

Dr. John Younghusband

Younghusband & Associates Dental Surgery

Inspection report

62a Beddington Gardens
Wallington
SM6 0HW
Tel: 02086473239

Date of inspection visit: 23 September 2021
Date of publication: 02/11/2021

Overall summary

We carried out this announced inspection on 23 September 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?

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

Summary of findings

Are services well-led?

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

Background

Younghusband & Associates is in the London Borough of Sutton and provides NHS and private dental care and treatment for adults and children.

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

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

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with the principal dentist, both associate dentists, both dental nurses and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9.00am to 5.00pm (closed between 1.00pm and 2.00pm for lunch).

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- 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 provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider had information governance arrangements.
- Improvements were required with regards to maintaining electrical equipment and maintenance checks to equipment.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. Improvements were required with regards to monitoring expiry of equipment.
- Improvements were required to systems for managing patient risks.

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.

Summary of findings

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.

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 introduced procedures in relation to COVID-19 and these were being followed. Additional standard operating procedures had been implemented to protect patients and staff from coronavirus. Appropriate personal protective equipment was in use and staff had been fit tested.

The provider had an infection prevention and control policy and procedures in place. 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 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 staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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 twice a year. The latest audit showed the practice was meeting the required standards.

The practice's whistleblowing policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

Are services safe?

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the provider followed their recruitment procedure.

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

The five-year fixed wire electrical installation was almost three years overdue. The overall assessment, as per the latest check was unsatisfactory and identified actions required to be undertaken. . At the time of the inspection the actions had not been undertaken, though the provider had arranged for the work to be undertaken in the days soon after. . The provider contacted us shortly after the inspection to confirm the remedial works had been completed.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

Improvements were required to ensure the safety of the X-ray equipment and information in relation to radiation protection was available. The radiation protection file was not up to date. The practice was unable to evidence that servicing had been carried out to X-ray machines, local rules were out of date and there was no evidence of registration with the Health and Safety Executive (HSE).

The provider was not carrying out radiography audits every year. We saw evidence that only one dentist out of three had completed a radiography audit in.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. 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. A sharps risk assessment had been undertaken as part of the overall practice risk assessment.

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.

Staff knew how to respond to a medical emergency and usually completed face to face training in emergency resuscitation and basic life support every year. The most recent training had been completed online due to COVID-19. The principal dentist told us that staff were due to complete face to face training in the coming months.

Emergency equipment and medicines were available as described in recognised guidance. Systems and records maintained of their checks of these to make sure they were available, within their expiry date, and in working order were ineffective. The automated external defibrillator (AED) pads had expired. We saw evidence on the day of the inspection that the practice was awaiting delivery of the new AED pads..

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team. A risk assessment was not in place for when the dental hygienist worked without chairside support. We discussed this with the practice, and they assured us they would review this.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Are services safe?

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 written and managed in a way that kept patients safe. Dental care records we saw were complete, legible. Dental care records were stored on shelves in the office that the receptionist worked in. The provider assured us that the room was secure and kept locked when the receptionist left the area. We discussed the need to be compliant with the General Data Protection Regulations 2018. The provider assured us that they would review the arrangements.

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. Improvements were required to ensure referrals were followed up so that the practice knew what referrals they had made.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

We saw staff stored and kept records of NHS prescriptions as described in current guidance. The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were not carried out annually. We discussed this with the practice, and they assured us they would review this.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

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 provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

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.

The practice offered dental implants. These were placed by one of the associate dentists at the practice who had completed appropriate post-graduate training and a masters in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to intra-oral cameras to enhance the delivery of care.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

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

The dentists/clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets 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.

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. 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.

Are services effective?

(for example, treatment is effective)

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.

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.

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 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 principal dentist was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

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

Culture

Staff stated they felt respected, supported and valued.

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

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

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Processes for managing risks were ineffective and required improving. Risk arising from equipment were not monitored effectively. For example, the five-year fixed wire installation was three years out of date. The radiation protection file was not up to date and the provider had not re-registered with the Health and Safety Executive (HSE).

Furthermore, there were ineffective systems in place to manage and track referrals, and the dental hygienist worked alone with no risk assessment in place to assess the risks that could arise from this.

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 verbal feedback to obtain patients' views about the service.

Are services well-led?

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service.

Continuous improvement and innovation

The provider had systems and processes for learning, 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 generally kept records of the results of these audits and the resulting action plans and improvements. Results of audits were not always kept. For example, the radiograph audit completed was only the resulting analysis and action plan, and not the actual details of radiographs they had audited.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

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

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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17</p> <p>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>In particular:</p> <ul style="list-style-type: none">• The radiation protection file was not maintained in a way that the practice could demonstrate regular servicing of equipment and evidence of testing.• Maintenance of equipment and premises were not effective. The system in place did not pick up when checks were required to electrical tests. For example, there was a gap of three years between the required five-year fixed wire electrical testing, and at the time of the inspection the electrical system had failed the latest safety test. Portable appliance testing was overdue by more than seven years and was only completed the week before our inspection.• There was no effective system in place to alert the practice as to when medical emergency equipment passed its use by date. For example, the AED pads had expired in 2018 before the practice ordered the replacements in September 2021.• The system for tracking referrals was ineffective.• The provider had not completed the required re-registration with the Health Safety Executive under the 2017 Ionising Radiation Regulation requirement.• There was no risk assessment in place for when the hygienist worked alone.

This section is primarily information for the provider

Requirement notices

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:

There was no evidence of audits of radiographs undertaken by two of the three dentists who worked at the practice.

Regulation 17 (1)