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The Dental Surgery

Inspection report

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Overall summary

We undertook a focused inspection on 10 November 2020 which included a review of evidence submitted to us by the provider before the site visit. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a second CQC Inspector.

We undertook a comprehensive inspection of The Dental Surgery on 16 January 2020 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing Safe or Well led care and was in breach of Regulations 12, 17, and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for The Dental Surgery on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

When one or more of the five questions are not met we require the service to make improvements and send us an action plan (requirement notice only). We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

Are services safe?

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

Summary of findings

The provider had made improvements in relation to the regulatory breach we found at our inspection on 16 January 2020.

Are services well-led?

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

The provider had made some but not sufficient improvements to put right the shortfalls and had not fully responded to the regulatory breach we found at our inspection on 16 January 2020.

Background

The Dental Surgery is in the London Borough of Southwark and provides NHS and private treatment for adults and children.

The dental team includes the principal dentist and a trainee dental nurse. The practice has one treatment room.

The practice is owned by an individual who is the principal dentist. 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 and the trainee dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open between 8.45 am and 5.00 pm - Monday to Friday.

Our key findings were:

- A dental sharps risk assessment had been carried out, and training in the handling and disposal of dental sharps had been completed by staff.
- Risk assessments and information relating to the Control of Substances Hazardous to Health Regulations 2002 (COSHH) was available to staff.
- An automated external defibrillator (AED) was available for use in the event of a medical emergency and staff had completed training in basic life support. However improvements were needed for monitoring emergency medicines and equipment.
- Systems had been implemented to ensure that patient referrals were monitored and followed up.
- The provider had implemented an effective system for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency (MHRA), the Central Alerting System and other relevant bodies, such as Public Health England.
- Inspection and servicing of the fire alarm system had been carried out on 3 March 2020.
- A five-year electrical fixed wiring safety check was undertaken on 16 February 2020.

Summary of findings

- Portable Appliance Testing (PAT) had been carried out on 14 February 2020.
- A legionella risk assessment had been carried out on 4 March 2020; however not all recommendations had been actioned.
- Infection prevention and control audits were not being completed accurately in all instances.
- There were ineffective systems for the on-going identification of learning and development needs, training, assessment, supervision and appraisal of all staff.
- Improvements were still required to maintain accurate, complete and contemporaneous records in respect of each service user.

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 well-led?

Requirements notice



Are services safe?

Our findings

We found this practice was providing safe care and was complying with the relevant regulations.

At our previous inspection on 16 January 2020 we judged the practice was not providing safe care and was not complying with the relevant regulation. We told the provider to take action as described in our requirement notice. At the inspection on 10 November 2020 we found the practice had made the following improvements to comply with the Regulation 12.

- There were effective arrangements for assessing risks associated with the use and disposal of dental sharps. The provider sent us evidence that a sharps risk assessment had been undertaken on 12 February 2020 and training had been completed by staff.
- Risk assessments and information relating to Control of Substances Hazardous to Health Regulations 2002 (COSHH) was available to staff.
- There was an automated external defibrillator (AED) available for use in the event of a medical emergency. However, on the day of inspection we found the medicine used to treat low blood sugar had not been stored in a refrigerator and the expiry date had not been adjusted to ensure this medicine was within the manufacturer's use by date. The oropharyngeal airways were out of date and the emergency equipment such as the Volumatic spacer, paediatric oxygen mask with reservoir and portable suction were not available. Following the inspection, the provider submitted evidence that all the recommended emergency equipment and medicines were available according to the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- There were improved systems in place to ensure staff were suitably protected against the risk of vaccine preventable infections. We saw records which showed the trainee dental nurse had received vaccination against Hepatitis B virus; checks for immunity against the virus however had not been undertaken.
- On the day of the inspection, we noted that the staff were wearing suitable personal protective equipment (PPE).
- The provider had implemented systems to ensure referrals were made safely and that they were monitored and followed up to ensure patients were seen promptly.
- Patient safety alerts and recalls issued from the Medicines and Healthcare products Regulatory Agency (MHRA) were accessed and checked.

These improvements showed the provider had taken action to comply with Regulation 12 when we inspected on 10 November 2020.

Are services well-led?

Our findings

We found that this practice was not providing well led care. 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).

At our previous inspection on 16 January 2020 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our warning notice.

At the inspection on 10 November 2020 we found

- Inspection and servicing of the fire alarm system had been carried out in March 2020 and all fire safety equipment was in order.
- Portable Appliance Testing (PAT) had been carried out on 14 February 2020 by an external company to ensure electrical appliances and equipment were safe to use.
- Five-year electrical fixed wire safety check was carried out on 16 February 2020 to ensure electrical safety.

However, we also found that the practice had not made the following improvements to comply with Regulation 17.

- All the recommendations from the legionella risk assessment had not been completed. We noted an electric water heating unit had been installed for heating water in the practice. However, we found that the hot water temperature in the decontamination room wash basin tap reached only 19 degrees Celsius after a one-minute draw; national guidelines recommend 50 degrees Celsius and above after a one-minute draw. There were also no systems for monitoring water temperatures.
- Infection prevention and control audits were not being completed accurately in all instances.
- Accurate, complete and contemporaneous records in respect of each service user were not being maintained. This included lack of recording the justification for taking dental radiographs or reports on the findings to support clinical diagnosis and treatments.
- The trainee dental nurse was enrolled in a nursing training programme. However, there were ineffective systems for the on-going identification of learning and development needs, training, assessment, supervision and appraisal of all staff.
- Staff were not aware of various policies and procedures in the practice.

These findings showed that the provider had not taken action to improve the quality of services for patients and to comply with Regulation 17 when we inspected on 10 November 2020.

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 How the regulation was not being met 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 improve the quality and safety of the services being provided. In particular: • Regular checks on medicines and equipment were not undertaken. • The infection prevention control audits were not accurately identifying areas where improvements were needed. 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: • All recommendations of the Legionella risk assessment had not been implemented. Actions such as ensuring correct water temperature, and regular monitoring of water temperature were not being undertaken to suitably mitigate the risk of Legionella infection.

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 ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user.

In particular:

- Dental care records did not have detailed recording of clinical notes and the justification for taking dental radiographs, and reports on the findings to support clinical diagnosis and treatments.

There was additional evidence of poor governance. In particular:

- Systems and processes to ensure good governance and management were either absent or ineffective.

Regulation 17(1)