Kentapol Limited

Northdown Dental Practice

Inspection report

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Overall summary

We carried out this focused unannounced inspection on 20 October 2021 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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

• Is it safe?

• Is it effective?

• Is it well-led?

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services well-led?

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

Summary of findings

Background

South Cliff Dental Group - Margate is in Margate and provides NHS and 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. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes three dentists, three dental nurses, four trainee nurses, a dental hygienist, two receptionists, a practice manager and an area manager. The practice has seven 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 Northdown Dental Practice is a member of the head office team.

During the inspection we spoke with two dentists, two dental nurses, two trainee nurses, the dental hygienist, the area manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday and Tuesday 10am to 7pm
- Wednesday, Thursday and Friday 8am to 5pm
- The provider had information governance arrangements.

Our key findings were:

- The practice appeared to be visibly clean. We saw areas that needed repair.
- The provider had infection control procedures which did not wholly reflect published guidance in relation to the storage of instruments.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had some systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider did not have staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system did not always take account of patients' needs. Appointments were often cancelled, sometimes at short notice.
- The provider did not have effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.

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

- Ensure care and treatment is provided in a safe way to patients

Summary of findings

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation/s the provider was/is not meeting are at the end of this report.

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

- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken for all products used.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**Requirements notice** ✖
Are services effective?	**No action** ✓
Are services well-led?	**Requirements notice** ✖

Are services safe?

Our findings

We found this practice was not providing safe 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.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had some 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 staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Some safeguarding referrals had been made to the local authority. However staff were unaware of their responsibility to notify the CQC.

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

The provider had an infection prevention and control policy and procedures. They followed some of the 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 and sterilising instruments in line with HTM 01-05. We saw that some instruments were stored loose in drawers. These were subject to repeated recontamination. These instruments were only processed after use. Staff were unaware of the requirement to re-process unwrapped instruments at the end of the clinical session. The loose instruments had been in the drawer for two days and not reprocessed. Following our inspection we were sent evidence of the instruments stored in clean boxes and the reprocessing added to the treatment room close down task sheet.

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 staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

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.

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

Are services safe?

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice had not identified issues in decontamination room one where part of the ceiling was missing. Following our inspection we were sent a new audit which had identified the issues we found and an action plan to remedy them.

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

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

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These did not reflect the relevant legislation. We looked at 14 staff recruitment records. Some documents were not available as required. We saw that three members of staff did not have a Disclosure and Barring Service check (DBS) available. We were sent two of the missing DBS certificates following our inspection. There was no information for any member of staff regarding their conduct in pervious employment. We saw that there were no references available for all 14 records checked. Hepatitis B vaccination status was not available for three members of staff. Another member of staff had provided a vaccination status that showed they had little cover; this was dated 2011 and no risk assessment was in place. This showed the provider had not followed their recruitment procedure. Following our inspection we were sent all of the information that had not been available.

We observed that clinical staff were qualified and registered with the General Dental Council and we saw that six members of staff professional indemnity cover had expired. Three members of staff had no information about their indemnity cover. We received up to date indemnity certificates for the three members of staff after our inspection.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas 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. We saw that one of the alarm points in one of the treatment rooms was broken. We noted that fire drills were not part of the induction process.

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

We saw some evidence the dentists justified, graded and reported on the radiographs they took. We saw radiography audits which did not contain enough information. Did not have action plans or any learning outcomes documented. The information documented did not reflect the actual image quality. This was not in line with current guidance and legislation. We received a new radiographic quality assurance audit following our inspection.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

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

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had not been undertaken and we found a sharps bin with no lid in one of the treatment rooms. This posed a risk of spillage of used needles and other sharps. We received a sharps risk assessment following our inspection.

Are services safe?

The provider did not have a sufficient system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. Hepatitis B vaccination status was not available for three members of staff. Another member of staff had provided a vaccination status that showed they had little cover; this was dated 2011 and no risk assessment was available. We received information regarding the vaccination status for the three members of staff.

Some of the staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice.

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

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

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

The provider had recorded risk assessments online to minimise the risks that can be caused from substances that are hazardous to health, however we found that five of these risk assessments were not based on the most up to date material safety data sheets. The provider told us that they would review the file, update all material safety data sheets, where necessary, risk assessing them according to guidance. We received information that this had been completed.

The practice occasionally used locum and agency staff. We observed that these staff received an induction to ensure they were familiar with the practice's procedures.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

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.

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

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

Antimicrobial prescribing audits did not show that critical examination of prescribing habits were conducted. The audit provided to us was a collection of information about the prescriptions for antibiotics. There was no report, action plan or learning outcomes. We received a completed audit for antimicrobial prescribing after our inspection.

Track record on safety, and lessons learned and improvements

Are services safe?

The provider had implemented systems for reviewing and investigating when things went wrong. There were risk assessments in relation to safety issues, we noted there was no sharps risk assessment. Staff monitored and reviewed incidents. This helped staff to understand risks which helped with risk management systems in the practice as well as safety improvements.

In the previous 12 months where there had been a safety incidents, we saw these were investigated, documented we did not see that these had been discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider did not have a system for receiving and acting on safety alerts. Following our inspection we were sent evidence to show that an account had been created to receive these alerts and a system had been created so that any alerts received would be shared with the dental team going forward.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

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

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

The dentists and clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

The dentist and dental hygienist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

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

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

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

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

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

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

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff new to the practice including locum and agency staff had an induction programme. We confirmed clinical staff completed the 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 dentists 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

Staff told us that management at all levels were visible and approachable. Staff told us they worked closely with them.

Culture

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

Staff discussed their training needs with the practice manager. They also discussed learning needs, general wellbeing and aims for future professional development. We did not see evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients.

We saw the provider had systems in place to deal with staff poor performance. Although the escalation organisation contact details were not included on the practice whistleblowing policy. We received an updated policy after our inspection with the contact details.

We did not see any reference information for staff regarding the Duty of Candour. Discussions with clinical staff demonstrated an understanding of their responsibilities in relation to the duty of candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed. Staff told us of issues that had been resolved and how they would report these.

Governance and management

The company CEO and clinical director 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.

The practice was part of a corporate group which had a support centre where teams including human resources, finance, clinical support and patient support services were based.

We saw there were processes for managing risks, issues and performance. Although this could be improved.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS Biasness Service Authority (BSA) performance info. We saw that audits were not robust and could not be used to ensure and improve performance.

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

Engagement with patients, the public, staff and external partners

Are services well-led?

The practice had an appointment system which did not always respond to patients' needs. Patients who requested an urgent appointment were not consistently offered an appointment the same day. We saw that appointments were often cancelled, and sometimes at short notice. We discussed this with staff who told us this had been because of staff shortages. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Continuous improvement and innovation

The provider did not have sufficient quality assurance processes. These included audits of dental care records, radiographs and infection prevention and control. The records of these audits were brief, there were no reports or action plans and in some instances the information recorded was incorrect or had missed issues. We could not be assured that improvements and learning would be achieved with the audits they held. We were sent new audits for dental care records, infection prevention and control and radiographic quality assurance which reflected our findings on the day of our inspection.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** Regulation 12 Safe care and treatment Care and treatment must be provided in a safe way for service users. Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular: safe sharps had not been risk assessed. No fire drills were conducted when staff new to the practice started work. There were insufficient assessments of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular: the most recent audit had missed instruments were not being stored in line with HTM 01-05 and that the ceiling in Decontamination room one had large areas missing.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 17** **Good governance**

This section is primarily information for the provider

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.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular: audits did not highlight issues such as gaps in the infection control and prevention processes and radiographic image quality.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular: three members of clinical staff did not have a disclosure and barring certificate, up to date indemnity or vaccination status for Hepatitis B. there was no information of conduct in previous employment for any of the staff employed.