

Clive Jones Dental Practice

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Inspection report

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Overall summary

We carried out this announced focused inspection on 10 January 2023 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask 5 key questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

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

Our findings were:

- The dental clinic appeared to be visibly clean and well-maintained.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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, although patients' risk levels were not always recorded in their care records.
- Staff felt involved and supported and worked well as a team.
- Patients were asked for feedback about the services provided.
- The dental clinic had appropriate information governance arrangements in place.
- Appropriate pre-employment references and Disclosure and Barring Service (DBS) checks had not always been obtained for new staff.

Summary of findings

- Oversight of staff training was limited, and there was no system in place to ensure all staff completed the required training.
- Overall governance systems in the practice needed to strengthen to ensure a safe service was provided.

Background

Clive Jones Dental Practice is based in the village of Longstanton and provides both NHS funded and private dental care and treatment for adults and children. The practice is accessible for wheelchair users and car parking spaces are available on site.

The practice directly neighbours another registered dental practice owned by the provider and shares many of its procedures and governance systems. The registered manager for each practice is the same.

The dental team includes 2 dentists, a dental hygienist, a practice manager, 3 dental nurses and 2 reception staff. There are 2 treatment rooms.

During the inspection we spoke with a dentist, 2 dental nurses and the registered manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Mondays from 8am to 5pm, on Tuesdays from 8am to 4.30pm, on Wednesdays from 8am to 4pm, on Thursdays from 8.30am to 5pm, and on Fridays from 8.30am to 3pm.

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

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. Full details of the regulation the provider was not meeting are at the end of this report.

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

- Take action to ensure dentists are aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records. In particular, ensuring that patients' risk levels of caries, cancer and tooth wear is recorded, and periodontal disease is staged and graded.
- Take action to improve the auditing procedure for antimicrobial prescribing so that it is effective in assessing if clinicians are prescribing according to Faculty of General Dental Practice (UK) 2020 guidelines.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	Requirements notice ✗

Are services safe?

Our findings

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

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.

The practice had infection control procedures which reflected published guidance, although we noted some loose and uncovered items in treatment room drawers that risked aerosol contamination.

The practice had some procedures to reduce the risk of Legionella or other bacteria developing in water systems, although the recording of monthly hot and cold water temperatures had not been undertaken in some months, and it was not clear if all the recommendations from the practice's legionella assessment had been implemented.

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

The practice appeared clean and there were cleaning schedules in place in place to ensure it was kept clean. We noted that the colour coding system for the mops used was confusing, and they were not hung to dry out in accordance with published guidance.

The practice had a recruitment policy to help them employ suitable staff, although this had not always been followed. Appropriate references and disclosure and barring service checks had not always been obtained for staff and staff did not receive a formal induction to their role.

Clinical staff were qualified, registered with the General Dental Council.

The practice mostly ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. However, we noted that the air-conditioning unit had not been serviced since 2020, and there was no evidence to demonstrate that electrical fixed wire testing had been completed every 5 years as required.

Fire alarm systems and extinguishers had been serviced regularly but not all staff had received fire safety training, and the receptionist told us they had never practiced an evacuation from the premises. The practice had not undertaken a full fire risk assessment of the premises to ensure their safety.

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

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, and sepsis awareness. However, not all clinicians used rubber dams to protect patients' airways during root canal treatment.

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 and checked in accordance with national guidance, although the practice did not have the recommended form of midazolam to administer to patients in the event of a seizure.

The practice had assessments to minimise the risk that could be caused from substances that were hazardous to health, although safety data sheets were not available for some hazardous cleaning products used by staff.

Are services safe?

Information to deliver safe care and treatment

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

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

Safe and appropriate use of medicines

Medicines were stored securely but there was no system in place to identify missing or lost prescriptions. Stock control was not effective and the recorded amount of one type of medicine as being in stock, did not match the actual amount held.

Staff undertook antimicrobial audits, but these were limited in scope and did not assess if the correct dosage had been prescribed, if patients' temperatures had been taken and if patients had been reviewed after a period of 3 days.

Glucagon was kept in the practice's fridge, and the fridge's temperature was monitored daily to ensure it was operating effectively.

Track record on safety, and lessons learned and improvements

The practice recorded accident and incidents, such as staff injuries, although sometimes the information was sparse in detail. There was no evidence to show how learning from them had been shared across the staff team to prevent their recurrence.

The practice had a system for receiving and acting on national patient safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. The practice kept records of the care given to patients including information about treatment and advice given. Overall, the quality of recording was satisfactory, although we noted that patients' risk level of caries, oral cancer, tooth wear and periodontal disease had not always been recorded. Periodontal disease was not staged and graded in the records we reviewed.

Helping patients to live healthier lives

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

Consent to care and treatment

The practice had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Gillick competence guidance, and we found staff had a satisfactory understanding of their responsibilities under them.

Effective staffing

At the time of our inspection, the practice manager and 1 dental nurse had recently left, and the provider was in the process of recruiting new staff to replace them. Staff reported they had enough time for their job and did not feel rushed in their work. The hygienist worked with chairside support.

Co-ordinating care and treatment

The dentist 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 gave us examples of where they had gone above and beyond the call of duty to support patients, particularly those with mental health challenges.

Privacy and dignity

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

The practice's website provided patients with information about the range of treatments available at the practice.

Staff helped patients to be involved in decisions about their care. Staff described to us the methods they used to help patients understand treatment options discussed.

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 had made reasonable adjustments for patients with access requirements. The premises were suitable for wheelchair users and there was a fully accessible toilet. A portable induction loop was available for patients with hearing aids, and patients also had access to reading glasses and a magnifier. Information could be produced in large print, and translation services were available if needed.

Timely access to services

The practice displayed its opening hours and provided information on their website. Patients with the most urgent needs had their care and treatment prioritised and emergency appointments were available each day. There was about a 3 week-waiting time for dental treatment, at the time of our inspection.

At the time of our inspection the practice was not able to take on new NHS patients as it did not have the capacity.

An out of hours service was available for private patients, and NHS patients were advised to contact NHS 111. The practice had arrangements in place with other local dentists to cover emergency appointments when closed.

Listening and learning from concerns and complaints

Information about the practice's complaints' procedure was in the waiting area making it easily available to patients. We viewed paperwork in relation to 2 recent complaints and found that the record of their management lacked detail and there was no evidence to demonstrate that learning from them had been used to drive improvement. Information about the complaints was recorded in patients' notes, rather than held separately as recommended.

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 Notice 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 identified several issues in relation to the practice's recruitment procedures, staff appraisal, equipment maintenance, risk assessing, and complaints management which indicated that governance and oversight of the practice needed to be strengthened.

The registered manager sometimes struggled to locate information and evidence during the inspection to fully demonstrate that the practice was compliant with the relevant legislation and guidance. Some information such as dates of staff appraisal, hepatitis B immunity status of staff and staff induction was not provided.

Culture

Staff stated they felt respected and valued and told us they enjoyed their work. All but one had worked there for many years. They reported that both the principal dentist and registered manager were supportive and responsive to their needs. Staff's suggestions for more breathable uniforms and recyclable paper cups had been implemented.

Governance and management

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

Staff had specific roles and responsibilities, and there were leads for data protection, infection control and complaints. However, not all staff had received an annual appraisal of their performance and working practices.

The practice held regular staff meetings, evidence of which we viewed, however staff told us they felt communication systems could be improved between staff at the 3 practices owned by the provider.

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

The practice gathered feedback about its service using a questionnaire that asked patients about the quality of their appointments, the staff, the facilities and treatment. Ten questionnaires were sent out every 3 months, and one patient's suggestion for improved car parking had been implemented.

Continuous improvement and innovation

The registered manager did not have clear oversight of staff training and was not able to provide clear and robust evidence during our inspection that all staff had undertaken all recommended training.

The practice undertook regular audits of infection control, dental care records, and anti-biotic prescribing but some of these were limited in scope and had failed to identify the shortfalls we found during our inspection.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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.</p> <p>How the Regulation was not being met</p> <p>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:</p> <ul style="list-style-type: none">• Staff recruitment processes were not in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice did not have a recruitment procedure and references had not been obtained prior to staff starting their employment.• There was no system in place to ensure essential staff training was up-to-date and reviewed at the required intervals.• There was no system in place to ensure all staff received formal appraisal and feedback about their working practices.• There was no evidence to show how learning from accidents and incidents had been shared across the staff team to prevent their recurrence.• Patient complaints were not managed effectively.

Requirement notices

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 might be at risk. In particular:

- There was no system in place to ensure that monthly temperature testing of the water was undertaken and that every recommendation from the practice's Legionella risk assessment had been completed.
- There was no system in place to ensure that a fire risk assessment of the premises had been undertaken.
- There was no system in place to ensure the air conditioning unit had been serviced as required and that electrical fixed wiring testing had been completed.
- There was no system in place to ensure the safe and effective management of medicines and prescription pads within the practice.