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iSmile Dental Practice

Inspection report

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Overall summary

We carried out this unannounced focused inspection on 05 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 always ask 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 and maintained.
- The provider had infection control procedures which did not reflect published guidance.
- We were not assured staff knew how to deal with emergencies, some staff had not completed training. Some of the appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff. However, this needed some improvement.
- The provider did not have safeguarding processes and staff were not aware of their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which 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.
- 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.
- The provider had information governance arrangements.

Background

iSmile Dental Practice is in Tunbridge Wells and provides 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, two trainee dental nurses and a practice manager. The practice has two treatment rooms.

During the inspection we spoke with both dentists, both trainee dental nurses 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 to Thursday 8.30am to 5.15pm
- Friday closed
- Saturday 10am to 4.30pm

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

- Care and treatment must be provided in a safe way for service users.
- 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.
- Comply with requirements in relation to staffing.

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Implement an effective system for identifying, disposing and replenishing of out-of-date stock.
- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.'
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.

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?	**Requirements notice** ✖
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.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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

- The provider did not have safeguarding processes and staff were unaware of their responsibilities for safeguarding vulnerable adults and children.
- The provider did not have information available to staff in relation to safeguarding vulnerable adults and children.
- Staff had not undertaken training in safeguarding vulnerable adults and children.

- The provider did not have infection control procedures which reflected published guidance.
- The decontamination of instruments was not carried out in accordance with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05) guidance. This related to the decontamination process, transport of instruments and storage of instruments.
- Staff had not completed training in infection prevention and control as required.
- Records were not available to demonstrate that the equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

- The provider had some procedures to reduce the possibility of Legionella or other bacteria developing in water systems, in line with a risk assessment. The engineer conducting the risk assessment was halfway through the process on the day of the inspection. We received information following our inspection that the actions had been addressed.

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

- We saw that treatment rooms were visibly clean.
- We observed the practice was not visibly clean in the decontamination room.

- The provider did not have a recruitment policy and procedure in accordance with relevant Legislation.
- Recruitment checks had not been carried out, in accordance with relevant legislation to help them employ suitable staff and checks were not in place for agency and locum staff. There was no recruitment information or Schedule 3 Documentation available for any of the staff employed.

- Clinical staff were qualified and registered with the General Dental Council.
- We did not see information for clinical staff professional indemnity cover.

- The provider did not ensure facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including fire, electrical and gas appliances. Helix tests were conducted for the autoclave, but these were conducted in the middle of the working day and were not recorded. The autoclave had not been serviced by an engineer since March 2020. No daily automatic control test was conducted for the autoclave. There was no electrical safety certificate and portable electrical items had not been tested. There was no gas safety certificate.

- The practice had some arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Including: (Cone-beam computed tomography) CBCT.

Are services safe?

- The provider did not have important documents, for example Local Rules available for review. The ones we viewed related to the previous owner of the practice and equipment no longer in use.

Risks to patients

- The provider had not implemented systems to assess, monitor and manage risks to patient safety. In particular relating to sharps safety and sepsis awareness and dental dam.
- Emergency equipment and medicines were not available and checked as described in recognised guidance. In particular, we found the practice did not have medicines used to treat a hyperglycaemic episode. Some of the minimum required equipment was not available.
- Two staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.
- Other staff did not know how to respond to a medical emergency and had not completed training in emergency resuscitation and basic life support every year.
- The provider did not have adequate systems to minimise the risk that can be caused from substances that are hazardous to health. In particular, safety data sheets were available for dental materials but did not have a risk assessment. We saw some completed risk assessments for cleaning products.

Information to deliver safe care and treatment

- We noted the dental care records we saw were not complete. In particular, we saw that examination information was not always recorded, there were no BPE scores for 5 of the six records reviewed, use of the rubber dam was not always recorded, no diagnosis, no risk assessments for Cancer, Periodontal health or tooth wear, no grading or reporting on X-rays taken. recall timescales we not always present, no discussion information about costs recorded.
- 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 found expired medicines in the medical emergency kit that had been checked as fit to use.
- Antimicrobial prescribing audits were not carried out.
- The provider did not have an adequate stock control system of medicines which were held on site.

Track record on safety, and lessons learned and improvements

- The provider had not implemented systems for reviewing and investigating when things went wrong. In particular there had been two incidents of aggressive patients which had not been recorded.
- The provider did not have a system for receiving and acting on safety alerts. In particular, there was no account to receive MHRA alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We found 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 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.

Effective needs assessment, care and treatment

- The practice did not have systems to keep dental professionals up to date with current evidence-based practice. In particular, we noted that there was a lack of training completed for safeguarding, infection control, mental capacity and consent, sepsis and antimicrobial prescribing.

Helping patients to live healthier lives

- The practice provided preventive care and supported patients to ensure better oral health.
- However, we saw that a basic periodontal score (BPE) and recall intervals were not routinely recorded for all patients.

Consent to care and treatment

- Staff obtained consent to care and treatment in line with legislation and guidance. Although this was not always recorded in the dental care records**.**
- Staff understood their responsibilities under the Mental Capacity Act 2005.

The practice did not have a consent policy in place. There were no capacity assessment forms or processes available.

- Records were not available to demonstrate staff undertook training in consent and mental capacity.
- Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.
- We saw that this was not always recorded in the dental care records.

Monitoring care and treatment

- The practice did not keep detailed dental care records in line with recognised guidance. In particular, we saw that examination information was not always recorded, there were no BPE scores for 5 of the six records reviewed, use of the rubber dam was not always recorded, no diagnosis, no risk assessments for Cancer, Periodontal health or tooth wear, no grading or reporting on X-rays taken. recall timescales we not always present, no discussion information about costs recorded.
- 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 the radiographs they took.
- The provider had not carried out radiography audits every year following current guidance and legislation.

Effective staffing

- Some staff had the skills, knowledge and experience to carry out their roles.
- Evidence was not available to demonstrate staff had the skills, knowledge and experience to carry out their roles. In particular, the trainee nurses had not completed key training in medical emergencies, infection control, safeguarding, Mental capacity act or sepsis.

Co-ordinating care and treatment.

Are services effective?

(for example, treatment is effective)

- 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

- The practice demonstrated a transparent and open culture in relation to people's safety. Although there were areas that could be improved. We saw this was being addressed.
- Systems and processes were not embedded among staff.
- The inspection highlighted some issues or omissions. For example, poor adherence to HTM 01-05, lack of up to date information in policies, monthly checks on medical emergency medicines and equipment that had failed to identify items which had expired, lack of training, no policies were available for whistleblowing, consent or safeguarding.
- Some of the information and evidence presented during the inspection process was incomplete or not available.

Culture

- The practice had a culture of high-quality sustainable care. However, we were not assured suspected abuse would be identified currently.
- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The provider did not have arrangements for staff to discuss their training needs at an annual appraisals or one to one meetings.
- We saw no evidence staff completed appraisals.

Governance and management

- Staff understood their roles but were unsure of the systems of accountability to support good governance and management
- The provider did not have effective governance systems and processes. In particular, no auditing had been conducted.
- 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 reviewed on a regular basis.
- The governance system included policies, protocols and procedures which were accessible to all members of staff, but some did not contain up to date information for staff to refer to.

Appropriate and accurate information

- Staff acted on some appropriate and accurate information. Although improvements were needed.
- The provider did not use quality and operational information, for example audits, to ensure and improve performance.
- 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

- Staff involved patients, the public, and staff to support 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.

Continuous improvement and innovation

- The provider did not have systems and processes in place for learning continuous improvement and innovation.
- The provider did not have appropriate quality assurance processes to encourage learning and continuous improvement.
- The provider had not undertaken audits of disability access, radiographs and infection prevention and control in accordance with current guidance and legislation.
- There was no evidence staff kept records of the results of these audits and any resulting action plans and improvements.

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 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: • Ineffective infection prevention and control systems, processes for staff to refer to. • Policies do not contain up to date information for staff to refer to. • Local rules that relate to X-ray units that have been removed. There were no systems or processes that enabled the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular: • No auditing was conducted for infection control and radiographic quality assurance. There were limited systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained in respect of each service user. In particular: • A basic periodontal score (BPE) was not routinely recorded. • Medical histories were not always recorded. • Radiographs did not have a justification, grade or report. • No bleeding scores were recorded.

This section is primarily information for the provider

Requirement notices

- No cancer check or cancer risk recorded.
- No information on TMJ or tooth wear recorded.
- In some records no diagnosis was recorded.
- No fees or cost discussions recorded.

There were no systems or processes that ensured the registered person had obtained such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- There were no DBS checks for staff conducted.
- There was no information about conduct in previous employment.
- There was no employment history information.
- There was no information regarding Hepatitis B vaccination status.
- There was no indemnity information.
- There was no photographic identification.

Regulation 17 (1) (2)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** Regulation 18 requirements in relation to staffing The service provider had failed to ensure that persons employed in the provision of regulated activities received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In Particular: • Staff were not subject to robust induction. • Training had not been completed for safeguarding adults and children to the required level, infection control, sepsis, information governance, mental capacity, consent, equality and diversity, medical emergencies for three members of staff or fire safety. • Staff were not subject to appraisal. Regulation 18 (2)

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 12 Safe care and treatment** Care and treatment must be provided in a safe way for service users There was no assessment of risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated. In particular; • Transportation of dirty/used instruments was on open trays • The decontamination room was cluttered and the work surfaces oily and marked. • The thermometer for the enzymatic detergent was broken, therefore you could not demonstrate the detergent was at the correct temperature to be effective. • Oil cans for the lubrication of dental handpieces were not designated as either clean or dirty and were witness being used for both clean and dirty handpieces. • Eye protection and gloves were not available in the decontamination room. • There were no puncture resistant heavy duty gloves available for the manual cleaning of instruments. • Following the manual cleaning instruments were not rinsed or checked for residual debris, contamination or damage before processing in the autoclave. • Instruments following processing were not dried with non-linting cloths before pouching. • Pouches were not dated consistently with either the date of processing or the date of expiry. • Processed instruments in pouches were transported back to the treatment rooms on open trays. • Dental devices and prosthesis were not disinfected on return from the laboratory before trying or placement in the patient's mouth. There was no assurance that the laboratory had disinfected the items before sending back to the practice.

This section is primarily information for the provider

Requirement notices

The equipment being used to care for and treat service users was not safe for use. In particular:

- Helix tests were conducted for the autoclave, but these were conducted in the middle of the working day and were not recorded.
- The autoclave had not been serviced by an engineer since March 2020.
- No daily automatic control test was conducted for the autoclave.
- There was no electrical safety certificate and portable electrical items had not been tested.
- There was no gas safety certificate.
- There was limited proper and safe management of medicines. In particular, medicines held for medical emergencies were incomplete or expired. You did not have Glucagon for treating diabetic hyperglycaemia.

The registered person 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:

- Three members of staff had not completed medical emergency training.
- Risks to staff and patents regarding sharps, sepsis awareness and use of a dental dam had not been assessed sufficiently
- COSHH assessments were incomplete and for some materials and products not available.
- Significant events had not been recorded.

Regulation 12 (1) (2) (a) (b) (c) (e) (h)