Photay And Associates

PS Photay and Associates - Picardy Road

Inspection report

13-15 Picardy Road
Belvedere
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Tel:

Date of inspection visit: 13 April & 6 May 2021
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Overall summary

We carried out this announced inspection on 13 April 2021 and 6 May 2021 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to follow up on information of concern we had received and to check whether the registered provider 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 asked the following questions:

• Is it safe?

• Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Following our initial visit on 13 April 2021 we identified a number of serious concerns, which led us to commence urgent enforcement action. The provider appealed our decision and as part of the appeals process, we re-visited the practice on 6 May 2021. At this time, we observed that a number of improvements had been made since our initial visit. However, we found several areas where improvements had not been made or fully implemented.

Our findings were:

Are services safe?

We found this practice was not providing safe care in accordance with the relevant regulations.

Summary of findings

Are services well-led?

We found this practice was providing not well-led care in accordance with the relevant regulations.

Background

PS Photay and Associates – Picardy Road is located in Belvedere, in the London Borough of Bexley. The practice provides NHS and private dental care and treatment for adults and children.

The dental team includes the principal dentist, two associate dentists, one trainee dental nurse and a practice manager. The practice has four treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at PS Photay and Associates is the one of the registered partners.

During the visit on 13 April 2021 we spoke with the practice manager, one dental nurse and the principal dentist. On 6 May 2021 we spoke with the registered manager, the principal dentist and the practice manager. During both visits we looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9am to 6pm

Saturday 9am to 1pm

Our key findings were:

- There were ineffective systems to ensure that the practice is clean and well-maintained.
- There were ineffective infection control procedures to reduce the risk of transmission of infections including the transmission of Covid-19 viruses.
- There were ineffective systems to deal with medical emergencies. Medicines and life-saving equipment were not available in accordance with Resuscitation Council UK Guidelines 2021.
- There were ineffective systems to assess and manage risk to patients and staff.
- There were ineffective recruitment procedures to ensure that all checks were carried out when staff were employed to work at the practice.
- There were ineffective systems to ensure that complete and accurate dental records were maintained.
- There were ineffective leadership and a lack of culture for continuous improvement.
- There were ineffective governance systems to monitor the day-to-day running of the practice.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**Enforcement action** 
Are services well-led?	**Enforcement action** 

Are services safe?

Our findings

We found this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Actions 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.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The provider's infection prevention and control policy and procedures were not followed to minimise risks to patients and staff. The practice procedures were not in accordance with guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

There were ineffective systems for cleaning, checking, sterilising and storing instruments in line with HTM 01-05. On 13 April 2021 the trainee dental nurse who we spoke with was unable to demonstrate that they understood the procedures for cleaning dental instruments. They were unaware of the appropriate water temperature for cleaning dental instruments or the ratio of detergent to water to use to ensure effective cleaning. We also observed a bur brush was used to clean dental instruments, which is contrary to HTM-01-05 guidelines. On 6 May the bur brush had been removed. The provider told us that the dental nurses had received training updates in sterilising and decontamination of dental instruments.

On 13 April we noted that there were several dental instruments in each of the four treatment rooms which were wrapped in pouches with no sterilisation dates or date by which these instruments should be re-sterilised. On 6 May 2021 we found that improvements had been made. However, we found several dental instruments in surgery one which were in pouches with dates of sterilisation from 2018 and 2019.

When we visited on 13 April 2021, we observed that the treatment rooms were cluttered. Work surfaces, X-ray equipment, sinks and spittoons were dirty and dusty. Some items of furniture and the dental X-ray units were covered in cling film, which appeared dirty. There was dust and other debris visible on work surfaces, equipment and the floors. On our return visit on 6 May 2021, improvements had been made in relation to the cleanliness of the practice. However, we found that the sinks in treatment room one were visibly dirty and there was a build-up scale on the taps.

On the visit of 6 May 2021, we asked to see cleaning schedules. We were provided with records which had gaps between January 2021 and May 2021 where there were no records of cleaning.

On the visit of 13 April 2021 we asked to see the infection prevention and control audits. We were told by the practice manager that there were no records available and to their recollection the last audit had been carried out in 2018.

On the 6 May 2021 visit we were provided with two infection prevention and control audits; the most recent audit dated 29 April 2021. This audit contained a number of discrepancies. For example, the audit indicated that waste bins were either foot operated or sensor controlled. However, we saw that the foot operation mechanism for the clinical waste bin in one surgery did not work. This meant that the bin had to be hand operated. This is contrary to the Department of Health publication "Health Technical Memorandum 01-05: Decontamination in primary care dental practices".

The audit also indicated that the practice had a system in place to ensure that the storage of wrapped instruments does not exceed one year. Staff completing the audit had not checked or identified dental instruments which had not been sterilised since 2018/19.

Are services safe?

The provider did not have suitable procedures in relation to COVID-19. On 13 April 2021 we found that there were no records available to demonstrate that a suitable fallow time (period to allow generated aerosols to settle before cleaning) was observed following the delivery of treatment using aerosol generating procedures (AGPs). We noted that there were small air extraction units in the treatment rooms. However, there were no documents or other assurance that these were delivering the required air changes per hour from which to determine an appropriate fallow time.

On 6 May 2021 the provider showed us a document which they told they used to calculate air changes in the treatment rooms. However, this document was incomplete and did not include details of air changes per hour or any other measures employed to determine a safe and suitable fallow time period.

Improvements were needed to procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. On 13 April 2021 visit we looked at two Legionella risk assessments. These had been carried out on 13 November 2011 and 2 January 2019. Both assessments included areas which required improvement including training for staff in Legionella awareness and ensuring that hot water temperatures were maintained to minimise the risk of Legionella in the water systems. We checked the water temperatures in each of the four treatment rooms. We found that the hot water did not reach the required temperature (>55°C). We noted that temperatures reached between 38°C and 40°C after three minutes.

Following our visit on 13 April 2021 the provider told us that they had undertaken a further Legionella risk assessment and that all the required improvements had been made. They also told us that staff had undertaken training and that records had been available on 13 April 2021.

When we visited on 6 May 2021 we noted that improvements had been made. However, we noted that the Legionella risk assessment had not been undertaken and this was scheduled for 1 June 2021. We observed that the hot water in treatment room one was still failing to reach the required temperature. We checked staff records and noted that staff had undertaken training in Legionella awareness on 21 April 2021.

The provider had a recruitment policy and procedure to help them employ suitable staff. However, we found that the provider was not following their recruitment procedures. On 13 April 2021 we looked at the recruitment records which were provided to us. There were no records available, including proof of identity, Disclosure and Barring Service (DBS) checks for either of the two trainee dental nurses.

There were no employment references, no records of indemnity insurance, no proof of identity and no record of registration with the General Dental Council (GDC) for one dentist.

There were no employment references, no records of indemnity insurance, no proof of identity for another dentist. The practice manager told us that this dentist had left the practice in early April 2021.

Following our inspection, the provider challenged our findings. They told us that all checks in relation recruitment had been carried out and that records were available. When we re-visited the practice on 6 May 2021 we were told that one of the trainee dental nurses was no longer employed. No recruitment records were available for this member of staff. We were shown records including DBS checks and proof of identity for staff. We were shown two reference for the dentist. However, these references did not include any details in relation to previous employment and the professional relationship between the member of staff and the referee was not clear.

On 13 April 2021 we looked at the practice arrangements to assess and mitigate risks of fire. We observed a number of fire safety risks. The cupboard housing the electric meters was cluttered with cardboard and other combustible materials including bottles of cleaning materials. We also observed that multiple electrical extension cables and socket adaptors were in use in areas of the practice.

Are services safe?

A fire risk assessment had been carried out on 19 October 2018. This risk assessment identified several fire safeties risks which required attention. These included the use of electrical extension cables and adaptors and the presence of cardboard and other combustible materials. At the time of our first visit these identified risks had not been addressed. Following our visit, the provider told us that a new fire risk assessment had been carried out.

When we visited the practice on 6 May 2021 we found that the findings from this risk assessment, carried out on 22 April 2021 had been addressed.

There was no electrical fixed wiring installation inspection report available when we requested this on 13 April 2021. Following this visit the provider told us this was in place and sent us a document. This document was not complete and did not entail a full inspection report carried out by a competent person. When we visited the practice, we noted that a fixed wiring and electrical assessment of the fixed wiring and electrical installations had been completed on May 5 May 2021, which found the systems to be satisfactory.

The provider did not have effective arrangements to ensure the safety of the X-ray equipment as part of an ongoing system for monitoring safety within the practice. On 13 April 2021 there were no records available to show that annual electrical and mechanical tests had been carried out for the dental X-ray equipment at the practice. Following this visit the provider challenged our findings. They told us that these records were available. However, the provider failed to submit these.

On 6 May 2021 when we re-visited the practice an engineer was in attendance to carry out these tests for the dental X-ray equipment. At the time of completing this report no assessment of their findings has been submitted by the provider.

On 13 April 2021 we asked to see audits of dental radiographs. These were unavailable. On 6 May 2021 we were provided with an audit of dental radiographs which was carried out on 23 April 2021. The audit comprised of a list in relation to dental radiographs taken. The audit did not include any selection criteria, benchmark standards for comparison, analysis of the findings, improvement plan or a continuing cycle to monitor within a specific timeframe.

On 13 April 2021 records were not available to show that clinical staff completed continuing professional development in respect of dental radiography. These records were sent to us following our visit.

Risks to patients

The provider did not have effective systems to assess, monitor and manage risks to patient safety.

The provider did not have an effective system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. On 13 April 2021 we checked records in relation to Hepatitis B virus vaccines for both trainee dental nurses. There were no records available to show that the effectiveness of the vaccine had been checked. Following our inspection, the provider told us that these records were available. However, on 6 May 2021 these records were requested again but were not made available to us.

There were ineffective arrangements to deal with medical emergencies. On 13 April 2021 we found that the medicine used to treat a heart attack or angina (Aspirin 300mg) was not available in the appropriate format. Aspirin to treat angina in a medical emergency should be in a dispersible or chewable format. The Aspirin available at the practice was in a coated gastro-resistant format which is not dispersible and not suitable to chew. We also observed that the one oropharyngeal airway was past the manufacturers' expiry date. The automated external defibrillator (AED) was stored beneath a box and paperwork and the AED was covered in dust and dirt. We asked to see records of checks carried out to ensure that emergency medicines and equipment are available in accordance with Resuscitation Council UK Guidelines 2021. We were not provided with these records as requested.

Are services safe?

On 6 May 2021 we observed that the AED was clean and accessible. However, we noted that while Aspirin was available in the correct format, this was in 75mg tablets and there were no instructions to ensure that the correct dose (300mg) would be administered. We also noted that all sizes of oropharyngeal airways were beyond the manufacturers' expiry date.

On 13 April 2021 there were no records in respect of training in basic life support for both dental nurses.

On 6 May 2021 we were shown records for basic life support training carried out on 21 April 2021 for one dental nurse. We were told that the other dental nurse no longer worked at the practice and no records were available for this member of staff. No training records were available to show that staff had undertaken training in basic life support prior to 21 April 2021.

Safe and appropriate use of medicines

Improvements were needed to the systems for appropriate and safe handling of medicines so that routine checks are carried out to ensure that medicines are removed when they reach the manufacturer's expiry date. On 13 April 2021 we found a number of medicines including local anaesthetic and one ampoule of intravenous Midazolam which were past the manufacturer's expiry date. Following our inspection, the provider told us that all medicines have been checked and expired medicines had been removed.

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 Enforcement Actions 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.

The provider could not demonstrate a transparent and open culture in relation to people's safety. The provider made improvements in a reactive manner when these findings were highlighted rather than as part of an ongoing system for monitoring and improving quality and safety. Systems and processes were not embedded and there was a lack of managerial oversight to ensure the safe running of the practice.

Leadership capacity and capability

There was a lack of effective leadership and management for the practice. We identified a number of serious concerns when we visited the practice on 13 April 2021. These demonstrated a lack of leadership and managerial oversight. The provider challenged our findings. However, they provided little by way of demonstrating that our concerns were unfounded. Many of the improvements we observed on 6 May 2021 were as a result of action taken following our initial visit. The provider did not demonstrate that there were effective systems for leadership and management including oversight, assessment and mitigation of risks and implementation of systems to monitor and improve the service.

Governance and management

We saw there were ineffective processes for managing risks, issues and performance. Risks to the health, safety and welfare of patients and staff were not assessed as part of an ongoing and robust system of governance and management. Risk assessments were not carried out, reviewed and acted on in accordance with legislation and relevant guidelines. For example; risks in relation to fire, Legionella, infection prevention and control were not routinely assessed, and appropriate measures implemented to minimise these risks. Where risk assessments had been carried out in relation to fire safety and Legionella, the provider had failed to address and act on the findings in a timely manner to mitigate identified risks.

The provider did not have robust or effective systems to ensure that policies, protocols and procedures reflected relevant legislation and guidelines and were reviewed on a regular basis. For example; standard operating procedures to minimise risks in relation to the spread of COVID-19 virus were not implemented and followed to keep people safe. Infection prevention and control procedures including those in relation to sterilising and storage of dental instruments, general cleanliness and safe management of clinical waste were not implemented and monitored. For example; the fallow time observed was not based upon a proper assessment in line with a robust standard operating procedure, there were ineffective systems to ensure that dental instruments were stored and re-sterilised in line with HTM-01-04 guidelines and there were ineffective arrangements to ensure that the practice cleanliness was maintained.

Appropriate and accurate information

There were ineffective systems to ensure that information in relation to the assessment and treatment of patients was recorded appropriately to reflect that proper assessments and treatments were carried out.

At our visit of 13 April 2021 we looked at a sample of four dental care records in relation to patients who had received treatment at the practice. We noted that appropriate assessments had not been recorded where patients had been treated using conscious sedation techniques. Records in relation to the assessment and delivery of treatments were incomplete and records were not maintained and recorded legibly. Important checks as part of a safe and robust pre – treatment assessment were not recorded. For example; all of the required information to assess the suitability of each

patient to receive treatment under sedation were not recorded. These included a record of patient's weight, blood pressure, medical history and any underlying medical conditions which would render the patient unsuitable or highlight specific risks for this treatment in accordance with assessment criteria as issued by the American Society of Anaesthesiologists (ASA).

Records in relation to the delivery of treatment were also incomplete and poorly recorded and not easily legible, For example; records in relation to the administration of the sedative agent did not indicate that this was titrated and appeared to be given as a bolus dose, records did not demonstrate that regular assessment of blood pressure and blood oxygenation saturation levels (SATS) were carried out. Where these were recorded, they were not legible.

Continuous improvement and innovation

The provider did not have systems and processes for learning, continuous improvement and innovation. Improvements were made in a reactionary way rather than as part of an effective system for assessing and improving the service.

The provider did not have effective quality assurance processes to encourage learning and continuous improvement. Audits in respect of dental radiographs and infection prevention and control were not carried out routinely in accordance with relevant guidelines as part of a continuous programme to monitor and improve the quality and safety of the service. Audits where these had been carried out were incomplete and did not accurately reflect practices and procedures. For example; the infection prevention and control audits did not accurately reflect infection control procedures or identify issues with these procedures. Radiograph audits were not carried out in line with guidelines or used as part of a system to improve quality of dental radiographs.

There were ineffective systems to monitor staff learning and development and to ensure that staff completed 'highly recommended' training as per General Dental Council professional standards and other important training. There were ineffective arrangements to monitor and support the trainee dental nursing staff to ensure they undertook training in respect of areas such as infection prevention and control, safeguarding adults and children, basic life support, fire and Legionella awareness and that that understood and adhered to policies, procedures and guidelines in relation to these issues.

This section is primarily information for the provider

Enforcement actions

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 12** **Safe care and treatment** The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: There were ineffective systems to ensure safe procedures to minimise the risks of COVID-19 virus transmission in accordance with related guidance: • There were no proper assessments employed to determine a safe and suitable fallow time between appointments and treatments where aerosol generated procedures were carried out. There were ineffective systems to assess and mitigate risks in relation to the control and spread of infections, in accordance with the Department of Health publication "Health Technical Memorandum 01-05: Decontamination in primary care dental practices". • Areas of the practice including sinks and spittoons were visibly dirty when we visited the practice on 13 April and 6 May 2021. • The cleaning and storage of dental instruments was not carried out in accordance with Department of Health publication "Health Technical Memorandum 01-05: Decontamination in primary care dental practices". On 6 May 2021 we observed dental instruments in surgery one which were in pouches with dates of sterilisation from 2018 and 2019.

This section is primarily information for the provider

Enforcement actions

- Cleaning schedules were not maintained to demonstrate that routine cleaning was carried out.
- Infection prevention and control audits were not completed accurately to identify and manage risks.

There were ineffective arrangements to deal with medical emergencies.

- There were ineffective systems for checking that emergency medicines and equipment were available in accordance with Resuscitation Council UK Guidelines 2021
- Instructions for the administration of the medicine used to treat angina / heart attach were not clear to ensure the correct dose of this medicine would be administered.
- The oropharyngeal airways were beyond the manufacturer's expiry date.

Regulation 12 (1) (2)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17** **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. The provider is failing to establish and operate effectively systems and processes to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure good governance in accordance with the fundamental standards of care. In particular:

This section is primarily information for the provider

Enforcement actions

- Infection prevention and control audits were not completed accurately to provide an actual account of infection prevention and control procedures and arrangements at the practice.
- Audits did not identify a number of issues including; the foot operated bins, used to dispose of clinical waste did not operate properly, clinical staff did not have complete records in respect of immunity to Hepatitis B and some dental instruments had not been checked to ensure that they were stored in accordance with the Department of Health publication "Health Technical Memorandum 01-05: Decontamination in primary care dental practices".

The provider was failing to maintain accurate and complete records in respect of treatment carried out.

- Records in relation to treatment provided using conscious sedation techniques did not include checks as part of a safe and robust pre – treatment. For example; all the required information to assess the suitability of each patient to receive treatment under sedation were not recorded. These include checks in respect of patient's medical history, underlying medical conditions, weight and an assessment of blood pressure.
- Records in relation to the treatment carried out did not include an account in relation to the administration of the sedative agent or indicate that this s titrated and appeared to be given as a bolus dose.
- Records did not demonstrate that regular assessment of blood pressure and blood oxygenation saturation levels (SATS) were carried out.
- Where information was recorded, this was not legible.

The provider has failed to establish effective systems to assess, monitor and improve the quality of dental radiographs.

- One dental radiograph audit was provided to us. The audit did not include any selection criteria, benchmark standards for comparison, analysis of the findings, improvement plan or a continuing cycle to monitor within a specific timeframe.

The provider has failed to establish and operate effective recruitment procedures.

This section is primarily information for the provider

Enforcement actions

- There were ineffective systems to ensure that all the required recruitment checks including proof of identity, DBS checks and evidences of suitable conduct in previous employment (references) were carried out when staff are employed, and these records are maintained for all staff.

The provider has failed to establish an effective system to monitor staff training.

- Training records were not available for two trainee dental nurses on 13 April 2021. Records for training undertaken on 21 April 2021 for one dental nurse were available on 6 May 2021.
- No records were available prior to this date.
- We were told that the second trainee dental nurse had left the practice between 13 April and 6 May 2021. No training records were available for this member of staff for the period when they worked at the practice.

Regulation 17 (1) (2)