Arkh-View Surgeries Limited

Arkh-View Dental Centre West Norwood

Inspection report

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Overall summary

We carried out this announced inspection on 21 October 2021 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 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 usually ask five key questions, however due to the ongoing 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:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

Summary of findings

We found this practice was providing effective care in accordance with the relevant regulations.

Are services well-led?

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

Background

Arkh-View Dental Centre West Norwood is in West Norwood in the London Borough of Lambeth and provides NHS and private dental care and treatment for adults and children.

The practice is located close to public transport links and car parking spaces are available near the practice.

The dental team includes three dentists, one trainee dental nurse, a receptionist and a practice manager. The practice has two treatment rooms.

The practice is owned by a company 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 Arkh-View Dental Centre West Norwood is the practice manager.

During the inspection we spoke with one dentist, the trainee dental nurse, the receptionist and the practice manager. 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

Our key findings were:

- The provider had infection control procedures which reflected published guidance.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had information governance arrangements.
- The practice appeared to be visibly clean and well-maintained, however the cleaning equipment was not stored appropriately.
- Staff knew how to deal with emergencies. Improvements were needed to ensure all recommended emergency medicines and equipment were available in the correct format and were within their use-by date.
- Improvements were needed to the systems to help the provider manage risks to patients and staff.
- The provider had staff recruitment procedures which reflected current legislation; however, improvements were needed to ensure appropriate recruitment checks had been carried out for temporary staff.

Summary of findings

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.

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.

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)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They followed 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. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The staff carried out manual cleaning of dental instruments prior to them being sterilised. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The practice had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory; however, improvements were needed to ensure staff followed the protocol and disinfected dental appliances upon their return.

We saw the provider had implemented some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. These were in line with a risk assessment, carried out on 12 February 2021. Records of water testing and dental unit water line management were maintained. However, there was no system in place to monitor the hot and cold water temperatures in the water outlets as part of the Legionella management at the practice. Improvements were also needed to the protocols to ensure the product used to maintain the dental unit waterlines (DUWLs) was used according to the manufacturer's guidance to ensure its efficacy.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean, however the the cleaning equipment, such as the mops and buckets, were not stored appropriately as per national guidance.

The practice manager described the procedures in place in relation to COVID-19. Additional standard operating procedures had been implemented to protect patients and staff from coronavirus. These included social distancing and screening measures which had been implemented. We saw evidence that personal protective equipment was in use. Clinical staff, we spoke with told us they had been fit tested for filtering facepiece masks (FFP); evidence of this was available.

The practice manager told us there were arrangements for fallow time (period of time allocated to allow aerosol to settle following treatments involving the use of aerosol generating procedures or AGPs) and cleaning the treatment room.

Are services safe?

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The provider carried out infection prevention and control audits. The latest audit showed the practice was meeting the required standards.

We saw evidence staff undertook infection prevention and control training at regular intervals and topics such as this were discussed at team meetings.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at six staff recruitment records. These showed the provider followed their recruitment procedure. We noted however, that there was no system in place to verify if relevant checks had been carried out for temporary staff.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. The exception to this were the dental chairs. On the day of the inspection there were no records available to demonstrate these had been serviced and maintained as required. Improvements were also needed to ensure the gas safety assessment, last carried out in 2018, was re-assessed at the required interval.

A fire risk assessment was carried out on 12 February 2021 in line with the legal requirements. We noted that some shortcomings highlighted during the assessment such as the microwave's power cable crossing a water outlet had still not been actioned. The provider assured us on the day that the remaining actions would be carried out.

We saw there were fire extinguishers and fire detection systems throughout the building. We noted the fire exit to the rear of the practice, did not provide an un-restricted route from the building, in the event of a fire, due to locks on an internal and the external door. We discussed this with the practice manager who assured us this would be addressed as a matter of priority.

The provider had systems in place to monitor and service some of the fire detection equipment; however, improvements were needed to ensure this applied to all fire detection equipment including the smoke detectors. We saw evidence that the staff carried out fire safety and fire marshal training; however, at the time of the inspection we noted there was no protocol in place to carry out fire evacuation drills.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation. The audits included outcomes and any improvement opportunities.

Clinical staff told us they completed continuing professional development in respect of dental radiography. On the day of the inspection records though were not available for all clinical staff in relation to Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R).

Risks to patients

The provider had health and safety policies and procedures; however, improvements were needed to the practice's risk management processes. For example, there was no risk assessment in place for when staff worked alone.

Are services safe?

The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items.

The provider had a 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.

Sepsis prompts for staff and information posters were displayed.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Most emergency equipment and medicines were available as described in the Resuscitation Council UK 2021 guidelines. We noted that staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. On the day of the inspection we noted the medicine used to treat heart attacks was in the incorrect format. Improvements were needed to the system to ensure the Automated External Defibrillator (AED) is checked. At the inspection we found the adhesive pads for use with the AED had expired and replacements had been purchased; however, the new pads had not been fitted.

The fridge temperature, where the medicine used to treat low blood sugar was stored, was checked daily; however, improvements were needed to the system to ensure staff raised concerns if the temperature was not within the recommended range. A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team.

On the day of the inspection, we saw the provider had some risk assessments and information available in relation to the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Improvements were needed to ensure the information was available for all materials, organised and easily accessible in the event of an incident.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist. The introduction of a monitoring process was needed to enable staff to follow up with referrals made and ensure patients were seen in a timely manner.

Safe and appropriate use of medicines

The dentist was aware of current guidance with regards to prescribing medicines.

NHS prescription pads were not stored and monitored in accordance with guidelines.

An antibiotic prescribing audit had not been carried out to monitor prescribing procedures.

There was no system in place to ensure all materials used for dental treatment were identifiable, stored appropriately and were disposed of immediately after use if designed for single-use. We found, in the downstairs surgery, some unidentifiable materials stored in four syringes. Some used single-use compules were also found and we could not be assured these would not be re-used. Local anaesthetic injections were not stored as recommended. We raised this with the practice and they told us they would implement a system to monitor this.

Are services safe?

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. Staff monitored and reviewed incidents and in the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The practice manager described the systems in place for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine 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. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale to help patients with their oral health.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records.

The practice's consent policy included information about the Mental Capacity Act 2005 (MCA). The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council and a monitoring system was in place to ensure up-to-date records were available.

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. We noted that there was no referral monitoring system in place. The provider assured us this would be implemented immediately after the inspection.

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

We found the provider had the capacity, values and skills to deliver high-quality, sustainable care. However, the lack of oversight, risk management and adherence to published guidance impacted on some aspects of the day to day management of the service.

Leaders were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

Culture

The practice had a culture of high-quality sustainable care.

Staff discussed their training needs at an annual appraisal and at regular meetings. We saw evidence of completed appraisals in the staff folders we looked at.

Governance and management

The practice manager had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

Improvements were needed to the processes for managing risks to ensure they were effective. The practice did not have adequate systems in place for recognising, assessing and mitigating risks in areas such as medical emergencies, Legionella and fire safety.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

The provider used patient surveys and encouraged verbal and online comments to obtain staff and patients' views about the service.

The provider 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.

Continuous improvement and innovation

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

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. 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: • Not all risks highlighted in the fire risk assessment had been actioned. The fire safety risks relating to the accessibility of the fire exit had not been suitably considered and mitigated. No fire drills had been carried out and there was no system in place to monitor and service the smoke detectors. • Improvements were needed to the systems for assessing the risks relating to the medicines and equipment used for the treatment of medical emergencies taking into account relevant guidance. • There was no evidence the risks when staff worked alone had been considered and mitigated. • An assessment of the gas installation had not be carried out at the required interval. • NHS prescription pads were not stored and monitored in accordance with guidelines. • There was no system to monitor patient referrals to ensure patients were seen in a timely manner. • Staff did not follow the protocol established to disinfect the patient-specific dental appliances upon their return from the laboratory. • There was no system in place to monitor the hot and cold water temperatures in the water outlets as part of the Legionella management at the practice.

This section is primarily information for the provider

Requirement notices

- Systems were not in place to ensure all dental materials were identifiable, were stored correctly and single-use items were disposed off after use.
- The cleaning equipment was not stored appropriately.
- Information was not available for all materials in relation to the storage and handling of hazardous substances and the information available was disorganised.

There were no systems or processes that ensured the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- There was no system in place to ensure important recruitment checks relating to agency staff have been carried out.

Regulation 17 (1)