Gaikwad Ltd

SG Dental and Implant Centre

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on SG Dental and Implant Centre 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 advisor.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Our findings were:

- The dental clinic appeared clean and well-maintained.
- The practice infection control procedures did not reflect published guidance.
- Staff knew how to deal with medical emergencies. Not all appropriate medicines and life-saving equipment were available as required.

Summary of findings

- The practice systems to manage risks for patients, staff, equipment and the premises were not always effective.
- Safeguarding processes were in place. Staff awareness of their roles and responsibilities for safeguarding vulnerable adults and children was not robust.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- Leadership arrangements and procedures did not always promote a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

SG Dental and Implant Centre is in Burton in Staffordshire and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 3 dentists, 1 visiting dentist, 3 dental nurses, 2 trainee dental nurses 1 dental hygienist, 1 dental therapist and 1 receptionist. The practice has 4 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 1 trainee nurse and the receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 8.30am to 5.30pm

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.

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

- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' In particular ensure all staff receive training in and apply recommended decontamination practices.

Summary of findings

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

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 regulations.

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

We found there was scope for improvement with practice safeguarding processes and procedures. We noted that all staff had received training to a level appropriate to their role but found that not all staff were able to demonstrate an awareness of their responsibilities in identifying and raising safeguarding concerns. Following our inspection, the provider submitted evidence that staff had undertaken further training to address this issue.

The practice infection prevention and control procedures did not reflect published guidance. Staff were not able to demonstrate approved technique for decontamination of dental instruments in line with guidance in HTM01-05. Items were not kept moist prior to cleaning,. evidence to assure that brushes and gloves were changed regularly was not provided and we found that records of water temperature, for manual cleaning. were not kept. Hand hygiene procedures were not followed.

We identified numerous items marked by the manufacturer as single use only that had been through the decontamination process and were prepared and ready for use in treatment rooms. These included implant healing caps and abutments and scanner covers. We noted a number of pouched instruments that had been through the decontamination process did not have the date of expiry recorded or this date was not clearly identified. Following our inspection, the provider submitted evidence that staff had undertaken further training and updated systems were implemented to address this issue.

Monitoring and recording of the practices procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, was not effective or in line with the practice own risk assessment. Staff informed us that flushing of dental unit water lines (DUWL) was carried out twice daily. We did not see any record that this was completed. Following our inspection, the provider submitted evidence that action was taken to address this issue.

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 was a schedule in place to ensure it was kept clean. We noted that guidance on tasks required for opening and closing treatment rooms was not clear or effective. Staff gave us conflicting reports of what, how and when required checks should be completed. Following our inspection, the provider submitted evidence that staff had undertaken further training and new systems were implemented at the service to address this issue.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

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

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

A fire safety risk assessment was carried out in line with the legal requirements. We identified scope for improvement with fire safety management. Evidence of required servicing for the alarm system and emergency lighting was not available during or following our inspection. Staff were not aware of recommendations in the fire risk assessment including specific means of escape from the first floor of the building. Following our inspection, the provider submitted evidence that required servicing and repairs were carried out.

Are services safe?

The practice had arrangements to ensure the safety of the X-ray equipment. We found there was scope for improvement in ensuring the required radiation protection information was available. At the time of our inspection the provider had not registered all rdiogrpahy equipment with Health and Safety Executive for the use of practices involving ionising radiation. Following our inspection, the provider submitted evidence that these issues were addressed. We noted that radiography audits were not completed in recommended timescales.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working. We identified scope for improvement in the detail and guidance included in risk assessments and noted that specific assessments for staff were not carried out when required.

We found that although weekly checks were carried out and signed to confirm all required items were present, emergency equipment and medicines were not always available in accordance with national guidance.. Following our inspection, the provider submitted evidence that staff had undertaken further training, new recording systems were introduced, and the missing items were now available.

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

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment.

Patient care records were kept securely and complied with General Data Protection Regulation requirements. We found that not all clinicians kept records that were complete and legible.

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

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. We found these were not always applied as the temperature of the medicine's fridge was not checked or recorded daily. Antimicrobial prescribing audits were carried out for 2 of 4 clinicians, although we noted these did not always include actions plans or contain detail to help the service monitor its effectiveness and make improvements if required. Following our inspection, the provider submitted evidence that new fridge temperature recording systems were introduced.

Track record on safety, and lessons learned and improvements.

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on 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.

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

Helping patients to live healthier lives.

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

Consent to care and treatment

Evidence that staff obtained patients' consent to care and treatment was not always recorded in line with legislation and guidance. Staff had completed training on the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. The provider submitted assurances that recording of these conversations and decisions would be accurately recorded following our inspection.

Monitoring care and treatment

We found that not all clinicians kept detailed patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We found that the majority of dentists justified, graded and reported on the radiographs they took.

Effective staffing

Staff had access to training to help them attain the skills, knowledge and experience required to carry out their roles. We found scope for improvement in the application of this training, specifically around decontamination processes and safeguarding procedures.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

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

The practice was a referral clinic for dental implants, and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

Are services caring?

Our findings

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

Kindness, respect and compassion

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

We reviewed online and practice feedback from patients all of which indicated a very high level of satisfaction with the service and treatment provided.

We observed positive interactions between staff and patients, both in person and on the telephone. Staff told us of times they had offered support to patients who were nervous and struggled to attend appointments.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. Although the reception area was open plan, facility was available for private conversations to be held in separate rooms.

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

Involving people in decisions about care and treatment

Staff told us how they helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment. We noted there was scope for improvement in how these conversations were recorded in clinical records.

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

The dentists explained the methods they used to help patients understand their treatment options. These included for example photographs, study models, videos, X-ray images and an intra-oral camera.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including, level access, accessible toilet, hearing loop and magnifier at reception along with access to translation services for patients with access requirements.

Staff had carried out a disability access audit. We noted that the findings of the audit did not fully reflect procedures at the practice. For example, the emergency pull cord was tied up making it inaccessible if required, stairs were in need of repair and the risers, along with the sloped floor were not marked in a way to identify the hazard to people with a visual impairment.

Timely access to services

The practice displayed its opening hours and provided information on their website and the front door.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Staff took part in an emergency on-call arrangement with practices in the local area and patients were directed to the appropriate out of hours service.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service. We found that staff were not able to evidence an understanding of, and their role in, the duty of candour.

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

There was established leadership and the provider expressed a commitment to peoples' safety and continually striving to improve. We found that systems and processes did not always support this commitment.

There was scope for improvement to ensure that systems and processes were embedded amongst staff. We noted that prompt action was taken to address issues and omissions we identified during our inspection.

The information and evidence presented during the inspection process was not always clear and well documented.

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

Culture

There was an established staff team.

Staff discussed their training needs during annual appraisals and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Systems of accountability to support good governance and management were not robust or effective. Responsibility for completing governance checks was not shared equitably amongst the staff and leadership team. Accurate and effective completion of required monitoring records was not monitored by leaders. Guidance that would enable all staff to complete required checks and activities in event of staff absence was not available. We saw that when staff responsible for completing specific checks, including fire alarm testing, were absent from the practice, these checks were not completed.

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.

The processes for managing risks, issues and performance was not always clear and effective. We saw that risks associated with fire safety were not always managed effectively.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

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

Feedback from staff was obtained through meetings, surveys, and informal discussions.

Are services well-led?

Continuous improvement and innovation

The practice systems and processes for learning, quality assurance and continuous improvement were not always effective. Disability access and infection prevention and control audits did not reflect our observations of the service. Radiography audits were completed annually rather than every 6 months and sample sizes used did not reflect current guidance. Audits of patient care records and antimicrobial prescribing were completed for 2 of 4 clinicians. We did not see evidence that action plans or learning points were developed from these audits

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 17 HSCA (RA) Regulations 2014 Good governance **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 17 Good governance** 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 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: • Systems to ensure required monitoring checks for fire safety, legionella, decontamination, radiography equipment and availability of medical emergency equipment were not robust or effective. Guidance was not provided to ensure these checks could be completed by all staff. • Audits of radiography were not completed for all clinicians and not within recommended timescales. Audits did not contain action plans or learning points for improvement. • Audits of clinical records were not completed for all clinicians and failed to identify when standards were falling short.

This section is primarily information for the provider

Requirement notices

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- Patient Dental Care records were not contemporaneous and in line with guidance.

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.

- Guidance in fire, legionella and sharps risk assessments were not followed.