David White

East Boldon Dental Practice

Inspection report

6 St Bedes
East Boldon
NE36 0LE
Tel: 01915371177

Date of inspection visit: 24 January 2022
Date of publication: 17/02/2022

Overall summary

We carried out this announced focused inspection on 24 January 2022 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 three 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:

- The practice appeared to be visibly clean.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were not available in accordance with published guidance. Items we identified as missing were ordered by the provider within a week of the inspection.
- The provider's systems to help manage risks to patients and staff needs improvement.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures; these did not reflect current legislation.
- 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.

Summary of findings

- The appointment system took account of patients' needs.
- The provider's leadership and governance systems were not effective.
- The provider did not obtain patients' feedback about the services they provided.
- The provider had information governance arrangements.

Background

East Boldon Dental Practice is in East Boldon and provides NHS and private dental care and treatment for adults and children.

There is level access to 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 two dentists, five dental nurses who also work in reception, and a practice manager. The practice has one treatment room.

During the inspection we spoke with one dentist, one dental nurse and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 9am to 5.30pm

Tuesday and Thursday 9am to 7pm

Wednesday 9am to 5pm

Friday 9am to 2pm.

We identified regulations the provider was not complying with. They must:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**Requirements notice** ✖
Are services effective?	**No action** ✓
Are services well-led?	**Requirements notice** ✖

Are services safe?

Our findings

We found this practice was not providing safe 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.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had infection control procedures which reflected published guidance, apart from the use of wire brushes during manual cleaning. Wire brushes are no longer recommended for use, and we discussed this with the infection prevention and control lead who assured us they would take appropriate action. The provider had introduced additional procedures in relation to COVID-19 in accordance with published guidance.
- The provider had procedures to reduce the possibility of Legionella or other bacteria developing in water systems, in line with a risk assessment. The risk assessment was completed by an external company but did not reflect the practice accurately. It did not incorporate the 1st floor of the building and accounted for two toilets downstairs instead of one. The practice manager assured us they would review this and arrange for an accurate risk assessment to be completed.
- The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.
- We saw the practice was visibly clean. Cleaning schedules or checklists were not in place however the practice staff had a comprehensive understanding of areas to be cleaned and the products and tools required to do this.
- The provider had a recruitment policy and procedure to help them employ suitable staff. These did not reflect the relevant legislation however most staff members had worked at the practice for several years. The practice manager told us they had recognised their previous recruitment checks were inadequate and showed us they already taken steps to introduce a new recruitment protocol. This included a checklist, which listed all documents that should be sought when recruiting staff.
- 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 and gas appliances. Portable appliance testing and the fixed electrical wiring inspection were overdue; we saw evidence these had been scheduled.
- A fire risk assessment was carried out in line with the legal requirements; however the provider did not have effective fire safety management procedures. In particular, the risk assessment specified fire exit routes should be kept clear and we observed there was a clinical waste bin located in the passage to the fire exit. This would prevent prompt evacuation in event of a fire. The provider had not arranged for annual fire safety training or fire drills since 2013. Visual checks of the fire alarms, extinguishers and emergency lighting were not in line with national recommendations.
- The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.
- The provider had not implemented systems to assess, monitor and manage risks to staff and patient safety. In particular relating to sharps safety and dental dam use. The provider did not use protective devices for recapping of needles, as advised in their risk assessment. Information was not easily accessible for staff in the event of a sharps' injury. Matrix bands were dismantled by dental nurses and use of forceps was not suggested as a protective measure. Two sharps injuries (including one involving a used matrix band) occurred within the last 12 months; these were not recorded in sufficient detail and staff were unable to recall exactly how they were dealt with. The provider did not use dental dam when irrigating and they had not carried out a risk assessment to help them manage the risks associated with this to staff and patients. Endodontic reamers were sterilised and stored for re-use, against national advice.

Are services safe?

- Emergency equipment and medicines were not available and audited as described in recognised guidance. We found the practice did not have adequate medicines to treat epilepsy, and there was no self-inflating bag for children. Masks to attach to the adult self-inflating bag were not in sufficient sizes.
- The medicine to treat diabetes was not stored in line with manufacturer's recommendations. The provider did not complete appropriate checks of their medical emergency drugs and equipment, in line with national guidance.
- Staff said they knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. This was now due and the practice manager assured us they would book the team in for training. Periodic scenario training was not carried out.
- 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

- Dental care records we saw were legible, 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.

Safe and appropriate use of medicines

- The provider did not have systems for appropriate and safe handling of medicines. We identified four unlabelled syringes of a clear liquid in the treatment room. Local anaesthetic cartridges were not in their original packs, in accordance with instructions.
- Antimicrobial prescribing audits were not carried out.
- Antibiotic prescriptions were routinely being issued for urgent dental problems, without the patient being seen first.
- We saw NHS prescriptions were not stored, or logged, as described in current guidance.
- The provider did not have an adequate stock control system of medicines, or materials, which were held on site. We identified expired dental materials in the surgery drawer and expired medicines in the medical emergency kit.

Track record on safety, and lessons learned and improvements

- The provider had not implemented systems for reviewing and investigating when things went wrong. We were told that no significant events occurred within the last year. During the course of the inspection, we identified various significant events including a leaking roof, verbally abusive patients, and an electrical incident. These were not recognised as significant events or documented to share learning with the team. Accidents were recorded but were lacking in detail. We saw there were two sharps injuries involving 'used' probes and matrices however there was no description of whether the wound bled, was dressed, whether the patient was identified, risk assessed or further help was sought from external health services.
- The provider had a system for receiving and acting on safety alerts. Alerts were not shared with the entire dental team. We discussed the benefit of this and the practice manager assured us they would implement this.

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

- The provider told us they sought patient consent to care and treatment. Dental care records we looked at showed there was a lack of consistency in the recording of this.
- Staff understood their responsibilities under the Mental Capacity Act 2005.
- 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 did not keep detailed dental care records in line with recognised guidance. In particular recording of informed consent, condition of gum health, diagnosis, treatment options and radiographs were limited in the records we viewed. We explained to the provider that we would be sharing our concerns in relation to this with NHS England.
- Staff conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty
- Evidence was not available to demonstrate the dentists justified, graded and reported on all the radiographs they took.
- The provider carried out radiography audits every year following current guidance and legislation.

Effective staffing

- Staff had the skills, knowledge and experience to carry out their roles.
- Staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council. However, evidence gathered on the day of our inspection indicated that further refresher courses were appropriate, for example, in relation to clinical record keeping.

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

- Practice leadership needed improvement to address the issues identified during our inspection.
- The provider and practice manager were both open to discussion and feedback during the inspection. They understood the challenges and demonstrated that they were keen to address them.
- There was a lack of support systems in leadership and oversight at the practice. In particular, the practice manager undertook several roles and delegation of duties to other staff was minimal. A large work-load capacity resulted in a lack of oversight of many risk areas.
- Systems and processes were not embedded among staff. For example, the practice manager had risk assessed the fire exit route and specified it should be kept clear in the practice risk assessment. The provider had not taken the necessary steps to address this.

Culture

- Staff told us that although they were happy and proud to work in the practice, they felt the support systems needed to be improved.
- Staff discussed their training needs at one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development. Some learning needs had not been recognised or addressed, as demonstrated in our inspection.

Governance and management

- Systems to support good governance and management were not apparent. Delegation of roles and responsibilities could enable better management.
- The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. We were told these were reviewed on a regular basis and staff would be informed of any changes, however there was no evidence to support this.

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

- There was no evidence staff involved patients, the public, staff and external partners to support the service.
- Staff were encouraged to offer suggestions for improvements to the service and said these were listened to. Suggestions were acted on where appropriate.
- The provider did not organise regular staff meetings.
- During the pandemic the provider had not been able to gather patient feedback due to the restrictions in place.

Continuous improvement and innovation

Are services well-led?

- 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. We saw, in some areas, these audits were not reflective of the practice and improvements were not implemented. For example, a record keeping audit carried out in 2020 identified patient medical records required more detailed entries; this had not been acted upon.
- Staff kept records of the results of these audits and the resulting action plans.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **Safe Care and Treatment** Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular: • The registered person did not have an accurate Legionella risk assessment for the premises. • The registered person did not have risk assessments for not using dental dam and for the re-use of endodontic files on patients. The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • The recommendations in the fire risk assessment had not been actioned. In particular, the fire exit was not kept clear, visual inspections of fire safety equipment were not adequate and staff had not completed annual fire drills. • The registered person did not ensure they had adequate medical emergency drugs and equipment on-site. There was additional evidence to support this: • Antibiotics were prescribed using remote triage and the registered person did not carry out antibiotic audits. **Regulation 12 (1)**

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

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.

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:

- The provider had ineffective systems to ensure sufficient fire safety measures, were in place.
- The systems to check medical emergency drugs and equipment were not in line with national guidance.
- The registered person did not recognise incidents within the practice as being 'significant'. Recording and sharing of these incidents with the team was not in place. Accidents were not detailed sufficiently.
- The registered person did not have a system in place to ensure continuous improvement of clinical care. For example, effective record card or antibiotic prescription auditing was not carried out at regular intervals.

There was additional evidence of poor governance. In particular:

- There was no system in place, such as a prescription log, to identify a missing prescription.
- The provider did not have an effective system in place to ensure expired dental materials, medical emergency medicines and instruments were removed.
- Staff meetings were not held regularly and patient feedback was not sought.

Regulation 17 (1).