

Arggen 1 Limited

Dentcare1 Boston

Inspection report

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Overall summary

We undertook a focused inspection of Dentcare 1 Boston on 16 November 2022. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We had previously undertaken a focused follow up inspection of Dentcare 1 Boston on 9 December 2021 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe or well-led care and was in breach of Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Dentcare 1 Boston dental practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

When one or more of the five questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

Are services safe?

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

The provider had made some improvements to put right the shortfalls and had responded to the regulatory breaches we found at our inspection on 9 December 2021, but further improvements were required.

Summary of findings

Are services well-led?

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

The provider had made some improvements to put right the shortfalls and had responded to the regulatory breaches we found at our inspection on 9 December 2021, but further improvements were required.

Background

Dentcare 1 Boston is in the Lincolnshire market town of Boston and provides private dental care and treatment for adults and children.

There is level access to the rear of 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 2 dentists and 2 dental nurses. The practice has 2 treatment rooms. At the time of our inspection only 1 treatment room was in use.

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 Dentcare 1 Boston is the provider.

During the inspection we spoke with the registered manager and 2 dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday, Tuesday, Thursday and Friday from 9am to 5pm.

Our key findings were:

The provider had taken action to address some of the risk identified. Specifically;

- Procedures to ensure waste was segregated and disposed of in compliance with the relevant regulations and taking into account the guidance issued in the Health Technical Memorandum 07-01 were now in place.
- Patient care records, including personal information, treatment plans and X-rays, were now stored securely.

We identified regulations the provider was not meeting. 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 was not meeting are at the end of this report.

Summary of findings

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

- Take action to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service. The provider should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular, ensure the ultra-sonic cleaner is maintained in accordance with manufacturers guidance and operating effectively.

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 well-led?

Enforcement action



Are services safe?

Our findings

We found that this practice was not providing safe care and not complying 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).

At our previous inspection on 9 December 2021 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice.

At the inspection on 16 November 2022 we found the practice had made the following improvements to comply with the regulation:

- The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.
- Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

We identified the following ongoing concerns;

- The provider did not have infection control procedures which reflected 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 identified multiple dental instruments that had been through the decontamination process and were prepared and ready for use that were clearly stained and contaminated with organic matter. This issue was identified at the previous 3 inspections of this service.
- Records were not available to demonstrate that the equipment used by staff for cleaning and sterilising dirty instruments was validated, maintained and used in line with the manufacturers' guidance. Regular checks to confirm the effectiveness of decontamination equipment, specifically the ultra-sonic cleaner, identified faults. No action had been taken to report or rectify this issue.
- Evidence to confirm that electrical plug sockets were safe to use was not provided. A socket in the decontamination room were marked with a sticker stating it was unsafe to use. We observed this was still in use.
- The provider did not have adequate procedures to reduce the possibility of legionella or other bacteria developing in water systems. Monthly checks of hot water temperature, completed since December 2021, indicated that water had never reached the required temperature to effectively manage legionella risk. No action had been taken to report or rectify this issue.

These on-going concerns show the practice had taken insufficient action to comply with regulations, when we inspected on 16 November 2022.

Are services well-led?

Our findings

We found that this practice was not providing well-led care and was not complying 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).

At our previous inspection on 9 December 2021 we judged the practice was not providing well-led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice.

At the inspection on 16 November 2022 we found the practice had not made improvements to comply with the regulations.

We identified the following ongoing concerns;

- There was a lack of leadership and oversight at the practice. In particular checks that regular monitoring activity to mitigate risk were completed had not been carried out. Failings in monitoring of legionella risk, decontamination of instruments and maintenance of equipment were not identified prior to our inspection.
- Systems and processes for governance were not embedded among staff.
- The practice did not demonstrate a culture of high-quality sustainable care. In particular, the issues identified during this inspection were identified at the previous three inspections of the practice with no evidence of sustained improvement.
- There was no evidence the provider involved patients, the public, staff and external partners to support the service.
- The provider did not have appropriate quality assurance processes to encourage learning and continuous improvement. Audits of radiographs had not been carried out in accordance with current guidance and legislation. One of the 2 clinicians had begun gathering information for audits of radiographs and clinical records but this was not completed or analysed. There was no evidence staff developed action plans and improvements from the information in these audits.

These ongoing concerns showed the provider had taken insufficient action to comply with regulations, when we inspected on 16 November 2022.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• 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. Instruments were visibly soiled and sterile storage pouches were ripped.• Legionella checks of water temperature were not carried out accurately or in line with Department of Health guidance, HTM 01-05. <p>Regulation 12(1) (2)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person maintained securely such records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular:</p> <ul style="list-style-type: none">• Governance and oversight was not effective. Evidence of continued and embedded oversight of the service was not seen. <p>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:</p>

This section is primarily information for the provider

Enforcement actions

- Audits of radiography and infection prevention and control were not carried out or analysed and action plans were not developed in line with guidance.