

Oradent Kent Limited

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Inspection report

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Date of inspection visit: 16 August 2022
Date of publication: 03/10/2022

Overall summary

We carried out this unannounced focused inspection on 09 August 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 had areas that were not visibly clean or well-maintained. This was rectified following our inspection.
- The practice had infection control procedures which did not reflect published guidance.
- We were not assured all staff knew how to deal with medical emergencies as training had lapsed. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- Safeguarding processes were not in place and we were not assured that all staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which did not reflect current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- 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.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

The provider has seven practices and this report is about Oradent Kent.

Oradent Kent is in Ashford 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 13 dentists, five registered dental nurses, five trainee dental nurses, a practice manager, a treatment co-ordinator, an operations manager and four receptionists. The practice has seven treatment rooms.

During the inspection we spoke with two dentists, two registered dental nurses, the treatment co-ordinator, the operations manager, a receptionist 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 9am to 5pm for NHS patients

Monday and Tuesday 8.30am to 9am and 5pm to 7pm for private patients

Wednesday and Thursday 8.30am to 9pm and 5pm to 6pm for private patients

Friday 8.30am to 9am for private patients.

Saturday 9am to 1pm for private patients.

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

- Care and treatment must be provided in a safe way for service users
- 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 service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.
- The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.

Full details of the regulation/s the provider was/is not meeting are at the end of this report.

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 asked the following question(s).

Are services safe?	Requirements notice	✗
Are services effective?	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.

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

The practice did not have safeguarding processes and staff were unaware of their responsibilities for safeguarding vulnerable adults and children.

The practice did not have information available to staff in relation to safeguarding vulnerable adults and children.

Staff had not undertaken appropriate training in safeguarding vulnerable adults and children. However, we were sent training certificates for all staff following our inspection.

The practice had infection control procedures which did not reflect 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 witnessed staff carrying instruments to and from the decontamination room on open trays which poses a risk of injury. Heavy duty puncture resistant gloves were heavily damaged and offered no protection during the manual scrubbing of instruments. We were sent evidence of sufficient improvements following our inspection.

We witnessed staff completing decontamination duties without wearing the correct personal protective equipment required. Evidence was sent to us following our inspection that this had been addressed.

The enzymatic detergent was not temperature monitored as required to ensure efficacy. Staff told us they had a thermometer, but this could not be found. We were sent evidence following our inspection to show this had been addressed.

Staff had not completed training in infection prevention and control as recommended. We were sent updated training certificates following our inspection.

Some records were not available to demonstrate that the equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The required daily and weekly checks were not completed every day the practice was open. We were sent updated records to show that this had been addressed following our inspection.

The practice did not have adequate procedures to reduce the risk of Legionella or other bacteria developing in water systems

A risk assessment had not been undertaken in respect of Legionella contamination.

We saw that the dental unit waterlines were adequately maintained. However, records were not available to demonstrate that water testing of the hot and cold water were carried out.

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. Many areas of the practice, including treatment rooms, the decontamination room and the general environment were visibly dirty. We asked to see the cleaning schedules for the treatment rooms, decontamination rooms and the general environment but these were not available. We were sent evidence following our inspection that all areas had been deep cleaned.

Are services safe?

The practice did not have a recruitment policy and procedure in accordance with relevant Legislation.

Recruitment checks had not been carried out, in accordance with relevant legislation to help them employ suitable staff. A large proportion of the required documentation under Schedule three of the Health and Social Care was not available.

Clinical staff were qualified, registered with the General Dental Council and some had documented professional indemnity cover. However, four members of the clinical team did not have any indemnity information available and two had expired.

The practice did not regularly ensure equipment was safe to use and maintained and serviced according to manufacturers' instructions. There was no servicing information for the three autoclaves available.

The practice did not ensure the facilities were maintained in accordance with regulations.

We saw that the practice fire alarm system was not regularly tested, no fire drills had been conducted and staff had not completed fire safety training. The practice was cluttered and untidy in a number of areas. The practice did not have an up to date employer's liability insurance document on display. We were sent evidence of completed fire drills and tests of the equipment following our inspection.

We asked to see the practice 5-year electrical safety certificate. This could not be provided.

The practice did not have arrangements to ensure the safety of the X-ray equipment. The required radiation protection information was unavailable. Including: Cone-beam computed tomography (CBCT).

The required radiation protection information was not available. For example, Local Rules/ Radiation Protection File.

The X-ray equipment had not been serviced and maintained according to manufacturer's requirements.

Risks to patients

The practice had not implemented systems to assess, monitor and manage risks to patient and staff safety. In particular relating to sharps safety and sepsis awareness and use of the dental dam.

The practice had not carried out a practice risk assessment to help them manage risks to staff and patients.

The practice had not conducted a lone worker risk assessment for when staff were alone in the practice.

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

Not all staff knew how to respond to a medical emergency and training in emergency resuscitation and basic life support every year had not been completed.

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

Are services safe?

The practice had some systems for appropriate and safe handling of medicines. Such as antibiotics for dispensing. However, we observed that local anaesthetic cartridges were prematurely removed from their protective blister packs and stored unwrapped in drawers that were not sufficiently clean. This poses a risk of contamination. Medicines that are provided in protective wrapping must not be removed until the point of use to ensure a level of sterility is maintained. We were sent evidence following our inspection to show that this had been addressed.

Antimicrobial prescribing audits were not carried out.

Track record on safety, and lessons learned and improvements

The practice had not implemented systems for reviewing and investigating when things went wrong. In particular, the reporting procedure had not been implemented. Equipment had failed, and because the reporting procedure was not fully implemented this had delayed contacting an engineer to come and assess and repair the equipment. There had been staff shortages and an accident had occurred, but no incident reports had been completed.

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. However, we noted that a lot of mandatory and recommended training had not been completed and there was no oversight by the practice to ensure that training was completed at the correct intervals.

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

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Some staff did not understand their responsibilities under the Mental Capacity Act 2005 (MCA).

Records were not available to demonstrate staff undertook training in patient consent and mental capacity.

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.

We saw evidence the dentists justified, graded and reported on the radiographs they took within the patients dental care record.

The practice had not carried out radiography audits six-monthly following current guidance and legislation.

Effective staffing

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

Evidence was not available to demonstrate staff had the skills, knowledge and experience to carry out their roles. In particular, regarding infection control which was not conducted in line with current guidance. We were sent training certificates for all clinical staff for infection control following our inspection.

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

The practice did not have systems in place to ensure clinical staff had completed CPD (continuing professional development) as required for their registration with the General Dental Council. In particular, staff had not completed training for; basic life support within the last 12 months, safeguarding of children and vulnerable adults to the correct level, infection control, sepsis, fire safety or the Mental Capacity Act. We were sent certificates following our inspection for infection control and safeguarding.

Co-ordinating care and treatment

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

Are services effective?

(for example, treatment is effective)

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 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, the risk assessment for fire safety had not identified there was no emergency lighting provision. No fire drills had been conducted and staff were not trained in fire safety. We were sent evidence of completed fire drills, fire safety training and testing of the fire equipment following our inspection.

There was a lack of leadership and oversight at the practice. In particular, recruitment was not conducted safely and in accordance with current legislation. Infection control practices were not overseen; although an audit had been conducted for infection control it had not identified the issues found during the inspection, and infection control audits had not been conducted six-monthly against current guidance. There was a lack of training for staff in many areas. Practice policies and procedures were not available for staff to refer to. Policies seen referred to other practices in the group or were templates that had not been made bespoke to the practice.

Systems and processes were not embedded among staff.

The inspection highlighted some issues and omissions.

The information and evidence presented during the inspection process was disorganised and poorly documented. For example, policies and other reference material was held by one member of staff and was not available to the rest of the staff at the practice. Risk assessments had not identified potential risks at the practice and the maintenance of equipment was not conducted regularly.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice did not have sufficient arrangements for staff to discuss their training and learning needs, general wellbeing and aims for future development such as, for example, during annual appraisals. We saw no evidence of completed staff appraisals.

We did see some records of one-to-one meetings completed for some staff but these were not consistent.

The practice did not have sufficient arrangements for staff to discuss their training needs during annual appraisals. We did see some records of one to one meetings completed for some staff but these were not consistent.

There were no opportunities for staff to discuss learning needs, general wellbeing and aims for future professional development.

We saw no evidence of completed staff appraisals.

Governance and management

The practice did not have effective governance and management arrangements. In particular, audits completed had not identified issues with the infection control process or the cleanliness of the practice. Risk assessments had not identified potential risks with legionella and fire safety.

Are services well-led?

The practice had an ineffective clinical governance system in place. For example, audits completed had failed to identify issues. Other audits for the quality of X-ray images, dental care records, disability access and antimicrobial prescribing had not been carried out.

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

There was no evidence the practice's policies, protocols and procedures were reviewed on a regular basis.

Appropriate and accurate information

The practice did not use quality and operational information, for example NHS BSA (the NHS Business Services Authority) performance information, surveys, audits, external body reviews to ensure and improve performance.

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

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

There was no evidence staff gathered feedback from patients, the public and external partners.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff told us they were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The practice did not have systems and processes in place for learning, continuous improvement and innovation.

The practice did not have appropriate quality assurance processes to encourage learning and continuous improvement.

There was no evidence staff kept records of the results of these audits and any resulting action plans and improvements.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users 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: • Fire safety processes and procedures were not conducted such as fire drills, checking of the fire alarm on a regular basis and a provision of emergency lighting. • Risk assessments which had been completed for fire safety had not considered the provision of emergency lighting in the event of a fire or power cut. • A lone workers risk assessment had not been conducted • A sharps risk assessment was not available • No practice wide risk assessment had been conducted. The premises being used to care for and treat service users was not being used in a safe way. In particular: • Many areas of the practice were visibly dirty and there was not sufficient oversight and monitoring to ensure that all cleaning duties in all areas were consistently conducted. • There was no 5-year electrical safety certificate available The equipment being used to care for and treat service users was not used in a safe way. In particular: • there was no servicing information available for the three autoclaves used to sterilise instruments. • there was no servicing information available for the X-ray units and the cone beam tomography unit. •

Requirement notices

There was some proper and safe management of medicines. However improvements are required in relation to:

- The correct storage and decanting of local anaesthetic cartridges in line with the manufacturer's instructions and the requirements for storage of a prescription only medicine.

There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:

- Staff were transporting instruments against current guidance to and from the decontamination room on open trays which poses a risk of slips, trips, falls and injury.
- We witnessed staff not using the correct personal protective equipment to carry out the decontamination process.
- The only pair of heavy-duty puncture resistant gloves available were heavily damaged and not fit for purpose.
- The enzymatic detergent used to soak and prepare the used instruments for sterilisation was not made up to the manufactures instructions and was not temperature monitored. This affects the efficacy of the solution and its ability to reduce potential contaminants on the instruments.

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

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.

How the Regulation was not being met

Requirement notices

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:

- Risk assessments for sharps, sepsis, the use of a dental dam and lone working had not been completed.

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:

- An audit for infection control which had been completed had not identified issues found on the day of the inspection. This was also not completed on a six monthly basis. Other audits for the quality of radiographic images, patient dental care records, antimicrobial prescribing and disability access had not been conducted.
- There were no policies or protocols for staff to refer to. The ones available were only available to one person and had not been made bespoke to the practice. Policies we reviewed referred to other practices in the group or were uncompleted templates.

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Requirements in relation to staffing

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- Not all staff had completed mandatory or recommended training in disinfection and decontamination, safeguarding both adults at risk and children, medical emergencies and the use of the AED

Requirement notices

(automated external defibrillator) had not been completed since 2020. Training in sepsis, the Mental Capacity Act and consent, and fire safety had also not been completed.

- Staff did not receive suitable supervision in the form of a structured induction or appraisal.
- There was no management oversight on the training required by staff and its frequency.

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Persons employed for the purposes of carrying on a regulated activity must be fit and proper persons

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

Of the 17 recruitment records we reviewed we found:

- 13 records did not have information regarding employment history.
- Seven records did not have any photographic identification.
- Eight records relating to clinical staff did not have a Disclosure and Barring Service check.
- 13 records did not have references to show conduct in previous employment.
- Nine records relating to clinical staff did not have information regarding their Hepatitis B status.
- Four records of clinical staff did not have information regarding their indemnity provision and two records of indemnity insurance for clinical staff had expired.