AZJ Healthcare Services Limited

Park Clinic

Inspection Report

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Overall summary

We undertook a follow up focused inspection of Park Clinic on 2 July 2019. 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 that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a CQC inspection manager and a specialist dental adviser.

We undertook a comprehensive inspection of Park Clinic on 27 February 2019 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, effective or well led care and was in breach of regulations 12 (Safe care and treatment), 17 (Good governance) and 19 (Fit and proper persons employed) 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 Park Clinic on our website www.cqc.org.uk.

As part of this inspection we asked:

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

Our findings were:

Are services safe?

We found this practice was not providing safe care in accordance with the relevant regulations.

The provider had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breaches we found at our inspection on 27 February 2019.

Are services effective?

We found this practice was not providing effective care in accordance with the relevant regulations.

The provider had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breaches we found at our inspection on 27 February 2019.

Are services well-led?

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

The provider had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breaches we found at our inspection on 27 February 2019.

Background

Summary of findings

Park Clinic is in the Abington area of Northampton and provides private dental treatment to adults and children. The registered provider told us that intravenous sedation services were available.

The practice offers a circumcision service mainly to children and infants for religious, cultural and medical reasons. This service is provided by a consultant urologist. These services had previously been suspended but we were told that they had recommenced. The circumcision service was not included in the providers statement of purpose.

There is stepped access with a removable ramp for people who use wheelchairs and those with pushchairs. There is roadside car parking in the area around the practice.

The dental team includes three dentists (one of whom is a specialist oral surgeon), one trainee dental nurse and a consultant urologist. The practice has two treatment rooms, one of which is on the ground floor.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Park Clinic is the principal dentist.

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:

Monday to Friday from 9am to 7pm

Saturday from 9am to 5pm

Our key findings were:

- Improvements had been made to the provider's recruitment processes.
- Clinical waste was not segregated appropriately.
- Not all medical emergency equipment was available as described in nationally recognised guidance.
- Audits had either not been completed or did not reflect our findings during the inspection.
- Staff had not received an appraisal.
- The risks associated with Legionella had not been appropriately addressed.
- The process for validating the autoclave did not reflect nationally recognised guidance.
- The provider did not ensure that clinicians held adequate indemnity.
- Governance systems had not been implemented to ensure compliance with the regulations.

We identified regulations the provider was not meeting. 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 regulations the provider is not meeting are at the end of this report. After the inspection we served a notice of proposal to cancel the providers registration to provide regulated activities.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**Enforcement action**
Are services effective?	**Enforcement action**
Are services well-led?	**Enforcement action**

Are services safe?

Our findings

We found that 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 Enforcement Actions section at the end of this report). After the inspection we served a notice of proposal to cancel the providers registration to carry out regulated activities.

At our previous inspection on 27 February 2019 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our enforcement notice.

- We checked the medical emergency equipment and medicines. Since the previous inspection the provider had obtained buccal midazolam, oral glucose solution and a portable suction device. We asked if the provider had obtained adult and child sized self-inflating bags and a child sized oxygen mask which were missing at the previous inspection. It was confirmed these had not been obtained. We were later sent evidence that these had been ordered.
- At the inspection on 27 February 2019 we noted that dispensed antibiotics did not have the name and address of the practice on the labelling. We asked staff the process for labelling antibiotics which were dispensed. We were told that a label would be handwritten with the patient's name, date of birth and address, the type, dose and directions for use of the antibiotic and the practices address and dentists name.
- Improvements had been made to the recruitment process. At the inspection on 27 February 2019 there were gaps in staff folders relating to their safe recruitment. At the inspection on 2 July 2019 we reviewed the folders relating to all staff who we were told were currently working at the practice. We saw evidence of photographic identification, registration with their relevant regulatory body, references and a Disclosure and Barring Service check.
- Staff described the decontamination process. Improvements had been made. We were shown the appropriate personal protective equipment and there was a clear dirty to clean flow. We saw a thermometer was available to record the temperature of the solution used to decontaminate instruments. Records showed that a weekly protein residue test was carried out on the ultrasonic bath along with the ultrasonic activity test and cleaning efficacy test. We asked about the process for the validation of the autoclave. A data logger was used to record the successful completion of each sterilisation cycle. The service used a vacuum autoclave which requires a daily steam penetration test. We asked if the daily steam penetration test had been completed. Staff confirmed that it had not been. We found numerous bags containing sterilised instruments which did not have a "use by" date on them. In addition, in the circumcision storage cupboard some instrument bags were dated 2017.
- We discussed clinical waste with staff. We were told that staff segregated waste into clinical waste and non-clinical waste. There were two waste bins in each surgery relating to each waste stream. There was a sign above the clinical waste bin stating "Clinical staff are strictly instructed to follow correct clinical waste protocol and not fill clinical waste bag which does not follow criteria below: Blood contaminated waste, Swabs and Wound dressing". There was an additional sign on the bin stating "Only blood contaminated swabs, gloves and bibs". With permission of the registered manager and due to concerns about waste segregation identified at the previous inspection we checked the contents of the non-clinical waste bins. In one non-clinical waste bin we found four saliva ejectors, one of which was contaminated with a red substance which appeared to be blood. In another non-clinical waste bin, we found part of a matrix band (a matrix band is placed in a patient's mouth when carrying out a filling) which appeared to have been used and was a sharp item. The Controlled Waste Regulations 1992 defines clinical waste as "any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, or syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it". The provider accepted segregation of waste was not in accordance to the regulation.
- At the inspection on 27 February 2019 we identified that a Legionella risk assessment had been completed but that the recommendations to carry out monthly water temperature testing and for a competent person to complete training had not been addressed. At the follow up inspection on 2 July 2019 staff remained unable to

Are services safe?

demonstrate that monthly water temperature testing was carried out and that a competent person had completed Legionella awareness training. The last records of water temperature testing were from 2016.

- During the inspection we were told that a member of staff had not been immunised against the Hepatitis B virus. We asked if a risk assessment was in place. It was confirmed that it was not. The member of staff was responsible for carrying out surgery and chairside support, and decontamination procedures exposing them to a risk of sustaining a sharps injury.
- During the inspection we asked if there was a system in place to receive national patient safety and medicines alerts from authority bodies, such as the Medicines and Healthcare Products Regulatory Authority (MHRA). Staff were unaware of these alerts and confirmed that they did not receive them.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this practice was not providing effective care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Actions section at the end of this report). After the inspection we served a notice of proposal to cancel the providers registration to carry out regulated activities.

At our previous inspection on 27 February 2019 we judged the practice was not providing effective care and was complying with the relevant regulations. We told the provider to take action as described in our enforcement notice.

- At the inspection on 27 February 2019 we identified that records relating to the circumcision were brief. At that inspection we were told that the circumcision service had been suspended. At the follow up inspection on 2 July 2019 were informed that the service had recommenced about one month previously. The service had a circumcision policy. We reviewed five records relating to circumcision which had been completed since 30 April 2019. Within these records we saw evidence of the local anaesthetic which had been used, signed consent from both parents and evidence that the identification for both parents had been checked. We were also shown evidence of a circumcision information and advice leaflet and after care instructions. We asked to see evidence that the patient's GP had been informed of the procedure. We were shown one letter relating to a patient whose record we saw and another letter from a patient record which we did not review. We were told that the lack of evidence of the remaining letters were due to "errors in saving". The practice's circumcision policy states that "Discharge letter is given to the parents or posted to the Medical Practitioner". The policy also states that "Birth certificate must be available to confirm name of parents". Only one of the five records which we reviewed provided evidence of the birth certificate being seen. We asked to speak to the consultant carrying out the circumcision service but were not provided with any contact details.
- During the inspection we reviewed a selection of dental care records. We discussed one case where a patient had presented with acute pain. An X-ray was taken which had been justified. We asked to see the report relating to this X-ray. The report focussed on the cause of the pain. There were other significant findings on the X-ray which had not been reported on. We asked if the patient had been informed of these finding and we were told that they had. This had not been documented in the patient's dental care records. We reviewed other dental care records and found that there was no documented evidence that dietary advice to reduce the risk of tooth decay had been provided to patients. We were told that this advice was provided but was not recorded. There was evidence that a real effort was made to address periodontal conditions through treatment and this was being recorded and monitored.

Are services well-led?

Our findings

We found that 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 Enforcement Actions section at the end of this report). After the inspection we served a notice of proposal to cancel the providers registration to carry out regulated activities.

At our previous inspection on 27 February 2019 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 enforcement notice.

- At the inspection on 27 February 2019 we identified concerns about the systems and processes with regards to clinical waste segregation. During the inspection on 2 July 2019 we found similar concerns about the segregation and disposal of clinical waste as we found items which appeared to be contaminated with blood or saliva.
- At the inspection on 27 February 2019 we found that there were limited means of monitoring the quality and safety at the practice. At the inspection on 2 July 2019 we were shown an X-ray audit which had been completed for the principal dentist. This reflected current guidance. We asked if X-ray audits had been completed for the two other dentists and it was confirmed that they had not.
- An infection prevention and control audit had been carried out in May 2019. This had identified that soap dispensers were not wall mounted. There was no action plan in place to address this or any justification for not following the guidance. In addition, we identified some questions which had been answered which did not reflect our findings on the day of inspection. One question asked, "Can decontamination and clinical staff demonstrate current immunisation with the hepatitis B vaccine e.g. documentation?". This had been answered "Yes". The registered manager had informed us that the trainee dental nurse had not yet received these vaccinations. The audit referred to decontamination equipment which was not in use. We were told that it was not in use at the time of audit. The audit also stated that furniture in the surgeries were washable. We noted that some chairs in the surgeries were covered in fabric and not washable.
- We asked if audits of antimicrobial prescribing and dental care records had been completed. Staff confirmed that they had not.
- We asked if appraisals had been carried out for all staff. We were shown evidence of an appraisal for the urologist. No other appraisals had been carried out.
- We were shown checklists for emergency medicines and equipment. These checked whether the medicines and equipment were in date and in good working order. This system had not identified that some items (adult and child sized self-inflating bags and a child sized oxygen mask) were missing.
- The registered provider told us that they had recommenced circumcision services. These had previously been suspended. The registered provider had not updated their statement of purpose to reflect that this service was being offered. A statement of purpose is a legally required document that includes a standard set of information about a provider's service. It must contain details of the services provided. The information in statements of purpose must always be accurate and up to date.

This section is primarily information for the provider

Enforcement actions

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 **Care and treatment must be provided in a safe way for service users** **How the regulation was not being met:** **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 daily steam penetration test was not carried out on the autoclave. • Not all instrument bags had been stamped with a use by date. • Water temperature testing had not been carried out as recommended in the Legionella risk assessment. **There was additional evidence that safe care and treatment was not being provided. In particular:** • There was no system in place to receive patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). **Regulation 12(1)**

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:

This section is primarily information for the provider

Enforcement actions

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:

- The systems and processes in place to segregate clinical waste was not effective.
- Staff working in the surgery and decontamination room had not received appropriate vaccination against the Hepatitis B virus and there was no risk assessment in place.
- The system and process in place to ensure medical emergency equipment reflected nationally recognised guidance was not effective.

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:

- An audit of dental care records had not been carried out.
- The infection prevention and control audit had not been completed accurately in all areas.
- An audit of X-rays had not been carried out for two of the dentists.

There was additional evidence of poor governance. In particular:

- The system in place to ensure staff held appropriate levels of indemnity was not effective.
- Staff had not received an appraisal of their training needs.
- Dental care records showed no evidence that caries prevention advice had been provided.

Regulation 17(1)

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose

This section is primarily information for the provider

Enforcement actions

The registered person must keep under review and, where appropriate, revise the statement of purpose.

- The registered person had not updated their statement of purpose to reflect that circumcision services were carried out.

Regulation 12(1)(2) & (3)