Camphill Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 10 May 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. Following this inspection, work has taken place to repair or replace damaged drawers and work surfaces in the decontamination room.
- The practice had infection control procedures which reflected published guidance. We found these were not always followed or applied effectively. Action has since been taken to ensure staff follow correct procedures.
- Not all staff had completed training in how to deal with medical emergencies. Not all appropriate medicines and life-saving equipment were available. Missing items were ordered on the day of inspection.
- The practice had systems to manage risks for patients, staff, equipment and the premises. We found these were not always followed or applied effectively. For example, fire alarms had not been serviced or checked in line with guidance. We received confirmation following this visit that fire alarms were being checked weekly and the routine service was completed 2 days after this inspection.

Summary of findings

- Safeguarding processes were in place and staff spoken with knew their responsibilities for safeguarding vulnerable adults and children although not all staff had completed safeguarding training.
- The practice had staff recruitment procedures which reflected 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 practice provided extended opening hours 7 days per week.
- 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.
- Some issues were identified regarding oversight at the practice.
- 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

Camphill Dental Practice is part of Prestige Dental Care Group a group dental provider.

Camphill Dental Practice is in Camphill, Nuneaton and provides NHS and private dental care and treatment for adults and children.

There is a ramp to provide access to the practice for people who use wheelchairs and those with pushchairs. Car parking is available on local side roads near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 12 dentists, 14 dental nurses, (including 12 trainees, the practice manager and the registered manager) 1 dental therapist, 1 practice manager and 5 receptionists. The practice has 6 treatment rooms.

During the inspection we spoke with 3 dentists, 1 dental nurse, 1 practice manager, 2 registered managers and 1 receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday to Friday from 8am to 8pm, Saturday from 8am to 6pm and Sunday from 9am to 4pm.

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.

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

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

- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use and ensure that the correct amount of medicines dispensed are accurate and reflect the quantities and dose prescribed.

Summary of findings

- Take action to ensure dentists are aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment .
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Improve and develop staff awareness of autism and learning disabilities and ensure all staff receive appropriate training in this.

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?	**No action** ✓
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 providing safe care in accordance with the relevant regulations.

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

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Information regarding local safeguarding contact details was on display in the reception area.

A discussion was held regarding the practice's whistleblow procedure which recorded both internal and external contact details should staff wish to raise concerns about poor practice. Although the policy did not include contact details for Protect. The Registered Manager confirmed that they would update their policy immediately and include information regarding Protect (previously called Public Concern at Work). Protect is an independent organisation that offers free, confidential support for whistleblowers and supports organisations with best practice whistleblowing arrangements. Following this inspection, we were sent a copy of the updated policy.

The practice had infection control procedures which reflected published guidance. We saw that there was some damage to the work surface and drawer fronts in the decontamination room. We were assured that this would be addressed as soon as possible. We observed a member of staff complete the decontamination process and noted that staff were not taking the temperature of the water when completing manual cleaning processes. Following this inspection, we were sent evidence to demonstrate that a new thermometer had been purchased and a water temperature log sheet implemented. We were also sent evidence to demonstrate that cabinet makers had been into the practice to replace the damaged drawers and work tops in the decontamination room.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. The risk assessment was completed in February 2021 and had been rebooked for May 2023. We saw that some cold water temperatures in 2021 and 2022 were above the required maximum of 20 degrees Celsius. Following this inspection, we were sent evidence to demonstrate that advice had been sought from the legionella assessor regarding the action to take should cold water temperatures go over the recommended maximum.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted that there was no sanitary waste bin in the patient toilet, confirmation was available that a bin had been ordered in 2022 but had not as yet been received. We were assured that this matter would be pursued and following this inspection we were sent evidence to demonstrate that the bin was due for delivery on 16 May 2023.

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. These reflected the relevant legislation. Disclosure and Barring Service (DBS) checks were available or were under application for staff. We were told that dentists were encouraged to register with the DBS update service so that up-to-date information could be obtained regarding criminal records checks at any time.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out by the registered manager in line with the legal requirements. We were informed that the fire alarm system had recently been installed. There was evidence of a service completed in November 2022 but no evidence of any service since that date. A six-monthly service of the fire alarm was required. Following this inspection, we were sent evidence to demonstrate that the six-monthly service was completed on 12 May 2023.

Are services safe?

The practice manager was responsible for monthly checks of the fire safety equipment. Logs seen demonstrated that the fire alarm was tested monthly and not weekly as required by regulations. Logs did not demonstrate that emergency lighting was checked in accordance with regulations. Following this inspection, we received evidence to demonstrate that fire alarms were now checked weekly.

We were shown evidence to demonstrate that during a practice meeting the fire drill procedure was discussed. There was no evidence to demonstrate that fire drills took place to allow staff to practice evacuation procedures in a simulated situation to ensure they were fully aware of how to safely exit the building. Following this inspection, we were sent evidence to demonstrate that a fire drill had taken place which included any patients on the premises at the time.

The practice had arrangements to ensure the safety of the X-ray equipment, although we noted that rectangular collimators were only available for 3 of the 6 X-ray units available. A rectangular collimator reduces the amount of radiation a patient is exposed to during dental intraoral X-ray procedures by reducing scatter radiation. Following this inspection, we were informed that rectangular collimators were now fixed to each X-ray unit and staff had been informed that they must be used.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. We saw that sepsis posters were on display in the waiting areas and 3 dentists had completed sepsis awareness training. Lone working risk assessments were available as required. A sharps risk assessment had been completed; however, dentists and staff were not following this risk assessment. The practice was not using safer sharps and not all dentists were using needle guards which should be used to prevent needlestick injuries. We saw that matrix bands were being disposed of in the decontamination room and not at the point of use by the clinician. Clinicians should dispose of sharps to help reduce the chances of sharps injuries. Following this inspection, we were sent information to demonstrate that all staff had been informed that dentists must dispose of sharps including matrix bands in accordance with the practice sharps policy, needle guards must be used, and spot checks would be completed by management to ensure compliance.

Not all emergency equipment and medicines were available or checked in accordance with national guidance. Staff were unable to find Glucagon (the medicines used to treat low blood glucose) on the day of inspection, the log to confirm the checks of emergency medicines did not record Glucagon, although other checklists seen throughout the practice did. It was also noted that some emergency equipment had been ticked as checked on the emergency equipment log sheet although this equipment was not available. For example, size 3 oropharyngeal airway, self-inflating bag with reservoir for child, clear face masks for self-inflating bag (all sizes 0 to 4) and oxygen face mask with reservoir and tubing for child were missing. Needles for use with adrenaline ampoules were out of date. We also noted that the mercury spillage kit was out of date. The registered manager took immediate action and ordered items of missing medical emergency kit. Following this inspection, we were sent evidence to demonstrate the orders placed.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Safety data sheets were also available with each risk assessment in a folder. We were told that moving forward the safety data sheets would be kept online to reduce the amount of paper used at the practice.

Information to deliver safe care and treatment.

Patient care records were 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

Are services safe?

The practice had systems for handling of medicines, although we noted that medicines were not securely stored. We were assured that going forward medicines would be securely stored in a lockable cupboard. We saw that dentists were not dispensing medicines into appropriate quantities and the correct course length of antibiotics was not supplied.

We discussed the safe storage and use of prescriptions. We noted that prescription pads were not securely stored. We saw that prescriptions were logged on a spreadsheet when they arrived at the practice. Logs seen had not been fully completed and there was no evidence of whether the prescription had been lost, stolen, used or disposed of as the log had not been completed and prescriptions were missing. Following this inspection, we were sent evidence to demonstrate that dentists had been reminded about the completion of prescription information. Staff had been informed that prescription pads must be checked daily before being returned to safe storage.

Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. Practice meeting agendas included discussions regarding any incidents or accidents that had occurred. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. This included monthly practice meetings and disseminating urgent information by email or staff social media group.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. Patient records included details of advice given in relation to diet, oral hygiene instructions, guidance on the effects of tobacco and alcohol consumption.

Staff were aware of 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. Dentists spoken to understood their responsibilities under the Mental Capacity Act 2005. Consent policies gave information regarding mental capacity and Gillick Competence.

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 patient care records in line with recognised guidance. We noted that documentation did not always record where a rubber dam had been removed part way through a treatment as the patient had requested this. There was no information regarding alternative methods used. Following this inspection, we received information to demonstrate that dentists had been reminded regarding the use and recording of rubber dam in patient's notes.

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. Systems were in place to notify the dentist of vulnerable patients.

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

Effective staffing

The practice did not have arrangements to ensure staff training was up-to-date and reviewed at the required intervals. We were provided with a training matrix which highlighted gaps in training for some staff. We were told that trainee dental nurses did not have copies of any training certificates undertaken during their training course. Trainee dental nurses had access to online training but had not provided evidence of training completed.

We discussed induction processes and saw induction records for 2 members of staff. The information seen was a checklist detailing the information to be covered during induction, for example undertake and understand all infection control procedures. There was no specific information detailing what had been discussed with the staff member or what they had been shown. There was therefore no way to identify whether staff had been instructed on the correct procedure to follow or information for the inductee to refer to.

Are services effective?

(for example, treatment is effective)

Clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

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

The practice was a referral clinic for dental implants and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

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. Staff were observed to be kind, friendly and helpful to patients over the telephone and in person at the practice.

On the day of inspection, we were told that staff were friendly and helpful, the practice was always clean and comfortable, and that staff took their time and did not rush appointments. We were told that they would recommend the practice to friends or family.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. Privacy screens were in place at the reception desk. We were informed that patients who requested a confidential discussion with staff would be taken to a room away from the reception area.

The practice had installed closed-circuit television to improve security for patients and staff. Staff were unable to locate the relevant policies and protocols, these were forwarded following this inspection.

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 provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included for example, photographs, study models, video 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. Staff would notify the dentist if a patient was anxious, and they would chat to them to put them at ease. Patients would be offered the first appointment of the day or the first appointment following lunch so that they were seen quickly.

The practice had made reasonable adjustments, including a selection of reading glasses to aid patients who had visual impairments and a hearing induction loop for use by patients who wore a hearing aid. The practice also had access to interpretation services which included British Sign Language. There was a fixed ramp to gain access to the front of the practice. The practice was located over 2 floors. The reception, separate waiting area, disabled access toilet and dental treatment rooms which were wheelchair accessible were available on the ground floor. There were also dental treatment rooms on the first floor of the building. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

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

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice provided extended opening hours from 8am to 8pm Monday to Friday and was also open on Saturdays from 8.30am to 6pm and Sundays from 9am to 4pm.

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 and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. Emergency appointment slots were kept free daily for patients referred to the practice by the 111 emergency service. Practice patients with a dental emergency were triaged by the dentist and offered a sit and wait appointment as required. The practice was also part of the specific group scheme working with Warwickshire NHS Trust. Patients with the most urgent needs had their care and treatment prioritised. The practice was open 7 days per week for extended hours each day.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Leaflets giving information on how to complain were on display in the waiting area. The practice's complaint procedure was on display in the waiting room. Staff discussed outcomes to share learning and 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

There was a lack of effective leadership and oversight at the practice. Oversight and day to day running of the practice was the responsibility of the practice manager and registered manager. We noted that there were some gaps in oversight, for example some staff training was not up to date, systems for monitoring emergency medical equipment did not identify missing equipment or medicines. Staff were not always following guidance detailed in HTM 01-05 regarding decontamination processes. Systems for the safe storage and tracking of prescriptions were not embedded. We found that prescription logs had not been completed and there was no way of identifying whether the prescription had been lost, stolen, used or disposed of. Medicines were not handled, prescribed and dispensed in line with guidance. Following this inspection, we were sent evidence to demonstrate that infection prevention and control issues had been addressed as a thermometer had been purchased and water temperatures logged when completing manual cleaning. Worktops had been repaired in the decontamination room. Dentists had been reminded of their responsibility regarding the safe storage, monitoring and tracking of prescriptions.

Culture

Staff stated they felt respected and valued. They were proud to work in the practice. We were told that everyone was supportive and helpful and that the practice was a very good place to work.

We discussed appraisals systems and were told that the registered manager was attending a training course regarding appraisals. A new appraisal system was to be implemented. It was noted that the majority of trainee dental nurses and receptionists had not worked at the practice for 12 months. We were assured that an appraisal system would be implemented in the near future.

The practice did not have arrangements to ensure staff training was up-to-date and reviewed at the required intervals. We were provided with a training matrix which highlighted gaps in training for some staff. We were told that trainee dental nurses did not have copies of any training certificates undertaken during their training course, but staff had access to online training. We saw that not all staff employed had completed safeguarding training including 10 trainee dental nurses, 5 reception/admin staff and 1 dentist. We were assured that trainee nurses undertook this as part of their training course. Training records did not demonstrate that all staff had completed infection prevention and control training including 5 dentists and trainee dental nurses. Nine staff at the practice had completed fire safety training; there was no evidence to demonstrate that other staff had completed this training. Although all clinicians had completed training in emergency resuscitation and basic life support, evidence was not available to demonstrate that 5 trainee dental nurses and 2 receptionists had completed this training. Staff had not completed autism and learning disability awareness training. We were told that staff were required to complete training within the first year of their employment, and dentists completed the training at the required intervals although there was no evidence to demonstrate this was the case in some instances. Following this inspection, we were assured that all staff who had been employed for over 6 months would complete training before 31 August 2023.

Governance and management

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

The practice had a governance system 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 clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on 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. Patients were able to complete the NHS Friends and Family Test and were given a feedback card to complete after each appointment. Positive feedback and thank you cards were available at the practice. The practice received a lot of both positive and negative online reviews. The practice manager responded to reviews wherever possible.

Feedback from staff was obtained through meetings, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

The practice had some systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. There was no evidence of an action plan or learning outcomes regarding the radiograph audit. Records of the results of other audits and the resulting action plans and improvements were available.

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. 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: • Radiography audits did not have documented learning points and the resulting improvements could not be demonstrated. The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • Systems to monitor the completion of continuous professional development as recommended by the General Dental Council professional standards were not in place The provider did not have full oversight of staff training and development. • Sharps risk management protocols were not effective, and they could not ensure compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. • The provider had an ineffective system to ensure medical emergency equipment and medicines reflected recommended guidance as on the day of

This section is primarily information for the provider

Requirement notices

inspection, not all equipment was available in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council and one emergency medicine was not available.

There was additional evidence of poor governance in particular:

- The provider did not have an effective system established for the on-going assessment, supervision and appraisal of staff.

Regulation 17 (1) (2)