

Concordia Dental Care Limited

# Concordia Dental Healthcare (Hove)

## Inspection Report

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### Overall summary

We carried out this announced inspection on 20 May 2019 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 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 five 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:**

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

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

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

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

##### **Are services caring?**

We found that this practice was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

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

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

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

##### **Background**

Concordia Dental Healthcare (Hove) is in Hove and provides private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including 4 for blue badge holders, available near the practice.

The dental team includes 1 dentist, 1 dental nurse, 1 adaptation dental hygienist and 1 receptionist. The practice has 1 treatment room.

# Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Concordia Dental Healthcare (Hove) is Mrs Ann King.

During the inspection we spoke with 1 dentists, 1 dental nurse, 1 adaptation dental hygiene therapist, and the registered manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

## Our key findings were:

- The practice appeared clean and well maintained.
- The provider had some infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. There was appropriate medicines and life-saving equipment were available.
- The practice had some systems to help them manage risk to patients and staff.
- The provider did not have suitable safeguarding processes and staff were confused about their responsibilities for safeguarding vulnerable adults and children.
- The provider did not have thorough staff recruitment procedures.
- 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 were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had some effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well 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 some suitable information governance arrangements.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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

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

- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Review staff training to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Review the practice's current performance review systems and have an effective process established for the on-going assessment and supervision of all staff.
- Review staff awareness of the requirements of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities in relation to this.
- Review the practice's protocol and staff awareness of their responsibilities in relation to the duty of candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Review the availability of an interpreter service for patients who do not speak English as their first language.

## Summary of findings

- Introduce protocols regarding the prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

# 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?**

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

The practice had some systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding people. Staff were unable to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles. The practice did not complete all essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed the national guidance for cleaning, sterilising and storing dental instruments.

The practice had some suitable arrangements for dealing with medical and other emergencies.

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### **Are services effective?**

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

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### **Are services caring?**

We found that this practice was providing caring services in accordance with the relevant regulations.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

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### **Are services responsive to people's needs?**

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice did have interpreter services and arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

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

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

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# Summary of findings

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The practice had some arrangements to ensure the running of the service. These included limited systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

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# Are services safe?

## Our findings

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

The practice had systems to keep patients safe.

Staff spoken with were not confident about their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had out of date safeguarding policies and procedures about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received some safeguarding training. Staff were confused about the signs and symptoms of abuse and neglect and how to report concerns. They were unaware they needed to notify the CQC if any concerns were reported.

The practice did not have a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a limited whistleblowing policy. Staff spoken with felt confident they could raise concerns without fear of recrimination. This policy was limited to internal reporting only.

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

The practice did not have a recruitment policy and procedure to help them employ suitable staff or checks in place for agency and locum staff. We looked at 2 staff recruitment records. These showed the practice was not meeting the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Schedule 3). Not all staff had a Disclosure and Barring Service check (DBS), records of immunisation cover were not available for some members of staff. Since the inspection the registered manager confirmed that this would be addressed.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had some suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file. They do need to register the X ray machine with the HSE.

We saw evidence that the dentist justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year.

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

### **Risks to patients**

There were some systems to assess, monitor and manage risks to patient safety.

The practices had some health and safety policies, procedures and risk assessments which were reviewed regularly to help manage potential risk. Some risk assessments were not comprehensive and lacked action plans. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken, this was not comprehensive.

The provider did not have a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.



## Are services safe?

Most staff knew how to respond to a medical emergency and completed some training in emergency resuscitation and basic life support (BLS) every year. This was not all carried out in house. There was no children's equipment seen.

Medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. Some members of staff when questioned were not confident in the use of all the equipment.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

The provider had some suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had 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.

The practice had suitable arrangements for transporting, some cleaning processes, 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 practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

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

The practice was carrying out infection prevention and control audits twice a year but there were no action plans in place.

### 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 dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. We noted that the Dental care records from a different limited company were also being stored and shared on this system. There was no permission to share information seen from patients. We saw notes were complete and legible, we asked the registered manager to check with the General Data Protection Regulation (GDPR) requirements. This was carried out and safeguards put in place.

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

### Safe and appropriate use of medicines

The provider had a system for safe handling of medicines.

There was a suitable 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.

In discussion, the dentist was not fully aware of current guidance with regards to prescribing medicines.

We noted that there were some medicines used for oral sedation stored in a draw in the treatment room. One of the two packages was out of date. We discussed this with the provider who assured us that they would dispose of these immediately.

Currently no antimicrobial prescribing audits were carried out annually.

### Track record on safety and Lessons learned and improvements



## Are services safe?

There were some risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been one safety incident. The incident was investigated, documented and

discussed with the rest of the dental practice team to prevent such occurrences happening again in the future. However, it was not reported to RIDDOR until 2 months after the event.

The principal dentist said there was a system for receiving and acting on safety alerts. They stated the practice learned from external safety events as well as patient and medicine safety alerts.





# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice did not have a system 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.

### Dental implants

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance. The dental nurses who assist when the dentist carry out implants have not received any training to do so.

The practice had access to intra-oral cameras to enhance the delivery of care.

### Helping patients to live healthier lives

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

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

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

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

### Consent to care and treatment

The practice 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 dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy did not include information about the Mental Capacity Act 2005. The team were confused about their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy did not refer to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were confused about the need to consider this when treating young people under 16 years of age. Since the inspection we have received information from the registered manager that this is being addressed.

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 dentists assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited some dental care records to check that the dentists recorded the necessary information. However, this was not comprehensive, it was a data collection and did not include the hygienist patients notes. Since the inspection we have received information from the registered manager that this is now being addressed.

The registered manager confirmed that sedation was not being carried out at this practice. Although we did note that some oral sedation medicines were stored in the treatment room. The provider told us these were old stock and no longer used and that they would be disposed of.

### Effective staffing

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



## Are services effective?

(for example, treatment is effective)

Staff new to the practice had a period of induction based on a structured programme. Staff registered with the GDC interviewed at the practice. Staff were aware of the requirements of the GDC enhanced PDP.

Staff discussed their training needs at annual appraisals. We saw evidence of some completed appraisals and how the practice addressed the training requirements of staff.

### **Co-ordinating care and treatment**

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice did have a process to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The practice had systems for referring patients with suspected oral cancer under the national two weeks wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.



# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Information folders, patient survey results and thank you cards were available for patients to read.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were visible to patients and staff did not leave patients' personal information where other patients might see it.

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 had some awareness of the

requirements under the Equality Act (Private) the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included photographs, models, videos, X-ray images and an intra-oral camera. The intra-oral cameras enabled photographs to be taken of the tooth being examined or treated and shown to the patient to help them better understand the diagnosis and treatment.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice currently had no patients for whom they needed to make adjustments to enable them to receive treatment.

A disability access audit had been completed and an action plan formulated to continually improve access for patients. This needed to be updated to include more recent inclusions.

### Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, and included it in their information leaflet and on their website. However, this needs to be revised as it does not correctly reflect when treatment is available.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

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 confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice explained how a patient could make a complaint.

The principal dentist was responsible for dealing with these. Staff would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received over the last 12 months

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Leadership capacity and capability

We found the principal dentist had some capacity and skills to deliver high-quality, sustainable care.

They had some knowledge about issues and priorities relating to the quality and future of services. They understood some of the challenges and were addressing them.

The practice had some effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Culture

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

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

The practice focused on the needs of patients.

We saw the provider took effective action to deal with poor performance.

The provider was aware of the requirements of the Duty of Candour. However, staff interviewed were not able to describe their responsibilities and we were unable to evidence a system or policy in place to report a Duty of Candour incident. Since the inspection we have received information from the registered manager that a process will be developed.

Staff said they could raise concerns and were encouraged to do so. They said they had confidence that these would be addressed.

### Governance and management

There were some responsibilities, roles and systems of accountability to support good governance and management. However, some staff were confused as to who were the leads in safeguarding, who to report to for whistle blowing and what to do if the registered manager or principal dentist was away.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The registered manager was responsible for the day to day running of the service.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible. These were not being reviewed on a regular basis and therefore missing new information and requirements under the various acts and regulations.

There were some processes for managing risks, issues and performance.[RJ2] There was limited evidence that actions were in place to monitor progress to improve the quality and safety of services, and take appropriate action without delay where progress is not achieved as expected. This included monitoring infection control and x rays.

### Appropriate and accurate information

The practice was limited on being able to act on appropriate and accurate information as they did not have a process in place to support acquiring some information.

There was limited quality and operational information [RJ3] was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had limited information governance arrangements and staff were confused regarding 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 a sustainable service.

The practice used patient surveys comment cards and verbal comments to obtain staff and patients' views about the service.

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. It was noted that only one staff meeting had taken place over the last 12 months. The registered manager confirmed this was being addressed.

### Continuous improvement and innovation

There were some systems and processes for learning, continuous improvement and innovation. This was limited as policies were not being reviewed annually and new information and changes to guidance and regulations were

## Are services well-led?

not being incorporated into information for staff. Since the inspection we have received information from the registered manager who has stated, the practice will have a management system in place.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. We were unable to evidence that they had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist and registered manager said they had a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. However, there was no formal process in place to support this.

The dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of some completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. However this did not meet all of the guidelines. The principal dentist and registered manager supported and encouraged staff to complete, however there was no process in place to check understanding or competencies of staff post training.

## 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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none"><li>• Some risk assessments had not been comprehensively and regularly reviewed. This included infection control and sharps.</li><li>• We spoke with staff and were not convinced of their knowledge about mental capacity act, safeguarding, duty of candour, the Gillick principals and sepsis.</li><li>• Not all staff records were available regarding the recruitment procedures to show they had an established and operated effectively, to ensure only fit and proper persons are employed.</li><li>• There was limited evidence that all audits conducted, assess, monitor and mitigate all risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; x rays, patient records, infection control.</li><li>• Not all GDC registered staff were able to provide the inspector with evidence of enhanced CPD.</li></ul>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <ul style="list-style-type: none"><li>• The policy for reporting suspected abuse was not current and contained some inaccurate information.</li><li>• Staff were not aware of how to report concerns to the relevant authorities.</li></ul>