Arggen 1 Limited

Dentcare1 Lincoln

Inspection report

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Overall summary

We carried out this announced focused inspection on 10 February 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

• 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:

- The dental clinic did not appear clean and routine required maintenance was not always carried out.
- The practice had infection control procedures which reflected published guidance. These were not always followed or implemented consistently.
- Staff knew how to deal with medical emergencies. Appropriate life-saving equipment was not always available.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice staff recruitment procedures did not reflect current legislation. Appropriate pre employment checks were not always carried out.
- 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.

Summary of findings

- The provider did not demonstrate effective leadership or promote a culture of continuous improvement.
- Staff and patients were asked for feedback about the services provided. We did not see evidence this feedback was acted on.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements. We found these were not always effective.

Background

The provider has three practices and this report is about Dentcare1 Lincoln.

Dentcare1 Lincoln is in Lincoln and provides private general 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 at the rear of the practice. The practice has made adjustments to support patients with additional needs including the use of a hearing induction loop and access to interpretation services.

The dental team includes two dentists and three dental nurses who also carried out reception duties. The practice has three treatment rooms.

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

The practice is open:

Monday to Friday from 9am to 5pm

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

- Ensure care and treatment is provided in a safe way to 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 is not meeting are at the end of this report.

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

- Implement an effective system for identifying, disposing and replenishing of out-of-date stock.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**Enforcement action** 
Are services effective?	**No action** 
Are services well-led?	**Enforcement action** 

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 Enforcement Actions 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)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice did not have effective infection control procedures which reflected current published guidance.

The decontamination of instruments was not carried out in accordance with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) guidance. We noted multiple instruments that had been through the decontamination and cleaning process remained visibly soiled and tarnished, including burrs, handpieces and forceps.

Evidence was not provided to confirm that staff had completed training in infection prevention and control as recommended.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. We noted that actions identified in the risk assessment as high risk and requiring immediate action, had not been addressed by the provider.

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

Systems were not in place to ensure the practice was kept clean. We observed the practice was not visibly clean.

Recruitment checks had not been carried out, in accordance with relevant legislation to help them employ suitable staff, including agency and locum staff. We noted that references and recent Disclosure and Barring Service (DBS) checks, were not available for two of the five staff employed.

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

The practice did not ensure equipment was safe to use and maintained and serviced according to manufacturers' instructions. Evidence of servicing for X-ray machines was recorded in written records. However certificates to confirm the servicing had been carried out by a competent person were not available. The provider informed us these would be submitted following our inspection. No evidence was received.

The practice did not ensure the facilities were maintained in accordance with regulations. A five-yearly electrical fixed wire testing safety certificate had never been obtained by the provider. The gas boiler had never been serviced by a trained and competent person.

Evidence to confirm the X-ray developer machine had been serviced and maintained according to manufacturer's requirements was not seen during or provided following inspection.

The practice did not have an adequate stock control system of materials which were held on site.

We identified a number of dental materials that had exceeded the recommended use by date. Including, root canal sealer and dressing pastes which both had a use by date of 2020. Boxes of paper points, used in root canal treatments, were dated as for use by 2011, 2012 and 2014. Staff told us this may be due to the boxes being reused by other staff members. This would not ensure the materials remained sterile prior to use.

Are services safe?

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 was not available and checked in accordance with national guidance. In particular, blue needles and one millilitre syringes for administering adrenaline.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training with airway management for staff providing treatment to patients under sedation was also completed.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were 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

We saw that the issuing of private prescription sheets was not monitored by by the provider.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating when things went wrong. 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.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, sedation equipment checks, and staff availability and training.

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.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

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 in line with recognised guidance.

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

Evidence was not available to demonstrate the dentists justified or reported on the quality of radiographs they took.

Audits of radiography showed scope for improvement. Records we reviewed indicated the information used was based on reporting in care records rather than the quality of specific radiographs.

Effective staffing

Staff had the skills knowledge and experience to carry out their roles. With the exception of infection prevention and control training, evidence was provided to confirm staff completed recommended training.

The practice did not carry out a structured induction for newly appointed staff.

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 Enforcement Actions 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 provider did not demonstrate a culture of providing patient care in a safe manner. In particular, regular maintenance of premises and equipment were not carried out.

There was a lack of leadership and oversight at the practice. In particular the provider was not a visible presence at the practice and did not provide support and oversight to the staff at the practice.

The inspection highlighted some issues and omissions. For example, lack of pre employment recruitment checks, lack of evidence of training for staff, lack of evidence of servicing and maintenance of premises and equipment and lack of oversight of decontamination and cleaning processes.

The information and evidence presented during the inspection process was disorganised and poorly documented. For example, records confirming staff had received recommended training in Infection prevention and control, Mental Capacity Act and Fire safety along with certificates of servicing for X-ray machines were not available at the time of or provided following the inspection.

Culture

The practice did not demonstrate a culture of high-quality sustainable care.

The practice did not have systems in place to adequately support staff.

Staff discussed their training needs during annual appraisals.

Governance and management

The practice did not have effective governance and management arrangements. In particular, we noted that one staff member had responsibility for the majority of governance and oversight at the practice with little support from the provider or leadership team. Autonomy for addressing issues identified at the practice was not given to the staff member and not followed up by the provider.

The governance system included policies, protocols and procedures however we were not assured these were accessible to all members of staff.

Processes for managing risks, issues and performance were not always effective or implemented consistently.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had information governance arrangements. Staff did not always demonstrate an awareness of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service. We did not find evidence that these suggestions were acted on.

Continuous improvement and innovation

Are services well-led?

Systems and processes for learning, continuous improvement and innovation were not effective or consistently applied.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, and infection prevention and control.

Audits of , record keeping or hand hygiene were not carried out. Audits of infection prevention and control, disability access and patient feedback were not always completed at appropriate timescales.We did not see records of any resulting action plans or improvements made as a result of completed audits.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

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 Care and treatment must be provided in a safe way for service users. • The provider did not have systems in place to ensure effective cleaning, decontamination and storage of dental instruments in line with Department of Health guidance, HTM 01-05. In particular, we identified multiple dental instruments, that had been through the decontamination process and were prepared and ready for use in treatment rooms, were visibly stained, soiled and tarnished. • Actions identified in the legionella risk assessment as high risk and requiring immediate action, had not been addressed by the provider. **Regulation 12(1)**

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 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. 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:

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Enforcement actions

- There were limited systems for monitoring and improving quality. For example, completed audit activity was not analysed with supporting action plans and did not result in improvement to the service.

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. In particular:

- The provider had not ensured that the intra-oral X-ray machines or the X-ray developer machine had been serviced in accordance with manufacturers guidance.
- The provider had not ensured that the electrical fixed wiring had been tested.
- The provider had not ensured that the gas boiler has been serviced.
- Staff did not all follow the practice policy and processes when cleaning the dental instruments.
- Staff recruitment processes were not in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. References were not obtained for any staff and we did not see evidence they were requested. Applicants employment history was not recorded.
- Emergency equipment was not available and checked in accordance with national guidance. In particular, blue needles and one millilitre syringes for administering adrenaline.

There were no systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- Evidence was not available to demonstrate the dentists justified, graded and reported on the radiographs they took.

Regulation 17 (1) (2)

This section is primarily information for the provider

Enforcement actions