Mr David Jarrett

B74 Dental Practice

Inspection report

184a Chester Road
Streetly
Sutton Coldfield
B74 3NA
Tel: 01213537410
www.b74dental.co.uk

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Overall summary

We carried out this announced focussed inspection on 8 June 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 always asked the following questions:

• Is it safe?

• Is it effective?

• Is it well-led?

Our findings were:

Are services safe?

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

Summary of findings

Background

B74 Dental is in Streetly, Sutton Coldfield and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the front of the practice.

The dental team includes one dentist (the provider) and one dental nurse who also works on reception. The practice has one treatment room.

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.

On the day of inspection, the practice was closed, the practice owner was present during the inspection and we spoke with the dental nurse over the telephone. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday - closed

Tuesday 9am – 1pm, 2pm – 5.30pm

Wednesday – by appointment

Thursday - closed

Friday 9am – 1pm, 2pm – 5.30pm

Saturday – by appointment

Sunday - closed

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures, but some improvements were required; issues identified on the day of inspection were addressed immediately.
- Staff knew how to deal with emergencies but had not completed any update training during the Covid 19 pandemic. Not all appropriate medicines and life-saving equipment were available, missing items were ordered immediately.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. The dental nurse required training to the appropriate level.
- The provider had staff recruitment procedures which reflected current legislation.
- Staff took care to protect patient's privacy and personal information.
- Staff felt involved and supported and worked as a team.
- The provider had an efficient complaint system in place.
- Some information governance arrangements were in place although improvements were required.

Summary of findings

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

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

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

- Take action to ensure the clinicians take into account guidance provided by the Faculty of General Dental Practice when completing dental care records and guidance on the Safe use of X-ray Equipment or HP-CRCE-010. Clinicians should record in the patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017.

- Improve and develop the practice's policies and procedures for obtaining patient consent to care and treatment to ensure they are in compliance with legislation, take into account relevant guidance, and staff follow them.

- Implement audits for 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 asked the following question(s).

Are services safe?	**Requirements notice** ✖
Are services effective?	**No action** ✓
Are services well-led?	**Requirements notice** ✖

Are services safe?

Our findings

We found this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

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

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. The practice's safeguarding policy had not been reviewed or updated since 2011 and contact details for reporting abuse required review as they related to Staffordshire safeguarding authority and not the local authority responsible. The provider confirmed they would review this immediately and evidence was sent to demonstrate that contact details had been updated.

We saw evidence that staff had received safeguarding training, the provider had completed training at level two. We were told the dental nurse required update training to the appropriate level in safeguarding adults.

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.

We looked at the infection prevention and control policy and procedures and discussed the arrangements for transporting, cleaning, checking, sterilising and storing instruments with the dental nurse over the telephone.

- We were told that wire brushes were used to clean dental burs, this is not in line with guidance.
- We were told that long handled brushes were autoclaved, however we did not see a log for when they and heavy-duty gloves were changed.
- Several pouched instruments seen on the day of inspection had passed their expiry date.

The provider confirmed that these issues would be addressed immediately. We were sent evidence to demonstrate that action had been taken to address these issues. Logs were seen to record replacement of long handled brushes and heavy-duty gloves. We were told that wire brushes were no longer used and that all pouched instruments passed their expiry dates were re-sterilised.

Records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. 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.

The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised 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.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

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 carried out in October 2020. There was no documentary or other evidence to demonstrate that all recommendations in the assessment had been actioned. However, we saw records of water testing, these showed water temperatures outside of the required temperature range. Following this inspection, we were sent evidence to demonstrate that infrequently used water outlets were flushed through as required. Other actions remain outstanding, for example, a responsible person should be appointed to deal with daily responsibilities of Legionella management and control and Legionella training should be undertaken by the responsible person.

Are services safe?

Documentary evidence was available to demonstrate that dental unit water line management was maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected, we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. The provider had large amounts of gypsum models/waste and had no contract in place for the safe removal and disposal of this. The provider confirmed they would ensure that gypsum was added to their waste contract for safe removal.

The infection control lead carried out infection prevention and control audits, this was not at the required frequency. The latest audit did not record a compliance score and there were no learning outcomes recorded.

The provider had a whistle-blower policy. Staff felt confident they could raise concerns without fear of recrimination. This policy had not been reviewed or updated since 2012.

The provider did not always use 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 not documented in the dental care record and no risk assessment completed. The provider confirmed that a latex free dental dam would be used in future and records kept accordingly.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We were sent recruitment information before the inspection. The dental nurse had been employed at the practice since 2009. We saw evidence of recruitment information including a disclosure and barring service check, registration with the professional body and immunisation status records.

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

Staff had some systems in place to ensure that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There was no five-year fixed wiring electrical check and no gas safety certificate. The provider confirmed that they would arrange for gas safety checks and electrical wiring checks to be completed immediately. Following this inspection, we were sent a copy of a Landlord's gas safety certificate demonstrating that safety checks had been completed. We were also sent evidence that a five-year fixed wiring electricity check had been arranged for 16 June 2021. Portable electrical appliances had been checked and certificates were available to demonstrate this.

A fire risk assessment was carried out in August 2020 in line with the legal requirements. There was no documentary evidence of action taken following issues identified during the risk assessment. The provider discussed the actions taken and following this inspection we were sent written confirmation of actions taken to address some of the issues identified. We saw there were fire extinguishers and a fire detection system in the dental practice and fire exits were kept clear. There was no documentary evidence to demonstrate that smoke alarms were regularly checked and maintained.

The practice did not have sufficient arrangements to ensure the safety of the X-ray equipment, the required radiation protection information was not available. Following this inspection, we were sent evidence to demonstrate that the provider had submitted an ionising radiation application with the Health and Safety Executive. They had enlisted the services of a medical physics expert and radiation protection advisor and had taken other action to address the issue identified.

We did not see evidence the dentist justified, graded and reported on the radiographs they took. The latest radiography audit was completed in November 2020, action plans were available and no issues for action were identified.

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

Are services safe?

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 not reviewed regularly to help manage potential risk. There were no risk assessments regarding sharps or the use of latex. The provider confirmed that these would be completed as soon as possible.

The provider had current employer's liability insurance.

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. Although as stated above there was no sharps risk assessment.

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.

The dentist had limited knowledge and required an update regarding the recognition, diagnosis and early management of sepsis. There were no sepsis prompts for staff or patient information posters displayed in the practice. This information would help to 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 but had not completed hands on training in emergency resuscitation and basic life support during the Covid 19 pandemic. Following this inspection, the provider confirmed that training had been booked for 18 August 2021.

Not all emergency equipment and medicines were available as described in recognised guidance. The medical oxygen cylinder was out of date, but we were told that a new cylinder was due the week of the inspection and following the inspection we received evidence to demonstrate that the new medical oxygen cylinder was available at the practice. There was no portable suction and no self-inflating bag with reservoir for adult or child. We were told that this would be purchased immediately and following this inspection, we were sent evidence to demonstrate that missing medical emergency equipment had been purchased. Only one dose of adrenaline was available, a second dose may be required before an ambulance arrived at the practice, but this was not available. Staff kept records of their checks of emergency medicines and equipment, but these were not at the frequency as recommended in the resuscitation council guidelines.

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

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

The practice occasionally used agency staff. We were told that these staff received an induction to ensure they were familiar with the practice's procedures. Documentary evidence was not available to demonstrate this.

Information to deliver safe care and treatment

We discussed with the provider how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with the provider to confirm our findings and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were legible, kept securely and complied with General Data Protection Regulation requirements. The provider discussed a computerised system which was being considered. Following this inspection, we were told that a computer software package was being demonstrated at the practice with a view to introduce soon.

Are services safe?

The provider's systems for referring patients with suspected oral cancer under the national two-week wait arrangements required improvement. There was no referral log and no computerised system for referrals. The provider confirmed that they would develop a referral log immediately and following this inspection we were sent evidence to demonstrate that a log was available.

Safe and appropriate use of medicines

The provider's systems for appropriate and safe handling of medicines required improvement.

The practice's procedures for dispensing medicines did not ensure that medicines did not pass their expiry date and enough medicines were available if required. Dispensing labels did not include all mandatory information such as the practice name and address and there was no log of whom medication was dispensed to and when. Following this inspection, we were sent evidence to demonstrate that a dispensing log had been created.

The dentist required update regarding current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were not carried out.

Track record on safety, and lessons learned and improvements

The provider had implemented some systems for reviewing and investigating when things went wrong. There were risk assessments in relation to safety issues such as legionella, control of substances hazardous to health and fire, although there was no documentary evidence to demonstrate that action had been taken to address issues identified. The practice had not completed a sharps risk assessment. Risk assessments help staff to understand risks which lead to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents. The provider told us that any safety incidents would be investigated, documented and discussed with the dental nurse to prevent such occurrences happening again. The provider did not have any documented policy or procedure for receipt, investigation and review of incidents or significant events.

The provider's system for receiving and acting on safety alerts required improvement. Safety alerts were received at an alternative practice that the provider also worked at and we were told that these were reviewed regarding B74 Dental Practice, however there was no documentary or other evidence to demonstrate this. There was no evidence that staff learned from external safety events as well as patient and medicine safety alerts or that these were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

We found this practice was 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, although improvements were required. The provider completed all highly recommended training but following discussions, agreed that some update training was required.

Helping patients to live healthier lives

There was limited documentary evidence to demonstrate that the practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

There was no evidence to demonstrate that the provider prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The provider confirmed that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments, although patient's dental care records did not demonstrate this.

The provider described to us 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

The provider understood the importance of obtaining patients' consent to treatment. However, documentary evidence was not always available to demonstrate that consent to care and treatment was obtained in line with legislation and guidance. Patient dental care records seen did not demonstrate that the provider always gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. The provider confirmed that consent was always obtained prior to any treatment being undertaken. They confirmed that they were keen to improve record keeping and discussed the implementation of a computerised record keeping system which should assist with this task.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their 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.

Monitoring care and treatment

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories, although records seen did not all demonstrate that medical histories were updated at every visit to the practice. Treatment plans were not always available, there was no evidence of written consent and radiographs were not always justified or graded.

The provider had some quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Are services effective?

(for example, treatment is effective)

The dental nurse, who was the only member of staff and was employed in 2009, received an informal induction to the practice but there were no written records to demonstrate this. The provider was aware of the need for a formal structured induction programme and confirmed they would implement this before any new staff were employed. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

The provider confirmed they referred patients to specialists in primary and secondary care for treatment the practice did not provide. The provider did not process referrals digitally from the practice as there was no internet access, these were completed from an alternative location. There was no documentary evidence to demonstrate that the practice kept a log of referrals or undertook any tracking and monitoring to ensure referrals had been received. The provider confirmed that a referral log would be implemented immediately and following this inspection we were sent evidence to demonstrate that a referral log had been developed.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

We found the provider had the values and skills to deliver high-quality, sustainable care. However, capacity to take action appeared to be an issue. For example, some systems and processes could be improved as these were either not available or not embedded. The information and evidence presented during the inspection process was not always clear or well documented. The provider was keen to make any necessary improvements and took some action on the day of inspection to address issues identified and took further action and provided evidence of action taken.

The provider was visible and approachable. The dental nurse told us they worked closely with the provider who was approachable, supportive and helpful and provided compassionate and inclusive leadership.

Culture

The staff team consisted of the provider and a dental nurse. The provider confirmed that he had a close working relationship with the dental nurse. The nurse said they felt respected, supported and valued and were proud to work in the practice. The nurse confirmed that they could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

There had been no formalised appraisal process in place. Discussions were held as needed regarding issues, concerns, training or aims for future professional development. The dental nurse confirmed that they had not received an appraisal but said that the provider was very open, and they could speak with them at any time.

The staff focused on the needs of patients and feedback seen from patients was positive.

Governance and management

The provider who was the principal dentist had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. The dental nurse knew the management arrangements and their roles and responsibilities.

Improvements were required to governance systems in place. Policies, protocols and procedures were accessible to staff. However, there was no evidence that these had all been reviewed on a regular basis. Not all policies were available, for example there were no policies regarding significant events/incidents or consent.

Appropriate and accurate information

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Staff had completed information governance training and data security policies were available.

Engagement with patients, the public, staff and external partners

Surveys and comment cards were used to gain feedback about the service; however, these had been suspended temporarily due to the Covid-19 pandemic.

Systems were in place to investigate and respond to any complaints made. We were told that verbal complaints would be dealt with immediately and any written complaints forwarded for investigation to the provider, who was the complaint lead.

Are services well-led?

The provider gathered feedback from the dental nurse through meetings, and informal discussions. Full practice meetings were being held and records were available to demonstrate topics of discussion during these meetings.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation, although improvements were required.

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, although infection prevention and control audits were not being completed on a six-monthly basis as recommended. Staff kept records of the results of these audits and the resulting action plans.

Staff completed 'highly recommended' training as per General Dental Council professional standards.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: Staff had not completed training, to an appropriate level, in the safeguarding of vulnerable adults. The provider had insufficient amounts of in date medical oxygen and adrenaline to respond to a medical emergency, other equipment was not available. Sepsis oversight and management was not established The provider did not have effective oversight and was not aware of the current guidance with regards to prescribing medicines Appropriate information was not recorded on dispensing labels. There was no stock control system for medicines held on the premises. There was no system for recording, investigating and reviewing incidents or significant events. Regulation 12 (1)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

Systems for checking medical emergency equipment were not efficient or at the required frequency and staff training in the management of medical emergencies was overdue.

The provider did not have effective oversight ensuring all clinical waste was removed safely.

The provider had not taken action to implement all recommendations in the practice's Legionella risk assessment.

Infection prevention and control audits were not undertaken at regular intervals. There was no evidence of documented learning points and the resulting improvements could not be demonstrated.

The provider had not actioned all recommendations from the previous fire risk assessment. A five-year fixed wiring test was out of date and this had not been identified as an action

There was no system to ensure patient referrals to other dental or health care professionals were centrally monitored to ensure they were received in a timely manner and not lost.

There was no system for receiving and responding to patient safety alerts, recalls and rapid response reports.

There was no sharps risk assessment.

There was additional evidence of poor governance in particular:

This section is primarily information for the provider

Requirement notices

There was no evidence that a system had been established for the on-going assessment, supervision and appraisal of staff.

There was no evidence that policies and procedures had been reviewed on an annual basis or as needed if updates were required.

Regulation 17(1)