

Mr. Anil Chand

# Borrowwash Dental Centre

## Inspection report

23 Victoria Avenue  
Borrowwash  
Derby  
DE72 3HE  
Tel: 01332661944

Date of inspection visit: 11 November 2021  
Date of publication: 17/12/2021

### Overall summary

We carried out this announced focussed inspection 11 November 2021 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we asked the following three questions:

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

These questions form the framework for the areas we look at during the inspection.

#### **Our findings were:**

##### **Are services safe?**

We found this practice was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found this practice was providing effective care in accordance with the relevant regulations.

##### **Are services well-led?**

We found this practice was providing well-led care in accordance with the relevant regulations.

# Summary of findings

## Background

Borrowwash Dental Centre is in the Borrowwash area of the city of Derby and provides NHS dental care and treatment for adults and children.

There is level access into the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for people with disabilities, are available near the practice.

The dental team includes two dentists, two dental nurses including one trainee, one receptionist and a practice co-ordinator. The practice has three treatment rooms, two of which are located on the ground floor.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with dentists, dental nurses and the practice co-ordinator. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday: 9am to 5pm, and Friday: 8:30am to 5pm

## Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Improvements should be made to the processes for cleaning dental instruments.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Improvements should be made to the risk assessment process for substances hazardous to health (COSHH).
- The provider had staff recruitment procedures which reflected 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.
- The security of NHS prescription pads should be improved.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.

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

- 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'. In particular review the processes used to clean and maintain dental instruments to make improvements where necessary.

# Summary of findings

- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.
- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Take action to ensure the suitability of the premises and ensure all areas are fit for the purpose for which they are being used. In particular ensure a five-year fixed wire electrical safety check is completed.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# Are services safe?

## Our findings

We found that this practice was providing safe care in accordance with the relevant regulations.

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

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. There was a designated lead person for safeguarding within the practice. They had completed safeguarding training to the required level.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. There was a lead for infection control as recommended by the published guidance. The lead had undertaken infection control training in line with their continuing professional development.

The provider had introduced procedures to minimise the risks to patients and staff related to COVID-19. These included reduced patient numbers, social distancing, personal protective equipment for staff, and face coverings for patients and any chaperones. Where an aerosol generating procedure had been completed, there were extended cleaning times before that particular treatment room was used again.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument. We noted the manual cleaning process for dental instruments was not wholly effective with a small number of dental instruments having visible debris that had not been removed. The provider told us they were looking to purchase an ultrasonic cleaner which would improve the cleaning processes for dental instruments on site.

The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of hot and cold-water testing and dental unit water line management were maintained. The Legionella risk assessment had been completed and reviewed by an external company in July 2021.

We saw effective cleaning schedules to ensure the practice was kept clean. During the inspection we saw the practice was visibly clean.

# Are services safe?

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

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. We noted a five-year fixed wire electrical safety check was overdue. The provider sent us evidence that an electrical company had been contacted and arrangements made for this safety check to be carried out.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every six months following current guidance and legislation. The provider had registered with the Health and Safety Executive. Local rules for the X-ray units were available in line with the current regulations. The provider had fitted rectangular collimation to the X-ray machines and used digital X-rays to enhance the safety of patients and staff.

Clinical staff completed continuing professional development in respect of dental radiography.

## **Risks to patients**

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

A Covid-19 risk assessment had been completed. We observed staff were wearing personal protective equipment and a social distancing regime was in place.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. We noted the suction tube needed to be replaced in surgery two. This has been repaired in-house; however, it would be hard to clean and posed a further risk due to an exposed sharp edge. We discussed this with the provider who assured us this would be attended to.

# Are services safe?

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff had completed sepsis awareness training. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

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

Emergency equipment and medicines were available as described in recognised guidance apart from clear face masks (sizes 0,1,2,3 & 4) for the self-inflating bags needed. Replacements were ordered during the inspection, to ensure the emergency medicines and equipment were in line-with national guidance. Following the inspection, we were sent further evidence that the clear face masks had been ordered. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. However, these had not been effective as they had failed to identify the missing items.

A dental nurse worked with the clinicians when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had data information sheets related to substances that are hazardous to health. We noted not every product had a risk assessment. The provider assured us this would be attended to.

## **Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the clinicians how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

Medical histories were checked by the clinicians with the patients in the treatment room, and the results were recorded in the dental care records at each visit.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

## **Safe and appropriate use of medicines**

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentists were aware of current guidance with regards to prescribing medicines.

We saw the practice occasionally issued NHS prescriptions to patients. Improvements could be made to the system for tracking NHS prescriptions held in the practice, including those not yet issued. This would give an audit trail and increase the security of NHS prescription pads while following national guidance relating to the security of prescription pads.

Antimicrobial prescribing audits were being completed. The College of General Dentistry guidelines identify these should be completed annually.

# Are services safe?

## **Track record on safety, and lessons learned and improvements**

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

The practice had systems and processes to record, investigate and analyse any safety incidents that occurred. If relevant these were discussed with the rest of the dental practice team to prevent such occurrences happening again or as a learning exercise.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required. The practice reviewed regular Coronavirus (COVID-19) advisory information and alerts. Information was provided to staff and displayed for patients to enable staff to act on any suspected cases. Patients and visitors were requested to carry out hand hygiene and wear a mask on entering the premises.



# Are services effective?

(for example, treatment is effective)

## Our findings

We found that 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 practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, the NHS smoking service. They directed patients to these schemes when appropriate. Information relating to mouth cancer action month (November 2021) was displayed in the waiting room.

The practice had a presence on social media, using two popular forums. One of the dental nurses had responsibility for updating the content. We saw they used these forums to provide tips and advice on good oral health and provided simple explanations about different dental treatments.

The dentists described the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

### **Consent to care and treatment**

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after.

The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records.

The practice's consent policy referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age. The team were aware of the Mental Capacity Act 2005 (MCA) and understood their responsibilities under the act when treating adults who might not be able to make informed decisions. During the inspection improvements were made to the policies relating to the MCA and best interest decisions. Immediately following this inspection, we were sent an updated consent policy, which clearly identified the improvements that had been made.

# Are services effective?

(for example, treatment is effective)

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance. The relevant information was recorded in a detailed and clear manner and was easily accessible for clinical staff.

We saw that dental care records were being audited in line with national guidance.

## **Effective staffing**

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

Staff new to the practice had a structured induction programme. We confirmed clinical staff 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. This was usually through an electronic referral system which allowed referrals to be tracked.

# Are services well-led?

## Our findings

We found this practice was providing well-led care in accordance with the relevant regulations.

### **Leadership capacity and capability**

We found leaders and managers had the capacity, values and skills to deliver high-quality, sustainable care.

Leaders and managers were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population. The COVID-19 pandemic had reduced numbers of patients seen at the practice. However, the provider had taken steps to ensure the maximum number of patients who could receive an appointment, received one. Provided this could be done safely and giving due consideration to the restrictions imposed by COVID-19.

### **Culture**

The practice had a culture of high-quality sustainable care.

The provider had systems to identify and act on behaviour and performance that was not consistent with the vision and values of the practice. These included a range of human resources policies and procedures.

Staff discussed their training needs at annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals and personal development plans where appropriate in the staff folders.

The practice was holding regular staff meetings. Minutes were taken of the meetings as a record of discussions and for staff to be able to refer to decisions taken at the meetings.

The staff focused on the needs of patients, and the ground floor treatment rooms made accessing treatment for patients with mobility issues easy.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

### **Governance and management**

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The provider had overall responsibilities for the management and clinical leadership of the practice and oversaw the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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.

# Are services well-led?

We saw there were processes for managing risks, issues and performance. We also noted some issues regarding oversight, as some issues had been overlooked, such as the five-year fixed wire electrical safety check and some areas of the infection control procedures.

## **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

Quality and operational information, for example surveys and audits were used to ensure and improve performance. Performance information was combined with the views of patients.

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**

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. This had been suspended during the COVID-19 pandemic, so patients were encouraged to leave feedback on one of the on-line forums. We saw that the response rate for patients relating to FFT was low, and the practice co-ordinator told us they were looking at ways to improve this situation.

A satisfaction survey had been e-mailed to 60 patients in May 2021. This had produced 48 responses which showed patients were happy with the service they had received.

The practice gathered feedback from staff 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.

## **Continuous improvement and innovation**

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. There were systems in place to support staff in training and meeting the requirements of their continuing professional development.