S M Rahman Limited

# Night and Day Emergency Dentist

## Inspection report

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## Overall summary

We carried out this announced focused inspection on 1 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 asked 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.

# Summary of findings

**Are services well-led?**

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

**Background**

Night and Day Emergency Dentist is in Withington, Manchester and provides only emergency and urgent 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. On street parking is available near the practice.

The dental team includes five dentists, two dental nurses (one of whom manages the practice), and a receptionist. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Night and Day Emergency Dentist is the principal dentist.

During the inspection we spoke with the principal dentist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

The practice offers a private 24-hour telephone dental triage and advice service.

Core hours are from 9am until 5pm but this extends into the evening according to demand.

**Our key findings were:**

- The practice appeared to be visibly clean, tidy and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- The provider had implemented standard operating procedures in line with national guidance on COVID-19.
- We were not assured that staff completed up to date training to deal with medical emergencies. Appropriate medicines were available, but life-saving equipment was not in line with Resuscitation Council UK guidance. This was addressed immediately.
- The systems to help them identify and manage risk to patients and staff were ineffective.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff recruitment procedures did not reflect current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The provider did not have effective leadership in place.
- The provider asked staff and patients for feedback about the services they provided.
- The provider did not maintain oversight of staff training. Training certificates were not obtained for all staff.

# Summary of findings

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

**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 staff have received training in the recognition, diagnosis and early management of sepsis in line with National Institute for Health and Care Excellence guidance.

# 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.

Although we found this practice was not well led, the impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

**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. We saw evidence that all staff members, apart from two 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 provider also had a system to identify adults that were in other vulnerable situations for example. those who were known to have experienced modern-day slavery or female genital mutilation.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The 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.*

The provider had implemented standard operating procedures in line with national guidance on COVID-19. Screening and triaging were undertaken prior to patients attending the premises and immediately upon arrival to assess COVID-19 positive individuals and those who may have been exposed to the virus.

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.

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

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

The practice manager was the infection control lead, they had received additional training to support them in this role. They carried out infection prevention and control audits. The latest audit showed the practice was meeting the required standards. We spoke with the practice manager about carrying out six-monthly audits in line with the guidance in HTM01-05.

The provider had a whistle blowing policy. Staff felt confident they could raise concerns without fear of recrimination.

# Are services safe?

The provider had a recruitment procedure to help them employ suitable staff. We looked at the staff recruitment records. These showed the provider did not follow their recruitment procedure. Essential checks were not in place for new staff members at the point of employment. In particular, Disclosure and Barring Service (DBS) checks (or a documented risk assessment) and obtaining references. There was no information available at all for one of the dentists. The provider told us that these individuals were already known to them.

There was no evidence the provider obtained evidence of staff qualifications or up to date registration with the General Dental Council. Evidence of appropriate professional indemnity was not available for three clinical staff members; this was obtained and sent after the inspection.

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

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available with the exception of registration with the Health and Safety Executive in line with the Ionising Radiation Regulations 2017 (IRR17). Evidence of registration was sent after the inspection.

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.

We saw evidence clinical staff completed continuing professional development in respect of dental radiography. There was no evidence of this for one dentist.

**Risks to patients**

The provider had implemented some 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 safer needle and dental matrices were in use.

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. Evidence of the effectiveness of the vaccination was not obtained for four clinical staff members.

The principal dentist had knowledge of the recognition, diagnosis and early management of sepsis but we were not assured that they ensured other staff members were. Staff had not completed sepsis awareness training and no sepsis information was available to support staff to triage appointments effectively to assess and manage patients who present with dental infection, and where necessary refer patients for specialist care.

We were not assured that all staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year as this evidence was not obtained by the provider for all staff. There was no evidence of up to date training for four members of staff. After the inspection evidence was sent that team training was booked for 23rd June 2021.

# Are services safe?

Emergency medicines were available as described in recognised guidance. Lifesaving equipment was not in line with recognised guidance. For example, oropharyngeal airways, self-inflating oxygen bag and masks, a child sized oxygen mask and portable suction were not available. We found staff carried out and kept records of their checks of the medical emergency kit, but these had failed to highlight the missing items. We saw evidence that immediate action was taken to obtain the missing items.

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

The provider had product safety data sheets about hazardous substances which were held in a file and catalogued for easy reference, but risk assessments had not been carried out to ensure the practice was following the manufacturer's guidance.

**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.

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.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

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

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines.

**Track record on safety, and lessons learned and improvements**

The provider had informal systems for reviewing and investigating when things went wrong. There was a system in place for staff to report any incidents and a process to ensure these were investigated thoroughly. However, the principal dentist informed us of some incidents that had occurred which had not been documented, these included patient faints and a spillage. The provider told us that these were discussed with the rest of the dental practice team but there was no evidence to show that these incidents were reviewed to ensure they were dealt with effectively or that learning took place.

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

**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.

**Helping patients to live healthier lives**

The practice provided preventive care and advice in line with the Delivering Better Oral Health toolkit. The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

**Consent to care and treatment**

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The 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.

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.

**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 had 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**

We saw that dental nurses who were new to the practice had a structured induction programme. There was no evidence that dentists were provided with an induction. We were not able to confirm that all clinical staff completed the continuing professional development required for their registration with the General Dental Council as evidence was not consistently obtained by the provider.

**Co-ordinating care and treatment**

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

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

# 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 principal dentist had the capacity, values and skills to deliver high-quality, sustainable care.

The principal dentist was not knowledgeable about systems issues and priorities relating to the quality and risk management systems of the service. During the inspection they were open to discussion and feedback to improve these. The provider took immediate actions to address the concerns raised during the inspection and sent evidence to confirm where action had been taken. They demonstrated a commitment to continuing the work and engagement with staff and external organisations to make further improvements. This demonstrated they understood the challenges and were addressing them.

We saw the provider had processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

**Culture**

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

There was a system to discuss staff training needs at an annual appraisal and one to one meetings. Annual appraisals had yet to take place.

The staff focused on the needs of patients. Patients could contact the practice 24 hours a day if they had urgent needs for assessment of their issue and oral health advice. The practice offered late evening appointments, opening hours were flexible according to patient demand.

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

Openness, honesty and transparency were not demonstrated when responding to incidents. Informal arrangements for discussing and dealing with incidents meant these were not documented. The provider was aware of the requirements of the Duty of Candour.

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

**Governance and management**

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

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. 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 ineffective processes for identifying and managing risks and safety issues. In particular:

- Staff recruitment was not carried out in line with the regulations. Essential checks were not carried out and appropriate information about staff was not held by the practice.

# Are services well-led?

- The provider did not ensure all clinical staff could demonstrate the effectiveness of vaccinations against Hepatitis B.
- Systems to ensure staff had the knowledge and equipment to respond to medical emergencies.
- Systems were not in place to ensure staff could recognise and act on suspected sepsis
- Hazardous substances had not been appropriately risk assessed.

**Appropriate and accurate information**

Staff acted on appropriate and accurate information.

Quality and operational information, for example audits, were 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. The provider had installed a closed-circuit television system, (CCTV), internally in the reception area. A CCTV policy and data protection impact assessment had been completed in line with the General Data Protection Regulation (GDPR) requirements. They had not displayed information informing patients for what purpose the CCTV was in use and to make them aware of their right of access to footage which contains their images. The practice manager confirmed this would be addressed.

**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 and encouraged verbal comments and online or social media reviews to obtain patients' views about the service.

The provider gathered feedback from staff through meetings, and informal discussions. We saw from the minutes of these meetings that 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 had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, antimicrobial prescribing, oral cancer and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The provider did not have a system to ensure staff completed 'highly recommended' training as per General Dental Council professional standards. Evidence of up to date training was not consistently obtained from staff.

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<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed<br>**The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.**<br>• Essential pre-employment checks were not carried out and information relating to staff was not held to demonstrate that information about candidates set out in Schedule 3 of the regulations was confirmed before they are employed. In particular:<br>• Photographic identification for all staff members<br>• Registration with the General Dental Council for clinical staff members<br>• Evidence of appropriate professional indemnity for clinical staff members<br>• There was no documentation held by the practice for one of the dentists<br>• The registered person did not ensure that a Disclosure and Barring Service (DBS) check and references were obtained for new staff members, or a risk assessment was undertaken and documented.<br>• The registered person did not obtain evidence that staff operators completed continuing professional development in respect of dental radiography, safeguarding and up to date training in dealing with medical emergencies, including resuscitation, and possess up to date evidence of capability.<br>Regulation 19(1)(3) |

| Regulated activity | Regulation |
|---|---|

This section is primarily information for the provider

# Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**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:**

- The provider had not ensured that appropriate equipment and training was provided to respond to medical emergencies. The systems for checking the availability of medical emergency kit had failed to identify missing items.
- The provider did not have suitable risk assessments or storage arrangements to minimise the risk that can be caused from substances that are hazardous to health in line with The Control of Substances Hazardous to Health Regulations 2002.
- The provider had not ensured that incidents were documented, investigated and learned from appropriately.
- There was no evidence that dentists new to the practice were provided with an appropriate induction.
- The registered person did not ensure that evidence of the effectiveness of the hepatitis B vaccination was checked for four clinical members of staff. The provider did not have a risk assessment in place in relation to staff working in a clinical environment where the effectiveness of their Hepatitis B vaccination was unknown.

Regulation 17(1)