and that enough medicines were available if required. Information labels were not placed on medicine packaging before dispensing. For antimicrobials which were prescribed as part of a treatment plan, there was no documented evidence of this in the dental care records.

The provider told us antimicrobial prescribing audits were not routinely carried out.

Track record on safety, and lessons learned and improvements

The practice told us they had implemented systems for reviewing and investigating when things went wrong; a policy was in place to support this.

The practice did not have a system for receiving and acting on safety alerts. Following the inspection, the provider told us this had been acted on and that a system was now in place to ensure safety alerts are received, discussed and cascaded.

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, however, these were not always adhered to by staff.

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

We saw that the performing clinician had undergone appropriate training in the provision of dental implants.

Helping patients to live healthier lives

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

Consent to care and treatment

The practice had a detailed consent policy; however, this was not followed by clinicians. For example, dental care records we looked at showed there was a lack of consistency in how staff obtained consent to care and treatment.

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 did not keep detailed dental care records in line with recognised guidance

The practice audited dental care records in line with standards set out by the dental regulator. At the inspection, we looked at dental care records following the audit of March 2021 and found that improvements were not made to reflect findings of the audit, for example, clinicians were not recording intra oral checks nor oral cancer screening.

Evidence was not available to demonstrate that all the clinicians justified, graded and reported on the radiographs they took. The practice did not undertake six-monthly radiography audits in line with current guidance and legislation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles, however, not all newly appointed staff had undergone a structured induction and the provider had failed to ensure all clinical staff had completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff told us they worked together 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, however, when asked, they were unable to show us examples of referrals made in the last 12 months.

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 Notice 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

On the day of the inspection, all leaders within the practice were present and told us their overall aim was to deliver high-quality care. The information and evidence presented during the inspection was unclear and at times poorly documented.

We found that there was a lack of leadership and oversight at the practice in relation to risk management. In addition, systems and processes were not effectively implemented.

Culture

The practice team had worked together for a considerable amount of time; they were long-standing and close-knit.

Staff stated they felt respected, supported and valued. They were proud to work in the practice. The examples they described on the day of the inspection, portrayed the leaders of the practice, as understanding, caring and supportive. Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed. They told us they were committed to their roles and welcomed the CQC inspection findings. The provider told us urgent action would be taken to address the concerns found on the day.

We did not see evidence of completed annual appraisals or other one to one discussion for staff. This was raised with management who told us there were plans to complete these in the coming year.

Governance and management

The principal dentists had overall responsibility for the management and clinical leadership of the practice; they were supported by another member of staff who also undertook other reception and administrative duties. Based on the inspection findings on the day, we found the governance arrangements to be unclear. For example:

The provider had not sought to effectively manage and or minimise risks associated with the fixed electrical wiring and gas safety.

There was ineffective system for checking emergency lifesaving equipment to ensure they were in date and good working order.

Recruitment checks had not been carried out for the visiting clinician, in accordance with relevant legislation. We only saw copies of their qualification and that they were registered with the General Dental Council.

The provider did not have systems in place for receiving, managing and cascading safety alerts such as those reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).

The provider had no system to monitor referrals; in particular, those referred for suspected oral cancer.

The provider had limited quality assurance processes to encourage learning and continuous improvement. For example, they had not undertaken radiographs and disability access audits in accordance with current guidance and legislation.

Appropriate and accurate information

Are services well-led?

The provider told us they used quality and operational information to improve the service offered to patient as well as the overall practice performance.

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

We noted that the dental software used by the provider operated offline and was maintained by a third-party individual.

Engagement with patients, the public, staff and external partners

Staff told us they gathered feedback from patients and staff and told us this had been impacted by the pandemic.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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. How the Regulation was not being met 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 had no processes to ensure safety alerts were received, reviewed, discussed and cascaded with team members. • The provider did not have a system to monitor two weeks' wait referrals. • The provider did not undertake an access audit to determine if it was suited for those with a disability. • Radiograph audits were not undertaken. The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular: • Dental care records were not comprehensively written to include necessary information as per guidance. • The provider was failing to consistently record consent for care and treatment in line with legislation and guidance.

This section is primarily information for the provider

Requirement notices

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:

- The provider had not ensured recruitment checks were completed in line with legislation for all staff members.
- The provider had not ensured the inspection or servicing of the gas boiler and electrical fixed wiring in accordance with legislation.

Regulation 17 (1)