

Dumbledore Dental Care Limited

South Cliff Dental Group - Dover

Inspection report

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Overall summary

We carried out this unannounced comprehensive inspection on 16 November 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 ask the following five 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 to be visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.

Summary of findings

- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available. Although annual training had lapsed.
- The practice did not have sufficient systems to help them manage risk to patients and staff. In particular fire safety.
- 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.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff did not feel wholly involved and supported and work as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently in the practice. However, complaints that went to the company head office were not always acknowledged or dealt with in a timely manner.
- The dental clinic had information governance arrangements.

Background

The provider has 27 practices and this report is about South Cliff Dental Group - Dover

South Cliff Dental Group - Dover is in Dover 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 2 dentists, 5 trainee dental nurses, 2 dental hygienists, a dental therapist, 3 receptionists and a practice manager. The practice has 4 treatment rooms.

During the inspection we spoke with a dentist, 2 trainee dental nurses, 2 receptionists 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 to Friday 8.30am to 5pm. The practice is closed for lunch between 1pm and 2pm

Saturday 9am to 5pm.

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

- Care and treatment must be provided in a safe way for service users.
- All equipment used by the service provider must be properly maintained.
- 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.

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






Summary of findings

- 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 always ask the following five questions of services.

Are services safe?	Requirements notice 
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 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.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service.

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 introduced additional procedures in relation to COVID-19 in accordance with 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.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

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. Improvements were required regarding fire safety. We noted that checks were not conducted to ensure the fire alarm and emergency lighting were working and the fire extinguishers had expired in 2013. We referred these concerns to the local fire service who conducted their own inspection.

We saw that the compressor had not been serviced annually in line with the manufacturer's instructions.

No portable appliance testing had been conducted.

We saw rips and tears in chairs used in two of the treatment rooms. We were shown a repairs tracker where these had been identified for repair or replacement. The practice was awaiting approval from head office.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. However, we noted the local rules in treatment room 1 needed updating. Staff assured us this was being completed.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Risks associated with fire safety were not appropriately managed. No fire drills had been conducted.

Emergency equipment and medicines were available and checked in accordance with national guidance.

Are services safe?

We were not assured staff knew how to respond to a medical emergency and not all had completed training in emergency resuscitation and basic life support every year. We saw most members of staff had completed some online training for medical emergencies. Annual hands-on training as a team had not been completed. Three members of the clinical team did not have any training for medical emergencies on record.

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

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

The practice had some systems for appropriate and safe handling of medicines contained in the medical emergency kit. Antimicrobial prescribing audits were not carried out.

The practice was not following the appropriate and safe handling of prescription only medicines regarding local anaesthetic cartridges; by removing them prematurely from their sealed and sterile blister packs. This presents the possibility of contamination and a risk of administration of a contaminate.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating when things went wrong but notification to us had not been completed for two incidents involving the police. Notification of these incidents is required under The Care Quality Commission (Registration Regulations 2009. Regulation 18 Notification of other incidents.

The practice did not have a system for receiving and acting on safety alerts from the Medicines and Healthcare Regulatory Agency (MHRA)

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 some systems to keep dental professionals up to date with current evidence-based practice. However, we noted that some training for three members of the clinical team had lapsed for medical emergencies.

Helping patients to live healthier lives

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

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

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.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly; these were incomplete and required improvements. We noted that the audits we reviewed did not have an action plan or date for re-audit.

Effective staffing

Newly appointed staff had a structured induction and clinical staff completed most of 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 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.

On the day of inspection, we spoke with 3 patients. 2 patients we spoke to told us they had positive experiences. 1 patient had mentioned they had difficulty booking both routine and emergency appointments and often appointments had been cancelled at short notice.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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.

Staff gave patients clear information to help them make informed choices about their treatment.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, study models, diagrams 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

Improvements were needed to the way the practice organised and delivered services to ensure it met the patients' needs. This was due to staff shortages. We were assured that recruitment for both clinical and non-clinical staff was ongoing. There is currently a national shortage of clinical staff for dentistry.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit but had not formulated an action plan to continually improve access for patients. Some of the entries in the disability access audit had not considered all the reasonable adjustments to allow for access. The audit mentions level access to the practice from the disabled parking bays. This is not the case as there is not dropped curb. The audit also stated there was no need for an entry bell as the door was always ajar. This was not correct. The practice did not have a hearing loop and no reasonable adjustment for this had been considered or documented. The audit also stated there was a policy for helping disabled people from the building. Staff were not aware this policy existed.

Timely access to services

Access to appointments had been impacted by staff shortages and this had caused an increased delay in patients receiving care.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff 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 information and evidence presented during the inspection process was not always clear and accessible. Some staff present on the day of the inspection had been recently recruited. Prior to their employment we were told that there had been little oversight of the practice by the provider.

The company had recruited a dental nurse trainer to ensure that trainee dental nurses received appropriate training and supervision.

Systems and processes were in the process of being implemented, and staff worked together.

Culture

The practice staff were working towards making improvements to provide sustainable services.

Staff discussed their training needs during annual appraisals. The practice had arrangements to ensure staff most training was up to date, however we noted that some training for medical emergencies had lapsed for three members of staff.

Governance and management

The practice had a system of clinical governance in place which included policies, protocols and procedures which required improvement. These were not always accessible or reviewed within appropriate timescales. We saw that all the policies available had last been reviewed on 25 October 2021.

We saw there were not always clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information.

The practice 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.

We did not see evidence that feedback was obtained from patients. The practice did not have systems in place to gain staff views and issues for improvements; we did not see evidence that showed the practice listened to staff if they raised concerns.

Continuous improvement and innovation

The practice had recently implemented quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control. We noted that improvements in these areas were required. We saw the records of the results of these audits and noted there was no resulting action plan for the radiography audit or consideration for reasonable adjustments in the disability access audit.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 12 Safe care and treatment.</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met.</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Fire safety processes were not completed.• The fire alarm was not tested weekly on a regular basis.• The fire alarm had not been serviced on a six-monthly basis as required.• Emergency lighting had not been checked monthly.• The emergency lighting had not been serviced annually as required.• Fire drills had not been conducted.• The available fire extinguishers had expired in 2013. <p>The equipment being used to care for and treat service users was not safe for use. In particular:</p> <ul style="list-style-type: none">• The compressor had not been serviced annually as per the manufacturer's instructions since its installation on the 9 December 2020• No portable appliance testing had been conducted. <p>There was no proper and safe management of medicines. In particular:</p>

This section is primarily information for the provider

Requirement notices

- Local anaesthetic cartridges were prematurely removed from their sterile blister packs and stored loose. This provides a risk of contamination of the diaphragm and is not in line with the storage of prescription only medicines.

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

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:

- notification to us had not been completed for two incidents involving the police. Notification of these incidents is required under The Care Quality Commission (Registration Regulations 2009. Regulation 18 Notification of other incidents.
- Audits for radiographic quality, dental care records and disability access were incomplete. There were no action plans or dates for re-audit. The disability access audit had failed to identify many issues and no reasonable adjustments had been considered to rectify and improve access.
- Three members of staff had not completed the medical emergency training.

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 maintained securely such records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular:

- Policies, protocols and procedures were all dated 25 October 2021 and no annual reviews had taken place.
- No MHRA alerts were being received