

Dillwyn and Caroline Griffiths Dental Surgery

# Dillwyn and Caroline Griffiths Dental Surgery

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 7 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 mostly reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and most life-saving equipment were available. However, the oxygen cylinder had passed its use-by-date of in 2009, oropharyngeal airways and face masks were either not available on the day or out of date and the temperature of the fridge where the medicine used to manage low blood sugar was not monitored to ensure the medicine was effective.

# Summary of findings

- The practice had limited systems to help them manage risk to patients and staff. There were shortfalls in the assessment and mitigation of risk in relation to management of medical emergencies, fire, servicing of equipment, dental materials and the Control of Substances Hazardous to Health.
- Some safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. However, not all staff were trained to a level appropriate for their role.
- The practice had staff recruitment procedures which mostly reflected current legislation as not all staff had a recent Disclosing and Barring Service (DBS) check or risk assessment at the point of employment.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and 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.
- Staff and patients were asked for feedback about the services provided.
- The practice had not registered with the Information Commissioners Office (ICO) to process data.

## Background

Dillwyn and Caroline Griffiths Dental Surgery is in Radlett, Hertfordshire 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 are available at the front of the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 principal dentists, 1 dental nurse and 1 receptionist. The practice has 2 treatment rooms.

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

The practice is open:

Monday from 9am to 5pm

Tuesday from 8am to 12pm

Wednesday from 10.30am to 6pm

Thursday from 10am to 6pm

Friday from 7.30am to 11am

The practice had taken steps to improve environmental sustainability. For example, the practice had introduced the use of bamboo toothbrushes and charcoal floss.

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

# Summary of findings

- 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 are 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 Faculty of General Dental Practice and take action to ensure audits of infection prevention and control are undertaken in line with guidance 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.
- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular, ensuring the risk assessment is undertaken by a competent person.
- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice. In particular that Disclosure and Barring service checks are undertaken at the point of employment and that risk assessments are completed where appropriate, for staff where immunity to Hepatitis B is low.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>Requirements notice</b> ✗

# 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 provider had a safeguarding policy to provide staff with information about identifying, reporting and dealing with suspected abuse. The contact details of the local safeguarding teams were available in the practice. One of the principal dentists was the safeguarding lead and had completed training in safeguarding children and vulnerable adults to level 2 in advance of the inspection. The other dentist had recently completed training. The dental nurse and receptionist had not completed verifiable training to a level appropriate to their roles. We were told that the practice discussed safeguarding as part of their team meetings and staff we spoke with on the day were able to describe and had some awareness of the signs and symptoms of abuse and neglect and how to report concerns. The practice had a generic whistleblowing policy in place.

The practice had infection control procedures which broadly reflected published guidance. We saw evidence that equipment used by staff for sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. Infection prevention and control audits had been completed annually. Improvements could be made to undertake these audits at 6-monthly intervals, in line with current guidance. Improvements could also be made to record that the heavy-duty gloves used for manual cleaning were changed weekly and that there was a thermometer to test that the water temperature used for manual cleaning was below 45 degrees Celsius. Immediately after the inspection we were sent evidence that a thermometer to test the water temperature had been purchased.

The practice had some procedures to reduce the risk of legionella or other bacteria developing in water systems, in line with a risk assessment which had been completed by the provider. However, we did not see evidence to demonstrate that they were competent to make the assessment. We saw that water temperature and quality checks were completed quarterly; water temperatures were in accordance with current guidance. Immediately after the inspection we were provided with evidence that the provider had arranged for a risk assessment to be undertaken by an external company.

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 an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These mostly reflected the relevant legislation. All staff except for one staff member with non-clinical duties had a recent Disclosing and Barring Service (DBS) check at the point of employment. The provider was in the process of renewing the DBS for staff. Improvements could be made to have in place a risk assessment for a member of the clinical staff who had a low immunity to Hepatitis B following vaccination. We were informed that they had tried to get a booster from their GP but had been unable and would try again.

Clinical staff were 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. However, we noted that the ultrasonic baths were not serviced.

The practice ensured the facilities were maintained in accordance with regulations.

# Are services safe?

A fire safety risk assessment was completed by one of the principal dentists in 2018 although we did not see any evidence that they were competent to do so. The risks associated with fire had not been appropriately assessed or mitigated as the fire-fighting equipment was not serviced and not all staff had received fire training although we were told that fire safety was discussed at the team meetings. We were told the smoke detection system was checked monthly and the emergency lighting checked annually although we were not provided with evidence to support this.

The electrical installation condition test (fixed wiring) was last completed in 2013. We were informed that a new test had been arranged for shortly after the inspection; we received a copy of the report to show the fixed wiring was satisfactory.

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

## **Risks to patients**

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness. Sharps disposal bins were labelled and dated appropriately.

Not all emergency equipment and medicines were available and checked in accordance with national guidance. The oxygen cylinder had passed its use by date in 2009. The Glucagon (a medicine to treat low blood sugar) was stored in a fridge that was not temperature monitored to ensure the medicine was stored at the temperature recommended by the manufacturer and was effective. We found the provider did not have buccal Midazolam (a medicine used to treat prolonged seizures) in the form recommended in guidelines, instead they held the medicine that could be administered by a different route. In addition, the practice only had 1 size of needles for the administration of emergency medicines, and were missing the paediatric self-inflating bag with ambu, clear face masks size 0-3, oxygen face masks with reservoir and tubing (child size), paediatric pads for the defibrillator, and the required oropharyngeal airways, only size 4 was available and this had expired in 2009. Other masks and equipment for the administration of emergency oxygen had either expired or appeared to be very old and in unsealed packages. The practice did not have a spillage kit for blood or bodily fluids and the mercury spillage kit had expired.

Immediately after the inspection we were sent evidence that the practice had arranged for the replacement of the oxygen cylinder and a dental emergency kit for the administration of oxygen, including all sizes of masks and airways. In addition, a fridge thermometer, mercury and blood and bodily fluid spillage kits had been ordered and buccal Midazolam had been obtained.

Staff had not completed training in emergency resuscitation and basic life support every year in line with Resuscitation Council UK guidance. We saw that the last verified training provided by an external trainer was completed by the dentists in 2018 with a further update in 2019 by one dentist. We were told that staff discussed and practiced how to respond to a medical emergency at the team meetings.

Improvement was needed to minimise the risk that could be caused from substances that are hazardous to health. The practice had reviewed the risk assessments completed for dental products in 2019 and we did not see risk assessments completed for cleaning products used at the practice.

## **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.

## **Safe and appropriate use of medicines**

# Are services safe?

Improvement was required to the systems for appropriate and safe handling of medicines. We saw expired dental materials in the surgery and the cupboard used to store the dispensed medicines was not kept locked although the room where the medicines were kept could be secured. 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.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health. A range of oral health products were on sale to patients. In addition, the practice had developed its own prevention leaflets for children who attended the practice.

### **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. We noted that risk assessments for caries, periodontal disease and cancer were not always recorded in patient dental care information.

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 although there was scope to improve this by following the latest guidance in relation to the quality assessment of radiograph images. The practice carried out ongoing radiography audits in-line with guidance.

### **Effective staffing**

Staff had skills and experience to carry out their roles but not all staff had received training to the appropriate level to carry out their roles.

Newly appointed staff had a structured induction and clinical staff were registered 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.

On the day of inspection, we spoke with 2 patients who were wholly positive about the care they received at the practice.

We saw online reviews where 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. Relevant policies and protocols were in place.

The practice stored patients paper records securely.

The practice did not comply with General Data Protection Regulation requirements as they had not registered with the Information Commissioner's Office (ICO) to process data.

### **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 and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included for example photographs, 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 and preferences.

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

The practice, which was located on the ground floor had made reasonable adjustments, including the provision of a fixed ramp and accessible toilet facility 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 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.

The practice's website, information leaflet and answerphone provided telephone numbers 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. Some improvements could be made to ensure details of the practice's complaints policy and procedures were readily available to patients at reception and on the practice website. 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 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**

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

The provider was receptive to the feedback provided during the inspection and demonstrated a willingness to implement changes. Immediately after the inspection we were advised of some actions to address the shortfalls we had identified. This indicated to us a commitment to improve the service.

Improvements were needed to the knowledge and skills to ensure effective leadership in relation to the monitoring and management of risks.

### **Culture**

The practice was well established with a vision to provide patient-centred high-quality care with the provision of services in line with the needs of their patients.

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

Staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice did not have an effective system to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff. However, many of the policies and risk assessments were generic rather than being specific to the practice. Although the policies were reviewed on a regular basis, they did not always reflect the latest guidance. For example, the infection control policy which included information regarding instrument storage which was out of date.

Processes for managing risks, issues and performance were not effective. The risks associated with legionella, management of a medical emergency, dental materials and control of substances hazardous to health and fire had not been adequately identified and managed.

### **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. However, the practice had not registered their use of patient personal information with the Information Commissioners Office (ICO).

### **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.

# Are services well-led?

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**

The practice had some systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, and infection prevention and control. These audits could be improved to ensure that infection prevention and control audits were carried out at the required frequency. Antimicrobial prescribing audits were not completed. Staff kept records of the results of these audits although there was scope to improve these by including the resulting action plans and opportunities for learning.

## 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><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Regulation 17 Good governance</b></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 related 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"><li>• The provider had not provided training at an appropriate level to enable staff to undertake their role for example in the safeguarding of children and vulnerable adults, basic life support and fire safety.</li><li>• Processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002 were not effective as risk assessments for dental substances were not reviewed at regular intervals and not present for cleaning products used at the practice.</li><li>• The provider had not ensured that all risks associated with fire had been effectively assessed and mitigated and that fire safety processes were effective in line with Fire Safety Legislation. For example, the risk assessment</li></ul>

## Requirement notices

had not been carried out by a competent person, the fire safety equipment was not serviced annually and the testing of the fire safety alarms and emergency lighting were not completed at the recommended intervals.

- Some dental materials found in the dental surgery were out of date.
- The provider had not registered with the Information Commissioners Office (ICO) for the processing of patient personal data.
- The provider did not ensure that all medicines and equipment for the management of a medical emergency was available and in date in line with Resuscitation Council UK guidance, for example emergency oxygen, buccal midazolam, appropriately sized needles for the administration of emergency medicines, oropharyngeal airways, oxygen face masks with reservoir and tubing, clear face masks and self-inflating bags with reservoir were either not present or had expired.
- The fridge temperature where the medicine to manage low blood sugar (glucagon) was kept was not checked to ensure the medicine was stored in line with manufacturer's guidance and was effective.
- The ultrasonic baths used to clean used instruments were not serviced in line with manufacturer's instructions.

### **Regulation 17(1)**