Cybertrad Limited

Truro Dental Care

Inspection report

37 Lemon Street
Truro
TR1 2NR
Tel: 01872272327

Date of inspection visit: 27 November 2023
Date of publication: 17/01/2024

Overall summary

We carried out this announced comprehensive inspection on 27 November 2023 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 practice 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 always ask the following five questions:

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic appeared clean.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.

Summary of findings

- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- Patient feedback was positive.
- The practice had information governance arrangements.
- The practice had infection control procedures, but they were not consistently followed.
- Staff knew how to deal with medical emergencies. However, the automated external defibrillator was not working at the time of the inspection visit.
- The practice had systems to manage risks for patients, staff, equipment and the premises but improvements are required.
- There had not been recent staff meetings and communication across the staff team was not always effective.

Background

Truro Dental Care is in Truro and provides private dental care and treatment for adults and children. The practice is owned by a partnership of three dentists.

The practice building is grade 2 listed and the permitted ability to make changes to provide step free access is not available to the providers.

Car parking spaces are available near the practice.

The dental team includes 3 dentists, 2 dental hygienists, 4 dental nurses and 1 receptionist. The practice has 4 treatment rooms.

During the inspection we spoke with 3 dentists, 1 dental hygienist, 3 dental nurses, 1 receptionist and 1 locum receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Thursday 8.30am – 5.30pm. Fridays 9.00am – 12.30pm.

We identified a regulation 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.

Full details of the regulation the provider is not meeting are at the end of this report.

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

- Take action to ensure the suitability of the premises and ensure all areas are fit for the purpose for which they are being used. In particular, with respect to external repairs.
- Implement audits for prescribing of antibiotic medicines, taking into account the guidance provided by the College of General Dentistry.
- Improve and develop staff awareness of autism and learning disabilities and ensure all staff receive appropriate training in this.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records. In particular, with regard to periodontal charting.

Summary of findings

- Improve the practice's complaints handling procedures by maintaining a record demonstrating when concerns were resolved.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	**No action** ✓
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**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 completed safeguarding training but there was not a named safeguarding lead in the practice. There was no practice written flow chart to indicate processes for raising concerns to local safeguarding teams.

The practice had infection control procedures, which reflected published guidance. However, there was no designated infection control lead in the practice and there were areas requiring improvement to ensure the practice meets guidance in the document HTM 01-05 Decontamination in Primary Care Dental Practices.

The decontamination of instruments was carried out in 2 of the treatment rooms and in separate rooms adjacent to 2 other treatment rooms. There was manual cleaning of dental instruments. This is the most difficult method to validate for auditing purposes.

We saw the most recent Infection Prevention Society (IPS) audit required an action plan. We noticed children's toys in one treatment room. There was no written schedule for the cleaning of toys intended for patient use. Following the inspection the practice wrote to us to tell us toys had been removed from patient waiting areas.

We saw duct tape on the floor in one treatment room covering floor damage. There was carpeting in one treatment room within 1.5 metres of the dental chair, which is not recommended due to potential clinical cross contamination on to the carpet area.

We also noted that not all laboratory work was sterilised on return to the practice, before patient use. Sterilisation is recommended.

The practice currently did not have adequate procedures to reduce the risk of Legionella or other bacteria developing in water systems. This was because it was not clear in records that all recommendations made in the practice Legionella risk assessment had been actioned or discussed among the staff team. Following the inspection the practice wrote to us to inform us a new Legionella risk assessment had been completed and an action plan was being worked through.

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

Cleaning equipment was available and stored appropriately.

The practice had a recruitment policy and procedure to help them employ suitable staff. However, this had not been consistently followed, with some background checks being carried out after staff were in post.

Clinical staff were qualified and registered with the General Dental Council. During the inspection suitable arrangements were made to ensure all clinical staff had professional indemnity cover.

The practice had not ensured the facilities were maintained in accordance with regulations. This is because there was no written evidence that all recommendations in the practice fire risk assessment were actioned or discussed within the staff team. We noted a five yearly electrical wiring inspection had recently been carried out. However, the final report was not available and therefore any recommendations from the inspection were unknown. Following the inspection the practice wrote to us to inform us a new fire risk assessment had been completed and an action plan was being worked through.

There were external repairs required to the rear of the premises, including the roof. One of the dentist partners told us there was ongoing discussion between the business partners regarding arranging repairs.

Are services safe?

The practice had arrangements to ensure the safety of the fixed X-ray equipment and we saw the required radiation protection information was available. However, there was also a medical laser, which we were told had not been used recently. There was no policy, written procedure or local rules for the use of the laser. These must be in place before any future use.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness and lone working. However, there was no written risk assessment for the use of sharps and the sharps policy also did not identify who was responsible for the handling and disposal of sharps.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. However, processes for monitoring emergency equipment and medicines were not effective as there was a known battery fault with the Automated External Defibrillator (AED) device. We brough this to the attention of one of the partners who told us action would be taken to remedy this issue.

The practice did not have adequate systems to minimise the risk that could be caused from substances that are hazardous to health. In particular, there was no evidence to demonstrate that the Control of Substances Hazardous to Health (COSHH) information was regularly reviewed or updated accordingly.

Information to deliver safe care and treatment

Dental care records we saw were kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. However, we discussed implementing a process for the monitoring of these referrals, should they be made.

Safe and appropriate use of medicines

Antimicrobial prescribing audits were not carried out. Dentists were not always prescribing in line with current guidance for antibiotic prescribing.

Track record on safety, and lessons learned and improvements

The practice had a system for receiving and acting on 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.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. However, not all clinical staff were able to adequately demonstrate awareness of Gillick competencies or their responsibilities under the Mental Capacity Act 2005 (MCA). We were told refresher training would be arranged.

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 in line with recognised guidance. However, we notice British Society of Periodontology guidelines were not followed for recording periodontal assessments.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. Staff had not completed recommended learning disability and autism awareness training.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation.

Effective staffing

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

Clinical staff completed 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 caring?

Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Patient feedback indicated they considered staff kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included, for example, study models and X-ray images.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit. The premises were Grade 2 listed. This meant there were limitations upon structural changes both interior and exterior which could be made to improve accessibility for patients with limited mobility or who were wheelchair users.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice had an appointment system to respond to patients' needs.

Listening and learning from concerns and complaints

The practice responded to patient concerns in a timely way. We were told there had been no formal complaints raised. We discussed maintaining a log of verbal concerns to discuss outcomes with staff to share learning and improve the service.

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 practice staff demonstrated a transparent and open culture in relation to people's safety.

There was no practice manager in post, although we were told the post had been successfully recruited into following advertisement. Since the retirement by the previous practice manager earlier in 2023, there had been ineffective oversight of governance of the practice. The inspection highlighted some issues or omissions.

Culture

The practice did not have systems in place to adequately support staff. There were no written staff grievance or whistleblowing policies. Grievance and whistle blowing policies would provide staff with structured internal processes for raising concerns.

Staff appraisals had not taken place because there was no practice manager. Alternative arrangements were not formalised.

Governance and management

The practice did not have effective governance and management arrangements. In particular, there was inconsistent evidence of the practice's policies, protocols and procedures being reviewed on a regular basis.

Policies were signed by some, but not all staff, to confirm they had been read and understood.

Appropriate and accurate information

The practice 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

Staff gathered feedback from patients and demonstrated commitment to acting on feedback.

There had not been staff meetings held in recent months since the practice manager had retired. Therefore, opportunities to offer suggestions for improvements to the service in a structured way was absent. Following the inspection the practice wrote to us to tell us a staff meeting was scheduled during January 2024.

Continuous improvement and innovation

The practice did not have appropriate quality assurance processes to encourage learning and continuous improvement as clinical audits lacked action plans to drive improvement.

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 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: **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)** • There was no named designated safeguarding lead for the practice. • Not all recommendations made in practice fire risk assessment had been actioned. • A copy of the current 5-yearly electrical wiring report was unavailable. • Not all recommendations made in the practice legionella risk assessment had been actioned. • There was no action plan resulting from the most recent Infection Prevention Society (IPS) audit. • There was no written cleaning schedule in place for children's toys in clinical areas. • There was duct tape covering damage to flooring in one treatment rooms. • There was carpeting in one treatment room within 1.5 metres of the dental chair. • There is no designated infection control lead in the practice. • There was no policy, written procedure or local rules for the use of the medical laser. **Risks to patients** • There was no system in place for the review of Control of Substances Hazardous to Health information. • There was no practice dental sharps safety risk assessment.

This section is primarily information for the provider

Requirement notices

- The Automated External Defibrillator (AED) was not working properly.

Safe and appropriate use of medicines

- Current guidelines for antibiotic prescribing were not consistently followed.

Consent to care and treatment

- Not all staff had good awareness regarding Gillick competencies or the Mental Capacity Act.

Culture

- There were no written staff grievance or whistleblowing policies.

Governance and management

- Policies were signed by some, but not all staff, to confirm they had been read and understood.