

NDC Plus Limited

ADF Clinic

Inspection Report

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Overall summary

We carried out this announced inspection on 4 December 2017 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 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 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:

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

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

Are services well-led?

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

Background

ADF Clinic is in Clacton On Sea and provides private treatment to adult patients.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice.

The dental team includes one dentist, one dental nurse who is also the practice manager, and two receptionists. The practice has one treatment room.

Summary of findings

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

On the day of inspection we collected three CQC comment cards filled in by patients, which gave us a positive view of the practice. No patients were available to talk with during our inspection.

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

The practice is open: Tuesday to Wednesday from 1pm to 6 pm, Thursday from 12pm to 6pm and was closed on Monday and Friday open for emergency appointments only.

Our key findings were:

- The practice was clean and mostly well maintained.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice asked staff and patients for feedback about the services they provided.
- The practice had safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Staff knew how to deal with medical emergencies, although not all equipment recommended by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards was available.
- The practice's systems to help them manage risk were not effective. For example the practice had not completed infection control risk assessments.
- Systems to ensure the safe recruitment of staff were not effective, as essential pre-employment checks had not been completed.

- Systems for checking expiry and servicing dates for equipment and medicines were not effective. Fridge temperatures were not being monitored. Instruments were not always pouched and some pouched instruments were not dated.
- The practice information governance arrangements were not effective as information and understanding of processes such as Legionella risk assessment, infection prevention and control, safe recruitment of staff and RIDDOR were not understood and embedded across the whole practice team.

We identified regulations the provider was not meeting. They must:

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

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

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

- Review the practice's waste handling protocols to ensure waste is segregated and disposed of in accordance with relevant regulations taking into account guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System), as well as from other relevant bodies, such as Public Health England
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.
- Review the practice's responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.

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?

We found that this practice was not providing safe care in accordance with the relevant regulations.

Staff were qualified for their roles. Recruitment procedures were not effective as essential pre-employment checks were not carried out

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

The practice arrangements for dealing with medical and other emergencies were not effective. Some items of equipment were missing and one medicine was stored inappropriately. Systems for checking expiry and servicing dates for equipment and medicines were not rigorous. Fridge temperatures were not being monitored.

The practice decontamination procedures did not meet national guidance for cleaning, sterilising and storing dental instruments. There were no infection control audits or staff infection control training undertaken at the practice. Recommendations identified from risk assessments had not been actioned. There were no bodily fluid or blood spillage kits available at the practice.

There was no evidence to demonstrate that the practice had discussed or recorded any learning from incidents or accidents to help them improve.

Requirements notice



Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described staff as caring and friendly. The dentist discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles; there was no formal process or written evidence of induction for staff new to the practice. Staff appraisals were not undertaken.

No action



Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

No action



Summary of findings

We received feedback about the practice from three people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind and caring. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

There was no hearing loop at the practice to assist patients who wore a hearing aid.

The practice took patients' views seriously. We were told they valued compliments from patients and would respond to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

Improvements were required to governance systems. For example not all emergency medicines and equipment were available and these were not being checked at the recommended frequency to ensure they were safe to use

The practice had some policies, procedures and risk assessments to support the management of the service and to protect patients and staff. Some of the risk assessments were not effective, had not been complied with, nor identified or considered risks. For example, recommendations identified from the legionella risk assessment had not been actioned; there was a lack of awareness of the potential risk to effective cleaning of dental equipment as a result of the lack of infection control audit and training.

The lack of a rigorous recruitment process meant the practice had not obtained all of the required pre-employment information for staff.

The dentist was not fully aware of RIDDOR principles. The practice had not completed any infection prevention and control audits. The practice team kept complete patient dental care records which were clearly typed.

Requirements notice



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had some policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. The practice team told us they responded to and discussed all incidents to reduce risk and support future learning. There were no records of these discussions or meetings.

There was scope to improve the whole teams understanding of the formal reporting pathways required following serious untoward incidents as detailed in the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). The registered manager was unable to describe what action they would take in the event of a serious untoward incident.

The registered manager told us the practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). There was scope to improve the process for reviewing relevant alerts to ensure they were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that some staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The registered manager confirmed that none of the staff, including the dental nurse, had a disclosure and barring service (DBS) check to ensure they were suitable to work with vulnerable adults and children, there was no risk assessment in place for the newest recruited member of staff who was employed by the practice in August 2017 to support this. The registered manager was not able to provide evidence of their own DBS check. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. There was a lack of clinical and non-clinical risk assessments in place. The practice followed relevant safety laws when using needles and other sharp dental items. There were no records of staff immunity from blood borne viruses such as Hepatitis B.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice. This did not include a list of telephone numbers for staff or emergency utilities.

Medical emergencies

Staff completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were not available as described in recognised guidance. We noted that some items were missing, such as a pocket mask, a spacer device and a portable suction unit. The practice did not have a defibrillator; there was no action plan or risk assessment in place to ascertain the level of risk for the practice in not providing this piece of equipment for a medical emergency. Other equipment such as some needles and syringes were past their expiry date. We also found one medicine was being stored in a fridge, however the practice was not monitoring the fridge temperatures and therefore the cold chain could not be verified and the practice could not confirm if the medicine had been stored correctly. We looked at records of checks of equipment and medicines to make sure these were available, within their expiry date, and in working order. We noted that checks were undertaken monthly and no checks had been undertaken for the oxygen cylinder. We discussed this with the registered manager who confirmed daily checks of the oxygen cylinder and weekly checks of medical equipment and emergency drugs would be put in place to ensure they would be available, in date, and in good working order should they be required. Staff we spoke with were able to describe where the emergency equipment was kept and described what they would do in an emergency.

Staff recruitment

The practice did not have a staff recruitment policy or procedure to help them employ suitable staff. We looked at two staff recruitment files. These contained photographic identification, but there was no evidence of references,

Are services safe?

contract of employment or terms and conditions of employment. We saw records of staff qualifications, registration with professional bodies such as the GDC and current indemnity insurance.

The practice did not have any recruitment information, references or photographic identification for the newest member of staff who joined the practice in August 2017. We discussed this with the registered manager who confirmed this information was not available at the practice at the time of our inspection.

Monitoring health & safety and responding to risks

The practice had health and safety policies. Risk assessments to help manage potential risk were limited and were not substantial. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

We were told the dental nurse worked with the dentist when they treated patients. However we noted at the end of our inspection a patient arrived for treatment and there was no nurse present at the practice. We noted there were no risk assessments in place for clinicians working without chair-side support.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. The decontamination lead/dental nurse was not available during the inspection and we were therefore unable to confirm if they followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. However, we noted there was only one sink available in the decontamination/X-ray room and there was no evidence of any bowls used in the decontamination process to support the cleaning process. We did not see an illuminated magnifying glass used for inspection of dirty instruments during the cleaning process, and no evidence of heavy duty gloves or aprons used for protection. The registered manager told us this protective equipment was available. We looked at records of training for the dental nurse and noted that there were no records that annual infection prevention and control training had been completed by that member of staff.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with

HTM01-05. We noted there were unpouched instruments in the treatment room drawers and some pouched instruments were not dated. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice had not undertaken any infection prevention and control audits. They could not be assured they were meeting the required standards.

A Legionella risk assessment had been undertaken by an external contractor in September 2015, this highlighted several areas of high risk. There was no log of the recommended actions required and highlighted by the risk assessment. We discussed this with the registered manager who confirmed no actions had been undertaken by the practice to minimise the risk identified since the external risk assessment in 2015.

Sharps' bins were not labelled or dated and clinical waste was stored outside the practice behind locked gates, but in an unlocked standard green wheelie bin.

We saw cleaning schedules for the decontamination room, but there were no cleaning schedules in place for the cleaning of the premises. The practice was clean when we inspected.

Equipment and medicines

We saw servicing documentation for the equipment used. We were told staff carried out checks of equipment and medicines in line with the manufacturers' recommendations. However, we found an out of date local anaesthetic. In addition we found expired materials such as zinc phosphate cement and temporary crown and bridge materials. There was no recording of antibiotic dispensing within the practice.

Radiography (X-rays)

We noted that the cone beam computed tomography scanners servicing was overdue by five months and there was no named radiation protection advisor recorded in the practice records.

We saw evidence that the dentist justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

The dentist completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

The practice did not provide sedation services; patients who required sedation were referred elsewhere, which gave them a choice with regard to where they received their treatment.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice told us they had a period of induction; however there was no record of a structured induction process and no records of dates or signatures to confirm staff had understood their induction process.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us there was an open door policy at the practice and they could discuss training needs at the monthly meetings. There were no records or minutes of staff meetings to evidence these discussions. Staff appraisals had not been undertaken.

Working with other services

The dentist confirmed they would refer patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients for sedation services or with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice confirmed that they had not had to refer any patients.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. 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 may not be able to make informed decisions. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively on CQC comment cards that staff were caring. We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

Staff were aware of the importance of patient privacy and confidentiality. We found the layout of reception and the combined waiting area meant that privacy was challenging to maintain when reception staff were dealing with patients both face to face and on the telephone. We saw that staff took care not to breach patients' confidentiality. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Music was played in the treatment room and there were magazines in the waiting room. Patients reported on CQC comment cards that staff were kind and helpful.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients reported on CQC comment cards that staff were kind and helpful.

The practice's website provided patients with information about the range of treatments available at the practice. These included implant and cosmetic treatment; the practice did not provide general dentistry services.

The treatment room had a screen so the dentist could show patients photographs and X-ray images when they discussed treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients CQC comment cards described satisfaction with the responsive service provided by the practice.

The practice was closed on Monday and would open for emergency appointments only. There were no appointments on the day of the inspection; staff told us patients were generally not kept waiting.

Promoting equality

The practice had made some reasonable adjustments for patients with disabilities. These included step free access. There was no hearing loop available at the practice to assist patients who wore a hearing aid.

Access to the service

The practice displayed its opening hours in the premises, on its social media pages and on their website.

Staff confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and there were appointments free for same day appointments. The dentist provided a personal telephone number for patients when the practice was closed.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The registered manager told us they aimed to settle complaints in-house and would invite patients to speak with them in person to discuss these. There was no information available in the practice to direct patients to organisations they could contact if not satisfied with the way the practice dealt with their concerns.

The registered manager told us the practice had not received any complaints or comments. They described to us how the practice would respond to concerns appropriately and described how they would discuss outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice. We were told the practice manager was responsible for the day to day running of the service. Staff knew the management arrangements, but had limited understanding of their roles and responsibilities.

The practice had some policies and procedures to support the management of the service and to protect patients and staff. There were a limited number of risk assessments and audits in place to monitor the quality of the service and make improvements. For example infection control audits had not been undertaken; there were no risk assessments in place for those staff who had not undertaken a DBS check. Where audits had been completed there was a lack of action planning in place to ensure that where recommendations had been identified, action had been undertaken, completed and reviewed. We were provided with a number of dated documents for audits and health and safety risk assessments that were incomplete. For example we were shown a walk around observational audit document which had been signed and dated as completed in May 2017, however when we looked at the attached audit document this was blank and had not been completed. A safety audit had been undertaken by an external provider on 8 August 2016; however there was no evidence of actions taken following the recommendations identified in the report. For example, there was a recommendation for staff to familiarise themselves with RIDDOR, the report recommended that smoke detectors be fitted in the treatment room and fire extinguishers in the waiting room should be wall mounted, we saw that these recommendations had not been actioned and there was no record of any risk assessment to determine the level of risk from no actions. Systems for checking expiry dates of equipment and medications throughout the practice were not effective.

The practice had some information governance arrangements; the practice manager/nurse was the information governance lead. Staff were aware of the importance of information governance in protecting patients' personal information. However there was scope

to improve staff understanding of the practice information and processes, such as infection prevention and control, and RIDDOR to ensure that they were understood and embedded across the whole practice team.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and apologetic to patients if anything went wrong.

Staff told us they were encouraged to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the registered manager was approachable, would listen to their concerns and act appropriately. The registered manager told us they discussed concerns at staff meetings; however these were not formally recorded. Staff told us they would often make notes for their own use during meetings; however we did not see records of these.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. However minutes of meetings were not recorded.

Learning and improvement

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and X-rays. There were records of the results of these audits; however there were no records of action plans and improvements recommended from the audits. No infection prevention and control audits had been undertaken at the practice.

Staff had not received an appraisal of their performance. We were told staff could discuss learning needs, general wellbeing and aims for future professional development with the registered manager. Staff described an open door policy at the practice and confirmed the registered manager was approachable. Staff told us they would like to have appraisals.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development.

Are services well-led?

Practice seeks and acts on feedback from its patients, the public and staff

The practice used comment cards and verbal comments to obtain staff and patients' views about the service. There were comment cards and a response box in the waiting

room to allow them to do this. The practice's website and social media pages provided information for patients and invited patient comment and feedback. There was no record of any audit for patient feedback.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12- Safe care and Treatment-</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <p>Care and treatment was not provided in a safe way for service users. For example:</p> <p>The practice did not have access to an automated external defibrillator and the medical oxygen available on the premises had not been checked by staff.</p> <p>The practice's infection control procedures and protocols did not take into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices Staff had not undertaken infection control training and audits of infection control had not been completed.</p> <p>Recommendations and required actions identified as high risk in the practice's Legionella risk assessment had not been implemented.</p>
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>Regulation 17 HSCA (Regulated Activities) Regulations 2014 Good governance.</p>

Requirement notices

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

How the regulation was not being met:

There were no systems or processes that enabled 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:

There were no effective systems and processes in place to ensure good governance in accordance with the fundamental standards of care.

Essential risk assessments had not been completed to ensure that patients and staff were adequately protected. Recommendations identified from those that had been completed had not been actioned.

There was no effective system in place for receiving and responding to patient safety alerts.

Appropriate medical emergency equipment was not available.

Other items of equipment were out of date.

There was no effective process for the ongoing assessment and supervision and appraisal of all staff employed.

DBS checks had not been obtained for staff employed by the practice. References had not been obtained for staff.