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Thanet House Dental Care

Inspection report

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Overall summary

We carried out this announced inspection on 17 June 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.

Are services well-led?

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

Summary of findings

Background

Thanet House Dental Care is in Bexley and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice via a ramp, 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, four associate dentists, two dental nurses, two trainee dental nurses, one dental hygiene therapist, one reception manager, one administration manager and two receptionists. The practice has three 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, one of the associate dentists, two dental nurses, and the administration manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Friday - 9.00am to 6.00pm

Tuesday, Wednesday and Thursday - 8.00am to 5.00pm

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 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 dealt with complaints positively and efficiently.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. Some staff required updated medical emergencies training.
- Improvements were required to the information governance arrangements.
- Risks associated with staff recruitment procedures had not been suitably identified. Improvements were required to ensure the recruitment procedures reflected current legislation.
- Improvements were required to the governance systems to help the provider better manage risk to patients and staff.

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

- Take action to ensure all clinicians are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.

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 PPE was in use and staff had been fit tested.

The provider also had a system to identify adults that were in other vulnerable situations for example. those who were known to have experienced modern-day slavery or female genital mutilation.

The provider had an infection prevention and control policy and procedure. 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. We saw consignment notes confirming the monthly collection of clinical waste going back to November 2020.

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 speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.

Are services safe?

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.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. The policy was not fully reflective of the relevant legislation. We looked at six staff recruitment records. Essential checks were missing from some of the recruitment records. Evidence of conduct in previous employment (references) were missing from all six records; proof of identification was missing from three records; the practice were not routinely carrying out Disclosure and Barring Services (DBS) checks instead they were accepting DBS checks carried out by staffs' previous employers; copies of curriculum vitaes with proof of work history were missing from three records we reviewed.

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

Most equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. However, the five-year fixed wire installation certificate expired in February 2021. The provider had identified this prior to our inspection visit and had made arrangements for it to be completed in the coming weeks.

A fire risk assessment was carried out in line with the legal requirements. The risk assessment had been carried out by an external company in 2019 and the practice reviewed it annually. Some of the advisory suggestions from the external risk assessment had not been actioned and whilst the practice was reviewing it annually there were changes to the external risk assessment that had not been picked up when they reviewed it. We discussed this with the principal, and they agreed that they would review their procedures for assessing fire risks.

We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

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.

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

Risks to patients

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 although the most recent certificate was not displayed (an outdated certificate from 2018 was on display). We brought this to the attention of the principal dentist who located the up to date copy and displayed it.

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 not been undertaken.

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.

The practice told us that they completed basic life support (BLS) training on an annual basis. Records indicated that most staff had not completed face to face BLS and life support training since December 2019. The practice had conducted in-house theoretical training in February 2021. The principal dentist explained the reasons for the delay in face to face training but assured us that they would make it a priority for all staff to receive it.

Are services safe?

Emergency equipment and medicines were available as described in recognised guidance. We found 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 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 hygiene therapist worked without chairside support.

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

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 or 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.

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.

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. 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.

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.

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.

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.

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 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 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

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of the service. Staff felt the leaders were visible and approachable.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

Annual appraisals were not being carried out routinely. The last set of appraisals we saw on staff records were for 2017 when the previous provider owned the practice. We discussed this with the principal dentist who told us that staff received appraisals regularly but said that records were not maintained. We saw evidence that some staff training needs were being met. We saw no evidence that staff were able to discuss development needs.

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

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

Most staff had clear responsibilities, roles and systems of accountability to support good governance and management. Some staff roles were not clearly defined, and job descriptions were not up to date for some staff.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. It was unclear who was responsible for the day to day running of the service. Roles and duties for some of the practice management required clarification. For example, it was unclear who was responsible for managing the updating of the employer's liability insurance. Up to date information about the practice cover was not readily available. Staff were unclear of the arrangements in place for assessing risks to lone workers. Some staff we spoke with were not aware there was a risk assessment. The practice did not have a policy in relation to assessing sharps in the dental practice (i.e. no appropriate risk assessment) and fire risk assessment required updating.

Governance arrangement for managing staff recruitment records were not appropriate. Essential checks were missing from staff records and there was a lack of clarity around who was responsible for managing them. We were told that documents relating to essential checks were collected when staff started employment at the practice; however, they could not be located on staff recruitment records and staff were unsure where the missing documents were.

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 generally up to date.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. All staff had completed general data protection and regulation GDPR) training.

Are services well-led?

Engagement with patients, the public, staff and external partners

The provider had systems in place for patient surveys and comment cards. Due to the pandemic they had paused collection of these types of feedback but were encouraging verbal comments from patients 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.

We reviewed recent complaints the practice had received. We saw they were investigated and responded to in line with the practice policy. Patients had received appropriate acknowledgements and where relevant external regulators had been involved. Lessons learnt were well documented and shared with the staff team.

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. Some improvements were needed to ensure training in key areas like BLS was completed at regular intervals. The provider was aware it was overdue but accepted that they had not prioritised it. They assured us they would review arrangements for booking the training as soon as possible.

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 **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **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 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: • There was no sharps risk assessment that assessed all sharps being used within the dental practice; • Effective governance arrangements were not in place. Roles and responsibilities were not clearly defined; Staff were working to out of date and irrelevant job descriptions to the role they were performing; • Staff were unclear what risk assessment were in place for lone working; • We identified discrepancies in the fire risk assessment demonstrating it was not reviewed appropriately; • Documents were missing from staff recruitment records which the provider said they had collected. The provider could not account for why they were missing from recruitment records: • Appropriate arrangements were not in place to ensure staff training was completed in a timely manner. For example, BLS training was overdue. **Regulation 17 (1)**