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Endell Street Dental Care

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 23 March 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 broadly reflected published guidance.
- Staff knew how to deal with medical emergencies. Most appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises. We found shortfalls in assessing and mitigating risks in relation to substances hazardous to health and medicines management.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- Clinical staff provided patients' care and treatment in line with current guidelines.
- Improvements were required the record keeping of dental care records.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy, however, improvements were needed in relation to the storage of non-digitised personal information.
- 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.
- Governance arrangements in some parts were ineffective.
- Patients were asked for feedback about the services provided.
- The practice had information governance arrangements.

Background

This report is about Endell Street Dental Care.

Endell Street Dental Care is in Covent Garden in the London Borough of Camden and provides private dental care and treatment mainly to adult patients and a small proportion of children.

There is step free access at the entrance of the practice into the reception area. However, the clinical room is located on the first floor, so the service is not suitable for people who use wheelchairs and those with pushchairs. Car parking spaces are limited; however, the practice is within easy reach of London Underground trains and local buses.

The dental team includes the principal dentist and a trainee dental nurse who also undertakes reception duties. The practice has 2 treatment rooms, however, only the treatment room on the first floor was occupied by the provider. The other treatment room was in the basement and leased to an acupuncturist.

During the inspection we spoke with the principal dentist and the trainee dental nurse. We looked at practice policies, procedures and other records to assess how the service is managed. We also spoke to the landlord who told us they held full responsibility for the maintenance of the premises.

The practice is open Monday to Friday from 9am to 5:30pm.

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 protocols regarding auditing patient dental care records to check that necessary information is recorded.

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 some infection control procedures (IPC) which reflected published guidance. However, we judged that improvements were required to the IPC processes; for example, clean and dirty zones were not distinctly demarcated. In addition, instruments were transported using disposable trays and we also found that not all sterilised instruments were pouched or dated. The provider had a non-vacuum steriliser which encompasses a built-in data-logger and staff ensured this information was downloaded monthly where this would show cycles undertaken and if they were successful or not.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. The provider undertook daily, weekly and monthly flushing procedures for the dental chair. However, they did not maintain records to confirm monthly water temperature checks were carried out at sentinel points. We saw that a sterilisation solution was used daily to prevent the growth of biofilm in the water line. The dental chair had a built-in H2O flushing system which was refilled monthly. The chair also alerted staff when the system needed flushing. We also noted that there was a water-cooling system in the waiting room, and we saw service records which confirmed it was routinely serviced and maintained by the manufacturer.

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 were effective schedules in place to ensure it was kept clean.

The practice did not have a recruitment policy. They told us they had not employed a new member of staff since 2009. The provider told us they had previously relied on agency dental nurses. The long-standing reception staff member was now enrolled on a dental nursing course and provided chair side support.

The dentist was qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured most equipment was safe to use, maintained and serviced according to manufacturers' instructions. The exception to this was the air compressor. On the day, we saw no service records, nor did they have a written scheme of examination as per the legal requirements of the Pressure Systems Safety Regulations 2000 and the Health and Safety at Work Act 1974. Following the inspection, the provider sent us evidence which confirmed servicing had been completed, compressor was in good working order and a written scheme of examination was now in place for the pressure vessel.

The premises were leased, and we saw evidence that the provider had discussions with the landlord to ensure the facilities were maintained in accordance with regulations. However, we noted that although emergency lighting had received servicing, we saw no records of monthly checks. The provider told us this used to be carried out by staff until the landlord stopped them from doing so. We spoke to the landlord on the day who told us they had to implement such a system because the building was in constant use being as the practice is part of the hotel premises. In addition, the electronic alarm system service records made recommendations which at the time of the inspection had been unaddressed. The landlord told us that this was their responsibility and that they would take steps to remedy appropriately.

The landlord was responsible for undertaking fire risk assessments; we saw that the practice had also completed an internal assessment and had identified risk areas. The management of fire safety as it pertains to the dental practice was effective.

Are services safe?

The practice arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available needed improvement. This included cone-beam computed tomography (CBCT).

On the day of the inspection, the provider could not demonstrate that they had a radiation file which meant that we did not see an inventory of all X-ray equipment, records of tests, controlling exposure and dose, written procedures and protocols and local rules. Following the inspection, we were provided with evidence that the CBCT machine had received annual performance checks, the intra-oral X-ray unit had received three yearly performance checks, and that annual electro-mechanical servicing had been undertaken. We had concerns about the X-ray units being inside the surgery; however, the acceptance tests reported that it was in a safe space as the walls were all solid or shielded construction. There was one entrance to the room. The operator stood inside the room, next to the door, behind a purpose-built shielded wall of 1.92 metres high and could view the patient and warning lights through the shielded window which meant the risk of radiation had been mitigated.

We saw no evidence of training for the provider who periodically operated the CBCT scanner. This was raised with the provider who told us there was a long waiting list for the training course and that they were enrolled on to the course to begin in September 2023. We saw evidence that the provider had paid for levels 1 and 2 training. They told us the equipment would not be operated until training had been completed.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, however, the risk assessment was not fit for purpose as it did not clearly identify hazards which meant that the control systems were ineffective. For example, traditional needle syringes were used, however, they had not implemented appropriate safeguards to mitigate/minimise the risk of sharps injuries either by employing needle guards or safer sharps.

Most emergency equipment and medicines were available; however, improved processes were required to ensure these were checked in accordance with national guidance. On the day, we found there were no formal processes to ensure medical emergency equipment and drugs were checked weekly. Provider admitted that although they were aware that they should be checked weekly, this was not always done. We found some items to be expired or missing on the day, for example, oropharyngeal airways and portable suction. Following the inspection, we received evidence these had been replaced.

Glucagon (a medicine used to treat severe hypoglycaemia) was stored in the fridge, however, the provider did not have a thermometer to monitor the fridge temperature to ensure such medicine was stored between 2 and 8 degrees as per manufacturer's guidance.

Staff knew how to respond to a medical emergency and had completed face to face training in emergency resuscitation and basic life support year on year up to August 2021. Since then, the staff had only completed online training and told us they thought this was fulfilling the UK resuscitation guidance. The provider told us that they would ensure hands on training was undertaken as soon as possible.

The provider had not completed control of substances hazardous to health (COSHH) risk assessments. The provider could not evidence that they had considered the risks associated with individual substances that had the potential to be harmful to health. Whilst we saw safety data sheets for the instrument cleaner and two dental products, there were no other safety data sheets available on the day of inspection.

Information to deliver safe care and treatment

Improvements were required for the security of non-digitised medical history forms as we saw that they were stored at the reception area in an unlockable drawer. All other patient care records were stored digitally.

Are services safe?

From discussion had with the dentist, it was demonstrable that they were aware of current guidance as it related to dental care records. However, we found instances where such records we reviewed were incomplete as they did not include risk assessments, in line with Faculty of General Dental Practice UK (FGDP)/ The College of General Dentistry (CG Dent) standards.

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 written policies and procedures to review and investigate incidents and accidents and told us they had not recorded or reported and significant events in the last 12 months. We found that there were no formal processes in place to deal with important national and local safety alerts. Following the inspection, the provider told they had signed up to receive MHRA 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 provider told us that they at times used a visiting anaesthetist to undertake sedation. However, they were unable to provide us with sedation records on the day as they had last employed the service over two years ago.

Staff had access to computer aided technology to create restorations for damaged teeth in one dental appointment.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. The provider told us that most of the patients registered at the practice attended for routine maintenance of their dental health and that only 1% of the patient population exhibited any type of caries or periodontal disease.

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

Consent to care and treatment

Staff told us they obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005. We reviewed patient care records and found instances where consent was not documented.

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 always keep detailed patient care records in line with recognised guidance. For example, the provider was failing to document treatment options offered to patients including their advantages and disadvantages and that they had risk assessed patient's periodontal, oral cancer, tooth wear and caries status.

Furthermore, the provider could not evidence that they routinely audited dental care records.

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 provider told us radiography audits were continuous; however, we were not provided with any evidence to corroborate this.

Effective staffing

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

There had been no newly appointed staff since 2009. All staff had completed training in mandatory areas and clinical staff had 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.

Are services effective?

(for example, treatment is effective)

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.

Feedback left by patients indicated that they were satisfied with the care and treatment provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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. However, medical history forms were stored in an unlockable drawer at the reception area.

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 information leaflet 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, videos 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 and preferences.

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

The practice operated from a listed building which was over 300 years old and as such it was challenging to make reasonable adjustments for patients with access requirements, for example, those in wheelchairs. Staff told us patients with access requirements were directed to neighbouring practices which offered step free access. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

The practice told us they had considered obtaining a hearing loop, however, the small percentage of patients with hearing difficulty requested communication to be done in email or text messages.

Timely access to services

The practice displayed its opening hours and provided information on their website and patient information leaflet.

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.

Patients needing emergency dental treatment during the working day could call the practice's landline telephone number. During evenings and weekends when the practice was closed, patients were advised to telephone the out of hours mobile number for care and treatment. 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 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 provider demonstrated a transparent and open culture in relation to patient's clinical safety, however, improved oversight was needed to ensure there was an understanding of the essential requirements and regulations.

The information and evidence presented during the inspection process was not always clear, available, and well documented.

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

Culture

The practice team was small, close-knit, and longstanding.

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

Staff told us discussion was ongoing and that their training needs during one-to-one meeting. They also discussed learning needs and general wellbeing.

Governance and management

Whilst we saw evidence of good care and treatment delivered, the inspection team judged that there was a lack of understanding about the requirements of the regulations. This impacted clinical and non-clinical governance arrangements because the provider had not sought to effectively mitigate risks. For example: better governance was needed to ensure equipment used to run the practice on a day-to-day basis were maintained in accordance with manufacturers guidance and legislation.

Although there were processes for managing some risks, issues and performance we found shortfalls in assessing and mitigating risks in relation to substances hazardous to health, sharps safety, emergency equipment and medicine and X-ray equipment. Although some of the concerns raised had been addressed following the inspection, we were not able to judge if systems had been implemented to sustain the practice going forward.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff, however, we found the inoculation injuries policy to be obsolete as the contact details were incorrect.

Improvements were required to the quality improvement processes, the provider could not evidence that they audited radiographs six monthly and patient care record audits were not carried out to identify areas for improvements.

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 protecting patients' personal information, although improvements were needed to how they stored non-digitised records.

Engagement with patients, the public, staff and external partners

Are services well-led?

Staff gathered some feedback from patients and examples of these were shared on the practice website. We reviewed the feedback book and saw that patients spoke highly of the staff. They commented on the good standard of care and treatment received at the practice.

Continuous improvement and innovation

We saw some evidence of quality assurance, for example, audits of infection control, waste pre-acceptance and disability access. However, the provider was not able to demonstrate or provide us with evidence that they routinely monitored the quality of patient care records including radiographs.

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">• COSHH risk assessments were not carried out for hazardous substances and safety data sheets were not available.• The Radiation folder was unavailable which meant that we did not see an inventory of all x-ray equipment, records of tests, written procedures and protocols and local rules.• Medical equipment was not available in line with guidance.• The sharps risk assessment was not fit for purpose.• The provider had not identified sentinel outlets for monthly checking of the water temperatures to minimise the risk of legionella growth.• Patients completed medical history forms were stored in an unsecured place. <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>

Requirement notices

- The provider had failed to complete six-monthly radiograph audits.

The registered person had systems or processes in place that 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 record consent for care and treatment in line with legislation and guidance.
- Important records pertaining to the sterilisation of dental instruments were not maintained by the provider.
- We found evidence of out-dated procedure, namely, inoculation injuries.

Regulation 17 (1)