Mr. Harish Gupta

6 Ways Dental Practice

Inspection report

129 Gravelly Hill North
Erdington
Birmingham
B23 6BJ
Tel: 01213730462

Date of inspection visit: 8 December 2021
Date of publication: 17/01/2022

Overall summary

We carried out this announced inspection on 8 December 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 ask the following three questions:

• Is it safe?

• Is it effective?

• Is it well-led?

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services well-led?

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

Summary of findings

Background

6 Ways Dental Practice is in Erdington, Birmingham and provides NHS and private dental care and treatment for adults and children.

The dental team includes seven dentists, six dental nurses, four trainee dental nurses, three dental hygienists, and two receptionists. The practice has seven treatment rooms.

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

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

The practice is open:

Monday from 8.45am to 5.30pm,

Tuesday from 8.15am to 5.30pm

Wednesday and Thursday from 8.15am to 7.00pm

Friday from 8.45am to 3.00pm

Our key findings were:

- The practice appeared to be visibly clean.
- The provider had infection control procedures but improvements were needed such as audits and cleaning schedules.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider did not have effective systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation although improvement was needed in the oversight of staff files.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- Staff did not follow national guidance when cleaning and decontaminating used dental instruments.
- The provider did not demonstrate effective leadership and a culture of continuous improvement

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.

Summary of findings

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

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

- Take action to ensure audits of antimicrobial prescribing and record keeping are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' such as ensuring staff wear the correct personal protective equipment and instruments are storted appropriately.
- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- Take action to ensure the service takes into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.
- Take action to ensure the availability of an interpreter service for patients who do not speak English as their first language.

Implement an effective system for identifying, disposing and replenishing of out-of-date stock.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**No action** 
Are services effective?	**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)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. However, the provider's policy did not include female genital mutilation and modern-day slavery. We raised this with the provider on the day of our inspection. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The principal dentist was the safeguarding lead and we were advised that they had completed level three training.

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

The provider had an infection prevention and control policy and procedures. However, staff did not always follow 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 did not wear the correct personal protective equipment. This meant staff were unnecessarily exposing themselves to harmful pathogens or dangerous substances. There were no separate handwashing or rinsing sinks. This posed a risk of cross contamination. Staff did not keep instruments moist before decontaminating them. HTM 01-05 recommends that instruments should be kept moist by immersion in water or an enzymatic cleaner or foam spray to maintain a moist or humid environment.

Staff did not use an illuminated *magnifying lamp to inspect dental instruments after manual cleaning.* This meant there was no effective inspection process to ensure that the cleaning process had removed all visual staining and debris, ensuring the instruments were fit for use and free from damage.

Staff did not use heavy-duty utility gloves for instrument cleaning and decontamination procedures to minimize the risk of sharps injuries and provide greater protection during the handling of disinfectants.

Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. *The 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. However, staff did not store burs in line with guidance. We advised the provider,* that *burs should be* covered in a drawer or individually pouched.

Rectangular collimators were not placed on all intra oral machines. This meant the appropriate equipment was not in place to reduce the amount of radiation a patient was exposed to during dental intraoral X-ray procedures. We raised this with the provider on the day of our inspection.

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.

Are services safe?

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

On the day of inspection, we saw the practice was visibly clean. However, staff told us there were no cleaning schedules in place to ensure the practice was kept clean. This meant the provider could not assure themselves that the practice was being effectively cleaned and maintained.

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

The provider had not carried out infection prevention and control (IPC) audits twice a year in line with guidance. This meant the provider could not assure themselves that they were managing IPC systems and mitigating risks. We raised this with the provider on the day of our inspection.

We asked the provider to send us evidence of air exchanger calculations to evidence they were measuring ventilation to figure out how often the air in a space is completely replaced to stop the virus that causes *COVID*-19 spreading through very small aerosols and droplets. We did not receive this. Staff had access to the appropriate FFP masks and these had been fit tested.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination. However, the policy did not include details of both internal and external contacts.

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

The provider had a recruitment policy to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. At the time of inspection, we were not provided with access to staff recruitment files to confirm that the provider was following their recruitment procedures.

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

Staff ensured facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. However, staff were unable to provide evidence that a five-year fixed electrical wire check had been completed The provider said they would forward us the evidence following our inspection.

A fire risk assessment was not carried out in line with the legal requirements. This meant we did not see evidence the provider had ensured that adequate and appropriate fire safety measures were in place to minimise the risk of injury or loss of life in the event of a fire. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

However, staff were unable to provide evidence that fire extinguisher maintenance had been carried out since 2019. Staff were unable to provide us with evidence that fire drills has been carried out since 2016. The provider said they would forward us the evidence following our inspection; however, we did not receive this.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Are services safe?

We were told that clinical staff completed continuing professional development in respect of dental radiography although were not provided with evidence of this.

The practice had a cone beam computed tomography X-ray machine. Staff were unable to provide evidence they had received training in the use of it and appropriate safeguards were in place for patients and staff.

There was no stock control system of materials which were held on site. This meant that some materials had passed their expiry date.

Risks to patients

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

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. However, the policy did not include the whole range of sharps such as endo single use instruments and matrix bands. Sharps posters containing contact numbers such as occupational health was not on display in all the surgeries.

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.

Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who presented with a dental infection and where necessary refer patients for specialist care

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

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with General Dental Council Standards for the Dental Team. We did not see a risk assessment for when the dental hygienist worked without chairside support, however, staff told us this never happened.

The provider did not have risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice occasionally used locum and agency staff. However, staff told us they did not receive a formal, documented induction to ensure they were familiar with the practice's procedures.

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 dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

Are services safe?

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

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines. However, we found local anaesthetic not stored in blister packs.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

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

Antimicrobial prescribing audits were not carried out annually.

Track record on safety, and lessons learned and improvements

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

In the previous 12 months there had been a safety incident. There was no evidence this was investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

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. We saw 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 care records demonstrated that staff completed comprehensive risk and needs assessment to establish patient's individual needs and preferences.

The practice was not wheelchair accessible. Staff could not access translation services to assist those whose first language was not English. A hearing loop was not available for patients who were hard of hearing and used hearing aids. This meant the provider did not have systems in place to ensure that patients were able to understand the information given regarding their care and treatment.

Out of hours contact details were available to patients on the practice telephone answerphone message and on the website and on the patient information leaflets.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to. intra-oral cameras, an orthopantomogram digital X-ray, and digital intraoral scanner and a cone-beam computed tomography system to enhance the delivery of care.

Helping patients to live healthier lives

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

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

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

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

The dentists 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

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

Are services effective?

(for example, treatment is effective)

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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.

The provider did not have effective quality assurance processes to encourage learning and continuous improvement.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. However, staff new to the practice including locum and agency staff did not receive a structured induction programme. Staff told us inductions were carried out on an informal basis. Although some staff told us clinical staff completed the continuing professional development required for their registration with the General Dental Council, we were not provided with evidence.

Staff shortages were planned for and staff rotas were completed a month in advance.

Although the provider told us clinical staff completed the continuing professional development required for their registration with the General Dental Council, we were not provided with the evidence for this.

Staff told us they were supported to deliver care through training, learning and development opportunities. The provider funded an online training website which provided dental nurses with everything that they needed to comply with enhanced continued professional development recommended topics from the General Dental Council (GDC).

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 daily. Staff monitored referrals through an electronic referral and tracking system to ensure they were responded to promptly.

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 act (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

Although we found leaders had the capacity, values and skills to deliver high-quality, sustainable care, formal systems for improving standards of clinical practice were not in place.

Although the principal dentist was not available on the day of our inspection, we offered the provider the opportunity to forward additional evidence following our inspection; however we did not receive this.

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

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

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. Staff described the principal dentist as being approachable and supportive on a professional and personal level. For example, a member of staff said the principal dentist accompanied them to their Covid-19 vaccination when they expressed their fears over having it.

Staff did not receive formal annual appraisals. This meant they did not have a formal process to discuss learning needs, general wellbeing and aims for future professional development. However, staff told us the principal dentist was approachable and supportive and they could easily discuss their needs with him

A lack of support systems meant the staff could not always focus on the needs of patients. For example, there were no translation services they could access and there was no hearing loop.

We saw the provider had systems in place to deal with staff poor performance.

Staff told us openness, honesty and transparency were demonstrated when responding to incidents and complaints. However, we saw lessons learnt in the accident book in relation to an injury form but recorded as ‘don’t cut yourself on a bur’. This meant there was no learning to ensure this type of injury did not happen again in the future. Staff told us there were no formal processes in place to share learning and that this was learnt through ‘word of mouth’. The provider wasaware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

Governance and management

Staff did not have clear responsibilities, roles and systems of accountability to support good governance and management. Two dental nurses also had responsibility for overseeing the business side of the dental practice to ensure that the business ran smoothly. However, they did not have protected time to carry out these extra duties and fitted them in to their busy schedules ad hoc.

Are services well-led?

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The provider did not have effective quality assurance processes to encourage learning and continuous improvement.

Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were not always clear and effective processes for managing risks, issues and performance. For example, the provider did not carry out audits in infection prevention control and record keeping and had not completed a fire risk assessment.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service.:

The provider used patient surveys to obtain staff and patients' views about the service

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider did not have systems and processes for learning, continuous improvement and innovation. For example, staff did not receive annual appraisals and audits were not carried out.

Although the leaders demonstrated the capacity, values and skills to deliver high-quality, sustainable care, they did not have quality assurance processes to encourage learning and continuous improvements such as audits of dental care records, and infection prevention and control. This meant the provider did not have systematic ways of assessing, evaluating and improving care of their patients.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, staff said they were supported to complete further training outside of the required training programme.

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
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 17** **Good governance** Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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: • There were limited systems for monitoring and improving quality. The provider could not demonstrate any audit activity of infection prevention and control were undertaken to improve the quality of the service. • The provider had not ensured that the electrical fixed wiring had been tested every five years. • Improve the practice's risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities. • The provider had no risk assessments available for *Control of Substances Hazardous to Health* (*COSHH*) Regulations, 2002 **(**COSHH) products in use throughout the practice. to prevent or reduce workers' exposure to hazardous substances • The provider had no effective cleaning schedules to ensure the practice was kept clean.

This section is primarily information for the provider

Requirement notices

- There was no evidence that a safety incident was investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.
- The provider did not have a formal process in place to discuss learning needs, general wellbeing and aims for future professional development with staff.
- At the time of inspection, we were not provided with access to staff recruitment files to confirm that the provider was following their recruitment procedures.
- Inductions were informal. The provider did not document staff inductions to ensure staff were familiar with the practice's procedures.
- Staff were unable to provide evidence they had received training in the use of cone beam computed tomography X-ray machine.
- Staff were unable to provide evidence air exchange calculations were being completed

Regulation 17 (1)