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Sunnyside Dental Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on Sunnyside Dental Centre under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspections to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspections were led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

As a result of unforeseen circumstances, the inspection consisted of two site visits undertaken on 11 August 2022 and the 8 September 2022.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

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

Our findings were:

- The dental clinic was visibly clean.
- We noted servicing of the air conditioning units had not been undertaken.

Summary of findings

- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had some systems to help them manage risk to patients and staff. However we found there were no risk assessments for the use sharp instruments or lone working in the practice.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- We found there was a lack of regular audits of radiography, dental care records, disability access and infection prevention and control.
- Staff felt involved and 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 dental clinic had information governance arrangements.

Background

Sunnyside Dental Centre is in Orsett, Grays, Essex and provides private dental care and treatment for adults and children.

There is ramp access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available outside the practice. The practice has made reasonable adjustments to support patients with additional needs.

The dental team includes one dentist, three dental nurses including one trainee dental nurse, and one dental therapist who was also the practice manager. The practice has three treatment rooms.

During the inspection we spoke with one dentist, three dental nurses and the dental therapist/practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 8.30am to 3pm.

Friday from 8.30am to 1pm.

Saturday from 9.30am to11.30am (by appointment).

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

- Take action to ensure audits of radiography, dental care records, disability access and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Staff should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, ensure risk assessment of the use of sharp instruments and lone working are undertaken.
- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular ensure servicing of the air conditioning units are undertaken.

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?	**No action** ✓

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. We noted the practice manager had completed levels 2 and 3 in safeguarding training, and other staff were in the process of completing their level 2 training.

There was no appointed lead for infection prevention and control to ensure nationally recommended guidelines were followed. Infection control audits were not undertaken as recommended by national guidance. The decontamination of dirty instruments mostly reflected guidelines. However, staff were manually scrubbing instruments in addition to using the ultra-sonic baths.We noted the practice had undertaken an infection control audit, they had signed up to a dental compliance provider and was in the process of introducing systems which prompted the practice to review audits in the future. The practice was in the process of introducing other systems to ensure decontamination of instruments were undertaken and recorded in line with guidance.

The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice had some procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. We noted that high risk actions highlighted in both the 2019 and 2021 Legionella report had not been actioned. The practice manager had been appointed the named Legionella lead and had undertaken legionella training, although the practice was yet to nominate a deputy lead and no staff had completed Legionella training . The practice was in the process of reviewing actions highlighted in the Legionella report, however we noted the air conditioning units had never been serviced. We discussed this with the manager who confirmed this was to be scheduled.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean. There was scope to ensure cleaning equipment was stored in line with guidance. We discussed this with the manager who confirmed this would be reviewed.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

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

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

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective. We found that whilst the practice undertook regular fire drills and testing of smoke alarms there was limited documented evidence to clarify who had been in the practice during the drills and how long the evacuation had taken. In addition, we were told the smoke and fire alarms were tested, but there was limited documented evidence of these checks.

The practice did not have arrangements to ensure the safety of the X-ray equipment. We noted the last Radiation risk assessment had been completed in 2011, the last three yearly check was undertaken in 2013 and there were no records of any annual checks. The practice was not registered with the Health and Safety Executive (HSE, this is the main public body which regulates work that causes or could cause radiation exposure of workers, the public or both). The practice

Are services safe?

radiation protection servicing and registration documentation was out of date and there was no Radiation Protection Supervisor (RPS). Evidence of completion of required continuous professional development in relation to radiology was not available for any staff. Due to the level of our concerns the practice voluntarily agreed to not use their X-ray equipment until this work had been undertaken and completed and was documented as safe to use.

Risks to patients

During our first visit, we noted there were limited systems to assess, monitor and manage risks to patient and staff safety. There was no sharps policy or risk assessment, and staff did not use safer sharps. We noted needlestick and sharps injuries in the accident book for a member of staff who did not have a full vaccination or confirmation of Hepatitis B immunity. We noted sharps bins in upstairs treatment rooms that were either not dated or signed and others that were dated in 2021 and not signed. There were no risk assessments in place for the unvaccinated member of staff to mitigate the risks of any sharp's injury and no lone working risk assessment for the cleaner when working alone in the building.

When we revisited the practice on 8 September 2022, in order to conclude the inspection, we noted sharps bins had been replaced with dated and signed bins. The practice had ensured staff immunity for Hepatitis B had been confirmed. We were told the practice was moving to a system of safer sharps, however they practice had yet to complete a sharps risk assessment and lone worker risk assessment.

Emergency equipment and medicines were available and checked in accordance with national guidance. However, we found both the first aid kit and eye wash kits had passed their expiry date. Staff checks of the equipment had failed to identify these issues. The practice took immediate action and ordered replacements during the inspection.

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

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.There was scope to ensure these included all housekeeping cleaning items.

Information to deliver safe care and treatment

The dental care records we saw were not complete. In particular, clinical records lacked consistency and did not always reflect GDC guidance principles. X-rays were not always graded and justified. Risk assessments were consistently not in place for tooth wear grading. There was limited evidence of staging and grading of periodontal disease and limited evidence or record of discussion of treatment options. Not all the records we reviewed had post-operative instructions recorded and not all X-rays were justified or reported on. We noted not all caries and periodontal risk assessments were annotated and treatment options were not always recorded as discussed.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had some systems for appropriate and safe handling of medicines. Clinicians did not undertake antimicrobial audits to ensure they were prescribing them according to NICE guidelines. When we revisited the practice on 8 September 2022, in order to conclude the inspection, we noted an antimicrobial prescribing audit was on-going.

Track record on safety, and lessons learned and improvements

The practice did record some accident and incidents, such as staff and patient injuries. However, there was no evidence to show how learning from them had been shared across the staff team to prevent their recurrence.The practice took steps to address this issues over the course of our inspection.

Are services safe?

The practice had no systems in place for receiving and acting on national patient safety alerts. The practice took immediate action and signed up to receive these during our inspection.

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 the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better 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.

Consent to care and treatment

At our initial inspection we found the practice did not have specific policies in place in relation to the Mental Capacity Act 2005 (MCA) and Gillick competence guidance, and we found not all staff had a comprehensive understanding of their responsibilities under them. During the course of our inspection, we noted the practice manager had completed Mental Capacity Act training, other staff were scheduled to complete or review this training as part of their on-going Continuing Professional Development (CPD). We were told this would in future be overseen by the practice management as part of their new compliance guidance.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. We found these were not always documented in patients' dental care records.

Monitoring care and treatment

We noted inconsistencies in the information recorded within the patient dental care records we looked at. During the course of our inspection, the practice manager confirmed a review of patients' dental care records had been scheduled.

At our initial visit, evidence was not available to demonstrate that all dentists justified, graded and reported on the radiographs they took. The practice had not carried out six-monthly radiography audits following current guidance and legislation. The practice took immediate steps to address this issue.

Effective staffing

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

Newly appointed staff had a structured induction and 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 practice manager confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

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.

Patients we spoke with told us they were always treated with respect, they said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television, to improve security for patients and staff. There was scope to ensure the relevant policies and protocols were in place for its use.

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.

Staff 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 dentist and dental therapist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs 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. It took account of patient needs and preferences.

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

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

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

The practice had an appointment system to respond to patients' needs.

Listening and learning from concerns and complaints

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

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice demonstrated a transparent and open culture in relation to people's safety.

At the start of our inspection process we found a number of shortcomings within the overall governance of the practice. By the conclusion of our inspection, we noted that staff were working together in such a way that the issues and omissions we highlighted at our first inspection had been actioned or were in the process of being completed. This demonstrated to us the practice's commitment to address the shortfalls we identified and improve the service.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

Staff discussed their training needs during one to one meetings and during clinical supervision. Staff described how annual appraisals were being reinstated. Staff described how they were able to discuss learning needs, general wellbeing and aims for future professional development with the practice manager. The practice had introduced arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

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

The practice was in the process of introducing effective systems of clinical governance. Policies, protocols and procedures were accessible to all members of staff and with the introduction of the compliance provider were undergoing review.

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 these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff during daily huddles and informal discussions. During our initial visit, staff told us that practice meetings were not undertaken regularly and there was limited evidence that these were documented. At the conclusion of our inspection process we noted staff meetings had been reintroduced, were documented with a set agenda to ensure any changes or events were reviewed and discussed with the practice team. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

Are services well-led?

The practice had limited quality assurance processes to encourage learning and continuous improvement. There were no audits of dental care records, radiographs and infection prevention and control. At the conclusion of our inspection process, we found the practice had put systems in place to ensure quality assurance processes were in place and would be reviewed at regular intervals.

During our initial visit, where audits had been undertaken by external providers we noted the practice had introduced systems to ensure action plans were reviewed to ensure improvements were made.