

Dr Hindocha Limited

Total Dental Care - New Parks Dental Surgery

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 10 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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 practice had infection control procedures which reflected published guidance. These were not followed as the dental clinic did not appear clean and well-maintained.
- Not all staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were not all available.

Summary of findings

- The practice's systems to manage risks for patients, staff, equipment and the premises were ineffective. We identified shortfalls in assessing and mitigating risks in relation to fire safety, infection control, legionella management, prescription management, and the safe handling and disposal of waste and sharps.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had a recruitment policy to help them employ suitable staff, although this had not always been followed. Required pre-employment checks, including references were not always obtained for new staff.
- 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.
- 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.
- There was not effective leadership or a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice information governance arrangements were ineffective.

Background

The provider is part of a group and has 4 practices, and this report is about Total Dental Care – New Parks Dental Surgery.

Total Dental Care New Parks Dental Surgery is in Leicester and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 3 dentists, 1 qualified dental nurse, 2 trainee dental nurses, a practice manager and 2 receptionists. The practice has 3 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 2 receptionists and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 9am to 5.30pm.






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.

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?	Enforcement action 
Are services effective?	No action 
Are services caring?	No action 
Are services responsive to people's needs?	No action 
Are services well-led?	Enforcement action 

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 Enforcement Actions 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 practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance. These were not always followed. We found all 3 treatment rooms visibly dirty with dust and dirt present on work tops, cupboards and flooring. Mops were not stored correctly. In the decontamination room we noted the flooring was dirty and work tops and cabinets were tarnished which would not allow for effective cleaning. Although the practice had completed infection control audits, they did not highlight the areas of risk found on inspection.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment which was completed in July 2022. We did not see evidence that this had been reviewed and recommendations acted upon. We found the dental unit water lines were not managed in line with manufacturer's instructions and found heavily soiled scale present in taps used in treatment rooms.

The practice policies and procedures in relation to clinical waste required strengthening. Clinical waste bags did not have the practice details attached in line with guidance. We found clinical waste bags were not always used in treatment room bins which resulted in residue being present. We found amalgam waste disposed of in sinks in treatment rooms. Clinical waste bags awaiting collection were not stored securely and were kept near a potential fire hazard.

The practice did not appear clean and there was not an effective schedule in place to ensure it was kept clean. The kitchen area, corridors, handrails and flooring throughout were visibly dirty.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation, but this was not always followed. We found 5 out of 7 staff did not have any references or only one reference with no risk assessment in place. 1 staff member did not have a disclosure and barring service (DBS) check although a risk assessment was in place, the DBS was applied for 7 months after starting and at the time of inspection had not been received.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice did not ensure equipment was safe to use, maintained and serviced according to manufacturers' instructions. For example, we saw the air conditioning unit in a treatment room had been serviced in January 2023 but had not been maintained as there was a visible presence of black mould.

The practice facilities were not maintained in accordance with regulations. We found the handrail in the patient toilet had broken exposing a metal wire which could cause injury.

The management of fire safety was not effective. The practice had not ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. For example, five yearly electrical fixed wire testing was not completed, and the emergency lighting was not serviced.

We found the smoke detector was kept in a box in a cupboard. Staff were unaware of the designated fire exits as they told us the rear door was a fire exit, signage supported this. However, following the inspection, we were informed that the rear door which was difficult to open and not maintained was not a fire exit.

Are services safe?

We were provided with a fire risk assessment completed in October 2023 which had not been completed by a competent or suitably qualified person. We were also provided with a further risk assessment from November 2023. Both risk assessments did not accurately reflect systems in place or identify areas of concern found during the inspection.

Following the inspection, the provider sent us a further risk assessment which had been completed by an external company in 2017. We did not see evidence that the provider had reviewed or actioned recommendations in the report.

The practice had arrangements to ensure the safety of the X-ray equipment. We found an X-ray button outer sheath cable was stripped back exposing inner electrical live wires. The required radiation protection information was not available. The practice could not provide evidence that the X-ray equipment was registered with the Health and Safety Executive (HSE) and actions and recommendations from the latest performance check had not been recorded as completed. Following the inspection, the provider submitted evidence that the equipment was now registered with HSE and recommendations from the performance check had been completed.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety; however, this was not always followed. As evidenced by the fact we saw sharps injuries in the accident book to dental nurses which demonstrated that staff had not followed the practices sharps policy or risk assessment.

Medical emergency drugs and equipment were not available in line with the guidance issued by the British National Formulary and the Resuscitation Council (UK). Self-inflating bags for adult or child, portable suction and glucagon were not present. Following the inspection, the provider told us these had been ordered.

Not all staff knew how to respond to a medical emergency. Staff had completed training in emergency resuscitation and basic life support in June 2022 and were booked to complete training in November 2023.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national 2-week wait arrangements.

Safe and appropriate use of medicines

Prescriptions were not kept securely, and the practice did not have a system to track and monitor the use of NHS prescription pads.

Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents.

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.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They 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 kept detailed patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits 6-monthly following current guidance.

Effective staffing

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

We were not provided with evidence that staff had received a structured induction.

We found clinical staff had 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.

The practice collected patient feedback monthly. We saw for the month of October that 10 patients had responded. 100% of patients said staff were compassionate and understanding when they were in pain, distress or discomfort and were satisfied with the quality of care.

The practice had received 480 google reviews with an overall google rating of 4.7 stars out 5.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television in the waiting area to improve security for patients and staff.

Although staff had password protected patients' electronic care records and backed these up to secure storage. We found computers were not always locked to protect patients' information.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

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

The dentists explained the methods they used to help patients understand their treatment options. These included photographs, 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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including an accessible toilet and treatment room for patients with access requirements. A hearing loop was present. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website.

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. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

The practice ethos was to provide dental care to all in need of urgent care. Although the practice were not accepting new patients at the time of our visit; patients in pain and children were prioritised and seen under the NHS.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice had received one complaint within the past 12 months. We reviewed this and found the practice team had responded to the complaint appropriately. We found the complaints policy was a template from the practice compliance system and had not been adapted to reflect processes in place.

Staff discussed outcomes to share learning and improve the service in staff meetings.

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 Enforcement Actions 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

Clinical management and oversight of procedures that supported the delivery of care were ineffective.

We identified shortfalls in relation to the practice's risk assessing relating to fire, legionella, prescriptions, waste arrangements and infection control which indicated that governance and oversight of the practice needed to be strengthened. Leaders reported that they had struggled to find time to complete governance related tasks due to incidences of short staffing and personal circumstances.

Following a 2-month period of no practice management governance tasks had not always been completed. In the 2-week time period leading up to the inspection the practice manager had worked hard to address some of the shortfalls we identified demonstrating the practice's commitment to improving the service.

Systems and processes were not embedded which resulted in missed opportunities of providing safe services. For example, there was no fixed electrical wire testing and there had been no servicing of the emergency lighting. The risk assessments did not identify areas of risk found on the inspection for example, the smoke detector in a box or infection control concerns.

The information and evidence presented during the inspection process was not always clear and well documented.

Culture

Many of the practice team were long standing and felt happy, respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals. There was a period where these had not routinely taken place due to changes in management. Staff discussed learning needs, general wellbeing and aims for future professional development.

The staff in the practice worked hard in difficult circumstances to focus on the needs of the patients.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals, with the exception of the basic life support training that was overdue.

Governance and management

The provider had overall responsibility for the management and clinical leadership of the practice. There had been no practice manager consistently in place since 2022 to oversee the day to day running of the service. A newly appointed practice manager started in July 2023 and worked across the 4 sites. The practice manager had shared some governance responsibilities with dental nurses. Whilst the provider had taken steps to improve systems and processes these required embedding.

The practice had an online governance system which included policies, protocols and procedures that were accessible to all members of staff. The practice manager was working through reviewing and updating policies and procedures to accurately reflect processes in place and anticipated this would be fully complete within the next 2 months with a view to updating on a regular basis.

Are services well-led?

The management of radiography, fire safety, health and safety, legionella, infection prevention and control, training, equipment and premises required improvement.

Appropriate and accurate information

The practice had information governance arrangements these were ineffective, although staff were aware of the importance of protecting patients' personal information we found computers were not locked when not in use to keep patients' information secure.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained 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 where appropriate.

The practice was also a member of a good practice certification scheme.

Continuous improvement and innovation

The practice undertook audits of infection control, radiography, dental care records and antimicrobial prescribing. We found where improvement was needed this had not been reviewed or actioned. Audits in relation to infection control did not highlight areas of concern found on inspection. Therefore, we were not assured that staff had a true picture of the practice to drive improvement effectively.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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:</p> <ul style="list-style-type: none">• There was a lack of oversight in the leadership around governance systems, quality and assurance and monitoring and mitigating risk. This resulted in issues not being identified or adequately managed with the potential to impact upon the delivery of safe and well-led care.• The practice had conducted a disability discrimination act audit to comply with the Equality Act 2010. This did not reflect processes found on inspection. In particular a broken handrail and staff were unaware of translation services.• There was a lack of oversight of recruitment to ensure that all required pre-employment checks were carried out for staff prior to commencing employment.
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Assessments of the risk to the health and safety of service users receiving care or treatment were not being carried out. In particular:</p> <p>The provider did not maintain the premises and equipment in a safe way. For example:</p> <ul style="list-style-type: none">• There was no evidence of a satisfactory five yearly electrical safety certificate.• The emergency lighting had not been serviced.

Enforcement actions

- The outer sheath of the cable to the X-ray button was stripped, exposing inner electrical live wires.
- The air conditioning unit in a treatment room had black mould present.
- The practice was not compliant with HTM0105 in relation to infection control. We found areas and flooring in clinical rooms were dirty.
- The practice was not compliant with HTM0701 in relation to waste. We found clinical waste bags were not stored securely, and waste amalgam was found in a sink. Clinical waste bags did not have practice details present.

The provided had insufficient processes for the identification of risk. For example:

- The fire risk assessment had not been completed by a competent person and failed to identify potential risks.
- The infection control audits did not identify areas of risk as found on inspection.
- The legionella risk assessment had not been reviewed and recommendations not acted upon.
- The practice smoke alarm was kept in a box in reception.

There was no process in place to support the safe management of prescriptions. In particular, there was no system to identify lost or missing prescriptions.