A D V Canterbury Limited

Burgate Dental Practice

Inspection report

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Overall summary

We carried out this unannounced comprehensive inspection on 26 April 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 dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which did not wholly reflect published guidance. improvements were required in some areas.
- Staff knew how to deal with medical emergencies. However, not all staff had certification to show they had completed training. Not all of the appropriate medicines and life-saving equipment were available. Checking of the emergency medicines and equipment requires improvement.
- The practice had systems to manage risks for patients which needed updating, regarding staff, equipment, and the premises.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. We saw that not all staff had completed safeguarding training to the required level.
- The practice had staff recruitment procedures which did not reflect current legislation.
- 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.
- 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 had information governance arrangements.

Background

Burgate Dental Practice is in Canterbury and provides private dental care and treatment for adults and children.

Step free access to the practice for people who use wheelchairs and those with pushchairs is not available. 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 4 dentists, 2 registered dental nurses, a trainee dental nurse, 2 dental hygiene therapists and a receptionist, The practice has 2 treatment rooms.

During the inspection we spoke with a dentist, 2 registered dental nurses, the dental hygiene therapist, and the trainee dental nurse. We looked at practice policies, procedures, and other records to assess how the service is managed.

The practice is open:

- Monday, Wednesday, Thursday, and Friday 9am to 5pm
- Tuesday 9am to 6.30pm
- Saturday 9am to 1pm

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

- ensure that all equipment used by the service was properly maintained.
- 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

Full details of the regulation/s the provider was not meeting are at the end of this report.

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

Summary of findings

- Implement an effective system for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- Improve the practice's infection control procedures and protocols 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'

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?	**Requirements notice** ✖
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 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 practice had safeguarding processes; however, we could not be assured staff knew their responsibilities for safeguarding vulnerable adults and children.

- Three members of staff did not have certification to show they had completed safeguarding training.
- Safeguarding training for two members of staff had expired.
- The identified lead for safeguarding did not have any training certificates available.

The practice had infection control procedures which did not wholly reflect published guidance.

- We witnessed a member of staff conducting manual scrubbing of instruments without donning the heavy-duty gloves. We were shown there was one pair of heavy-duty gloves in a cupboard unopened. Not using the heavy-duty gloves puts staff at risk of inoculation injury from sharp instruments and is not in line with current guidance.
- We saw the sharps box in the decontamination room did not have its site location or date recorded on it.
- We saw unpouched base plates and holders of beam aiming devices stored loose in drawers.

The practice had not implemented all of the required procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

- We saw the risk assessment for legionella had actions regarding the monthly testing of sentinel outlets for hot and cold water. This was not being conducted.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted this policy was last updated in 2021.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. This did not reflect current legislation.

- Recruitment files did not contain the required Schedule 3 documentation.
- Two members of staff did not have a Disclosure and Barring Service check (DBS).
- One member of staff did not have photographic ID.
- Two members of staff did not have full employment history.
- One member of staff had an unexplained gap in their employment history.
- One member of staff did not have any dates on their CV so their employment history could not be assessed.
- One member of staff had no hepatitis B information.
- One member of staff had evidence of the three vaccinations but no serum conversion.

Clinical staff were qualified, registered with the General Dental Council however, we could not be assured all had professional indemnity cover.

- The indemnity had expired for three member of staff and three did not have this information available.

Are services safe?

The practice needs to improve checks to establish equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice could not demonstrate all of the facilities were maintained in accordance with regulations.

- A gas safety certificate was not provided when requested.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

- The practice was not compliant with all of the fire safety regulations. no weekly and monthly checks of the alarm and emergency lighting and . No fire drills were not carried out. No There was no evidence of fire safety training and . Tthe last fire risk assessment was dated 2021.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT).

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety, this included sharps safety, sepsis awareness and lone working. The risk assessments available were last completed in 2021 and the practice wide risk assessment dated 2021 was a blank template.

Not all of the emergency equipment and medicines were available. The check log for the emergency medicines and equipment was ineffective. The checks had failed to identify expired items and items due to expire.

- The Glucagon, a medicine to treat a diabetic episode had been stored in the medicine fridge. Staff told us the fridge had not been working since February 2023. No temperature monitoring of the medicine's fridge had been conducted.
- We found in date and expired adrenaline ampules in the emergency medicines. This is not advised as the expired items could be used inadvertently in an emergency.
- There were items of emergency equipment that were not available, clear masks sizes 1 to 4 for the self-inflating bag and an oxygen mask with tubing.
- The adult pads for the automated external defibrillator (AED) were due to expire and there were no replacements.
- The child pads for the AED had expired in January 2023.3 ` 3

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice had some risk assessments to minimise the risk that could be caused from substances that are hazardous to health. However, not all materials in use and cleaning products had been risk assessed.

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 two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not carried out.

Track record on safety, and lessons learned and improvements.

Are services safe?

The practice had systems to review and investigate incidents and accidents, we noted this was not being utilised effectively as accidents had not been recorded as a significant events.The practice did not have 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 some systems to keep dental professionals up to date with current evidence-based practice. However, this could be improved as we saw not all required training certification was available for radiography for the clinicians.

We saw the provision of dental implants was in accordance with national guidance.

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. We could not be assured all staff understood their responsibilities under the Mental Capacity Act 2005 as no training had been completed by any staff.

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. However, no radiography audit `had been conducted since 2021.

Effective staffing

Newly appointed staff had a structured induction. We noted that some of the clinical staff had not completed the 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.

On the day of inspection, we were unable to speak with patients.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. However, the relevant policies and protocols were not in place.

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 and gave patients clear information to help them make informed choices about their treatment.

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

The dentist explained the methods they used to help patients understand their treatment options. These included for example photographs, study models, videos, 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 level access and a ground floor treatment room for patients with access requirements. The last disability access audit we looked at was dated 04 June 2021 and was a blank template. We could not be assured access had been assessed effectively or any remedial action taken.

Timely access to services

The practice displayed its opening hours and provided information on their website, patient information leaflet and social media page.

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. Patients were directed to the local out of hours dental service when the practice was closed.

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 responded to concerns and complaints appropriately. We were not assured that complaints were audited and assessed for themes and trends to 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

We did not see enough processes and systems to ensure a transparent and open culture in relation to people's safety.

Systems and processes were not always completed or embedded. The inspection highlighted a number of issues and omissions.

Culture

Staff stated they felt respected, supported, and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisal; however, we saw these had lapsed and there was no process to ensure staff had completed their required training.

Governance and management

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff. We saw this governance system had not been maintained as most of the documents were looked at had not been reviewed since 2020 or 2021.

the processes for managing risks, issues and performance needed to be improved.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of protecting patients' personal information.

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, surveys, 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.

Continuous improvement and innovation

The practice did not have effective systems and processes for learning, quality assurance and continuous improvement. No recent audits had been completed for quality of radiographic images, disability access, antimicrobial prescribing, or patient records. An infection prevention and control audit had been conducted in March 2023. We advised another audit to be conducted to include the issues found at the inspection.

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
Surgical procedures Treatment of disease, disorder or injury Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 17 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 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 log for the weekly checks of the medical emergency medicines is ineffective as it had failed to identify expired and due to expire items. • Training for staff had lapsed. Three members of staff had not completed safeguarding training for adults who are vulnerable and children. The identified lead for safeguarding did not have any training for safeguarding on record. • There was no IR(ME)R training for all three of the clinicians on record. • We did not see training in learning disability and autism awareness available for any member of staff. • We did not see training for Mental capacity or sepsis for any member of staff. • Safety alerts from the Medicines and healthcare regulations authority were not received by the practice. • Risk assessments for substances hazardous to health had not been completed for materials and cleaning products used in the practice.

This section is primarily information for the provider

Requirement notices

- the practice was not compliant with the fire safety regulations. no weekly and monthly checks of the alarm and emergency lighting. No fire drills. No fire safety training. The fire risk assessment had last been completed in house in 2021.
- The last practice wide risk assessment dated 2021 was an empty template.
- The process to record, evaluate and learn from significant events was not being used effectively. Two incidents had not been recorded.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person had maintained securely 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:

- Recruitment files did not contain the required schedule 3 information for all staff.
- two members of staff did not have a Disclosure and Barring Service check (DBS).
- three member of staff indemnity had expired and three did not have this information available.
- one member of staff did not have photographic ID.
- two members of staff did not have full employment history.
- one member of staff had an unexplained gap in their employment history.
- one member of staff did not have any dates on their CV so their employment history could not be assessed.
- one member of staff had no hepatitis B information.
- one member of staff had evidence of the three vaccinations but no serum conversion.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- policies, procedures, and protocols had not been reviewed and updated annually. Most documents we reviewed were last updated in 2020 or 2021.

This section is primarily information for the provider

Requirement notices

- No audits for radiographic quality, antimicrobial prescribing, patient records or disability access had been conducted since 2021 and two audits reviewed dated 2021 for the disability access and infection prevention and control were empty templates.

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 **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 The registered person had failed to ensure that all equipment used by the service was properly maintained. 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 medical fridge in the decontamination room was broken and had not been working since February 2023. There was no temperature monitoring of the medical fridge conducted. Therefore, the efficacy of the medicine stored within it could not be relied upon. • The legionella risk assessment had identified actions, such as water temperature monitoring. This was not being carried out. • A member of staff was conducting manual scrubbing of instruments without donning the heavy-duty gloves although these were available. • the sharps box in the decontamination room did not have its site location or date recorded on it. • Unpouched base plates and holders of beam aiming devices stored loose in drawers. • The practice was not compliant with all of the fire safety regulations. Weekly and monthly checks of the alarm and emergency lighting and fire drills were not carried out. There was no evidence of fire safety training and the last fire risk assessment was dated 2021.

This section is primarily information for the provider

Requirement notices

- A gas safety certificate was not provided when requested.