

Nottingham Oral Health Centre

# Nottingham Oral Health Centre

## Inspection report

493 Hucknall Road  
Sherwood  
Nottingham  
NG5 1FW  
Tel: 01159626088  
[www.nohc.co.uk](http://www.nohc.co.uk)

Date of inspection visit: 8 August 2023  
Date of publication: 06/09/2023

### Overall summary

We carried out this announced comprehensive inspection on 8 August 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 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:

- Improvements should be made to the cleaning schedules and practices.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Not all the appropriate medicines and life-saving equipment were available or in date.

# Summary of findings

- Improvements should be made to the systems for managing risks to patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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.
- Improvements should be made to the systems for continuous improvement. Particularly, the schedules of audits.
- 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

Nottingham Oral Health Centre is in Nottingham and provides NHS and private dental care and treatment for adults and children.

There is a removable ramp to allow 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 at the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 3 dentists, 4 trainee dental nurses, 1 dental hygiene therapist and 1 receptionist. The practice has 2 treatment rooms, 1 of which is on the ground floor.

During the inspection we spoke with 3 dentists, 1 receptionist and 1 trainee dental nurse. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday to Friday: from 9am to 5:30pm, Saturday: by appointment only.

We identified regulations the provider was/is 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:

- Improve the systems for environmental cleaning, including monitoring and recording to allow systems to be audited. Follow guidance issued by the National Patient Safety Agency in respect of using colour coded cleaning equipment.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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

# 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)**

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.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

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

We saw that there were no cleaning schedules in place to direct staff in what needed to be cleaned and when. The absence of schedules also made it difficult to check or audit the quality of the cleaning being completed at the practice. We noted the practice was not using system for colour coding cleaning equipment as identified for example by the National Patient Safety Agency.

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. We saw the annual gas safety check was overdue, with the last one completed in September 2021. However, following the inspection we were sent evidence this had been booked to be completed on 11 August 2023.

A fire safety risk assessment had not been carried out in line with the legal requirements. The practice had identified this and had made arrangements for an external company to complete a fire risk assessment. All other areas of fire management were effective.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT). However, we noted radiography audits were not being completed in line with current guidance from the College of General Dentistry.

### **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.

Emergency equipment and medicines were available. We noted these were being checked monthly which was not in line with national guidance. The needles for the adrenalin were out of date (2008) and we saw the needles, syringes, and adrenalin were not kept together, which could slow down any emergency response. All sizes of clear face masks (sizes 0, 1, 2, 3 and 4) were missing, and there was no spacer for the salbutamol. The practice did not have a child size self-inflating bag with reservoir. The Glucagon (a medicine used to treat a diabetic emergency) was not stored in the refrigerator, and

# Are services safe?

the use by date had not been adjusted accordingly. Checks of the equipment had failed to identify the items that were missing or out of date. Assurances were given that the missing and out of date items would be purchased or replaced. At the time of the inspection the practice did not have an automated external defibrillator. However, we saw evidence that one had been ordered.

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 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**

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not carried out. Guidance from the College of General Dentistry identifies these audits should be completed regularly.

## **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. However, none of the equipment used in the provision of dental implants was at the practice during the inspection. We were, therefore, unable to make a judgement about its use or condition.

### **Helping patients to live healthier lives**

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

### **Consent to care and treatment**

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under 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.

### **Monitoring care and treatment**

The practice 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 saw no evidence to show the dentists justified, graded and reported on the radiographs they took. The practice was not carrying out radiography audits on a 6-monthly basis as identified in current guidance.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

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.

# 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.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

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 helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's information leaflets 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 study models and X-ray images.

# 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 the use of a removable ramp to access the practice, and a ground floor treatment room for patients with access requirements. Staff had not carried out a disability access audit or formulated an action plan to continually improve access for patients.

### **Timely access to services**

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

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 information leaflet provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

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.



# 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**

The practice did not demonstrate a transparent and open culture in relation to people's safety. In particular, systems to monitor and ensure patient safety were not working effectively. These included:

- Missing and out of date equipment and medicines in the medical emergency kit. Systems to monitor those medicines and equipment had failed to identify the issues.
- The annual gas safety check was a year overdue.
- A fire risk assessment had not been completed.
- Radiography and disability access audits had not been completed in line with current guidance.

We saw the practice had ineffective processes to support and develop staff with additional roles and responsibilities. For example, the guidance from the Resuscitation Council UK was not being followed when checking the emergency medicines and equipment.

### **Culture**

Staff stated they felt supported and valued.

Staff discussed their training and 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**

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.

### **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.

### **Continuous improvement and innovation**

The practice had not undertaken audits of disability access and radiographs in accordance with current guidance and legislation. The practice had completed an audit of infection prevention and control.

## 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>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"><li>• Systems to monitor emergency medicines and equipment were ineffective as they had failed to identify missing and out of date items. National guidance from the Resuscitation Council UK was not being followed.</li><li>• Systems to monitor the gas safety had failed to identify the annual gas safety check had not been completed since September 2021.</li><li>• A fire risk assessment had not been completed as required by Regulation.</li><li>• Systems to provide good governance were ineffective as audits of radiography and disability access had not been completed in line with current guidance and legislation.</li></ul>