

Mr Sheraz Aleem

The Kensington Clinic

Inspection report

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Date of inspection visit: 11 August 2021
Date of publication: 15/09/2021

Overall summary

We carried out this announced inspection on 11 August 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 asked the following questions:

- 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.

Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations.

Summary of findings

Background

The Kensington Clinic is in West Kensington in the Royal Borough of Kensington and Chelsea and provides private dental care and treatment for adults and children.

The practice is on the ground floor of the building and has one treatment room and a separate decontamination room.

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

The dental team includes two dentists, two qualified dental nurses and one dental hygienist. One of the dental nurses undertakes additional roles - including reception duties, practice manager, and CQC registered manager.

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 one dental nurse and the registered manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Wednesday 9.00am - 5.00pm

Tuesday and Thursday 9.00am - 8.00pm

Friday 9.00am - 3.00pm

Saturday - closed

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 systems to help them manage risk to patients and staff.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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 provider had effective leadership. Improvements were however required in ensuring all risks were suitably identified and mitigated and quality improvement initiatives such as audits were undertaken regularly.

There were areas where the provider could make improvements. They should:

Summary of findings

Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records.

Implement protocols for conscious sedation, taking into account the guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.

Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

Take action to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service.

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?	No action	✓

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 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 (PPE) was in use and staff had been fit tested for Filtering Face Piece (FFP) masks.

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.

Upon inspection, we saw the practice was visibly clean, though improvements could be made to have in place cleaning schedules. We were informed by the practice manager that these have now been implemented.

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 once a year, with the last one being in 8 June 2020. The registered manager assured us that going forward bi-annual audits would be implemented as per current national guidance. We were informed subsequently that an audit had been undertaken on 12 August 2021 after our inspection.

The provider had a whistleblowing policy and 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.

Are services safe?

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place. We looked at four staff recruitment records.

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.

We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. A fire risk assessment had been carried out on 6 August 2021 in line with the legal requirements. There were two main recommendations to be actioned: ensuring the fire doors had intermittent strips; and upholstering the dental stool. The registered manager had started the process to complete these recommendations.

The three yearly radiological tests and the annual mechanical and electrical tests had been carried out for the dental X-ray units. However, we did not see the local rules and contact details for the Radiation Protection Advisor (RPA). The registered manager assured us that they would action this and subsequently sent us the relevant details.

We saw evidence that the dentists justified, graded and reported on the radiographs they took, though formal radiography audits had not been undertaken since August 2016. The registered manager assured us that these would be implemented.

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

The practice had a cone beam computed tomography X-ray machine and appropriate safeguards were in place for patients and staff. We did not see certificate of training for the dentist however after our inspection a confirmation had been received for both Level 1 and 2 training courses.

Risks to patients

The provider had systems to assess risk assessments, although improvements were required to monitor and manage all risks to patient safety. For example, the provider did not have suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice's health and safety policies, procedures and risk assessments were reviewed 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 and was updated on 29 July 2021.

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 patient information poster was in the folder. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training with airway management for the dentist under sedation had not been updated. Following the inspection, training by the dentist was carried out on 17 August 2021. The dental nurse had not received training in Immediate Life Support; however, the registered manager assured us this would be confirmed in the week.

Are services safe?

Emergency equipment and medicines were available as described in recognised guidance. 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.

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with General Dental Council Standards for the Dental Team.

Data sheets for all products and materials that are hazardous to health were available, though a formal risk assessment had not been undertaken. The registered manager assured us that they would complete this in a fortnight.

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 and were kept securely and complied with General Data Protection Regulation requirements. However, improvements were required to ensure dental care records were completed contemporaneously taking into account the guidance provided by the Faculty of General Dental Practice (FGDP).

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.

Safe and appropriate use of medicines

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

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentists were aware of current guidance with regards to prescribing medicines though antimicrobial prescribing audits had not been undertaken.

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.

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 conscious sedation for patients. This included patients who were very anxious about dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions. We did not see training records for the sedationist. The registered manager informed us that these have been requested and will forward these in the week. We did not see any training for the dental nurse in regard to sedation. However online training for sedation was carried out soon after the inspection on 13 and 15 August 2021.

The staff assessed patients for sedation. The dental care records showed that patients having sedation had important checks carried out. These included a detailed medical history' blood pressure checks and an assessment of health using the guidance. The records showed that staff recorded important checks at regular intervals. This included pulse, blood pressure, breathing rates and the oxygen content of the blood. However, the classification system score with reference to American Society of Anesthesiologists (ASA) and the names of the individuals supporting in the procedure were not recorded.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to equipment available in the practice for example intra-oral cameras, microscope and a scanner to enhance the delivery of care. The dentist used a specialised operating microscope to assist in carrying out root canal treatment. The practice also had a Chairside Economical Restoration of Esthetic Ceramics (CEREC) machine, which uses 3D scans to produce ceramic inlays, onlays, and crowns that match the exact shape and size of patients' teeth.

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 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.

Dental care records for the hygienist and the periodontist confirmed 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.

Are services effective?

(for example, treatment is effective)

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 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. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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.

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 including agency staff had a verbal induction. Improvements could be made to formally record the induction process when employing new staff.

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 registered manager 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 providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care.

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

Leaders at all levels 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 stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at a combined annual appraisal and one to one meeting. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisal.

The registered manager 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. The registered manager was 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 on a regular basis.

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 encouraged online reviews and verbal comments to obtain staff and patients' views about the service.

The provider gathered feedback from staff 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.

Continuous improvement and innovation

Are services well-led?

The provider could improve on the systems and processes for learning, continuous improvement and innovation. Audits of dental care records were carried annually. However, audits for radiographs and infection prevention and control were not undertaken at regular intervals as per current national guidance. 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.