Barnham Dental Practice Limited

Chantry House Dental Practice

Inspection report

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Overall summary

We carried out this unannounced comprehensive inspection on 21 March 2024 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:

- Staff knew how to deal with medical emergencies. All appropriate medicines and life-saving equipment were available.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
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Summary of findings

- 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 although there were areas where this required review.
- 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.
- Staff had not undertaken training as per current guidelines and legislation.
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- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- Not all areas of the dental clinic were clean and well-maintained.
- The practice's infection control procedures did not reflect published guidance.
- The practice systems to manage risks for patients, staff, equipment and the premises required review.
- The practice's staff recruitment procedures did not reflect current legislation.
- The practice had information governance arrangements which required improvement.

Background

Chantry House Dental Practice is in Barnham and provides private dental care and treatment for adults and children.

The practice offers step free access for people who use wheelchairs and those with pushchairs. The practice has onsite parking, including parking for disabled people. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 2 dental hygienists, 1 trainee dental nurse, 2 receptionists and 1 qualified locum dental nurse. The practice has 3 treatment rooms, one of which is currently out of use.

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

The practice is open: Monday to Thursday 8.30am to 5pm

Friday 8.30am to 2pm

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
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties
- Ensure specified information is available regarding each person employed

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

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

Summary of findings

- Improve and develop staff awareness of autism and learning disabilities and ensure all staff receive appropriate training.
- Take action to ensure audits of record keeping are undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points, and the resulting improvements can be demonstrated.
- Implement an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK).

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?	**Enforcement action**
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 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's infection control procedures did not reflect published guidance. There was no thermometer for checking the water temperature during manual cleaning of used dental instruments. Staff were not aware of the frequency of changing heavy duty gloves and brushes used for manual cleaning and no logs were kept documenting such changes. An illuminated magnifier was not always used to check that instruments had been effectively cleaned. We saw areas of the practice where the cleanliness required review, for example, windowsills and blinds which were visibly dusty and mouldy. There were no cleaning schedules to assist staff with ensuring that all cleaning tasks were carried out. We saw a rip in the material of a dentist's chair which required attention.

The practice had some procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, for example they were managing dental unit water lines appropriately. However, we were not provided with a Legionella risk assessment to review.

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

There was a recruitment policy and procedure to help employ suitable staff. However, not all information was available in relation to staff as specified in Schedule 3 of the Health and Social Care Act 2008. For example, recruitment checks, including Disclosure and Barring Service checks, employment history and satisfactory evidence of conduct in previous employment had not been consistently carried out, in accordance with relevant legislation.

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

The practice had ensured that most equipment was safe to use, maintained and serviced according to manufacturers' instructions. However, we were not able to see an Electrical Installation Condition Report and therefore had no assurances of the safety of the electrical installations. Additionally, we did not see evidence of servicing for the boiler.

A fire safety risk assessment had been carried out in October 2019. However, this had been completed and reviewed regularly by people with the qualifications, skills, competence and experience to do so. enough in fire safety. The fire alarm was not tested weekly and there was no evidence that any staff had completed training in fire safety.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety but some required review. For example, we did not see a sharps risk assessment.

All medical emergency equipment and medicines were available although we saw that all syringes were out of date. Weekly checklists were not completed fully due to a lack of understanding of Resuscitation Council UK guidance. We noted that temperature checks of the fridge used to store the medical Glucagon (medicine to treat low blood sugar levels) were completed monthly as staff were unaware these should be daily.

Are services safe?

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 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 2-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. We did not see a prescription log for NHS prescriptions, but this was implemented on the day of the inspection.

Track record on safety, and lessons learned and improvements

The practice had a system to review and investigate incidents and accidents although this could be improved to ensure that any incident was documented fully, and any learning identified.

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.

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 evidence the dentists justified, graded and reported on the radiographs they took. Although improvements were required to ensure that radiography audits were carried out six-monthly following current guidance.

Effective staffing

We did not see evidence that all staff had the skills, knowledge and experience to carry out their roles. The systems for monitoring and tracking staff training and Continuing Professional Development (CPD) requires improvement. For example, not all staff had been suitably inducted upon commencing their role; and we did not see evidence that all staff completed their CPD training necessary for their ongoing 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.

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. We saw that paper records were not stored 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 website 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 for example photographs, study models, videos 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.

Staff had carried out a disability access audit and told us they would review this on an annual basis.

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.

The practice's website and answerphone 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. Staff also took part in an emergency on-call arrangement. 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

There was a lack of oversight of risk and governance at the practice. This had led to omissions and systems which required improvement.

Culture

The practice staff demonstrated a transparent and open culture.

Improvements were required to ensure that staff training was up-to-date and reviewed at required intervals.

Governance and management

Systems to support good governance and management required improvement. For example, policies required updating and systems for identifying and mitigating against all risk in the practice required review.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had some information governance arrangements and whilst staff were aware of the importance of protecting patients' personal information, we saw that paper records were not always stored securely. Staff told us they would review this immediately.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients and told us they were committed to acting on feedback.

Feedback from staff was obtained through meetings and informal discussions.

Continuous improvement and innovation

The practice needed to review their processes for learning, quality assurance and continuous improvement. For example, infection prevention and control audits were not completed 6 monthly as per current guidance. We did not see evidence of 6 monthly radiography audits or evidence of a patient records 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	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 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: • There was no Legionella risk assessment available for review. • There was no sharps risk assessment. • A large amount of paper records were stored in a room without appropriate security measures. • Not all policies were updated or reviewed at suitable time intervals. 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: • Infection prevention and control audits were not completed 6 monthly in line with national guidance. • Radiography audits were not carried out 6 monthly in line with national guidance.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury	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: • There were no risk assessments in place for 4 staff whose Disclosure and Barring Service (DBS) checks had not been carried out by the practice. • There was no evidence of qualifications for 3 staff. • Evidence of suitable identification was not available for 3 staff. • There was no satisfactory evidence of conduct in previous employment or reason why the last employment ended for 4 staff and 5 staff respectively. • There was no evidence of a full employment history for 5 staff members and a significant gap in employment for 1 staff member had not been accounted for.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 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: • There was no system in place to monitor or log staff training to ensure that staff completed all necessary training as required by the dental professionals' registration body, the General Dental Council (GDC). • We did not see evidence of radiography training for any clinician. • There was no evidence of training in safeguarding for 6 staff. • There was no evidence that any staff members had completed training in infection prevention and control, fire safety, Legionella awareness mental capacity or sepsis. • A record of a suitable induction was not available for all staff.

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 The registered person 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: • The decontamination process demonstrated by staff did not reflect the Department of Health publication 'Health Technical Memorandum 01-05: Decontamination in primary dental practices' (HTM01-05). • There was no thermometer available to check the temperature of the water during manual cleaning of used dental instruments. • Gloves and brushes used to manually clean instruments were not changed weekly and were seen to be visibly stained and worn. • An illuminated magnifier was not always used to visually inspect all dental instruments following manual cleaning. • Windowsills throughout the building were visibly dirty, window blinds were very dusty and mould spores could be seen throughout these areas. • There was no evidence of documented protocols outlining the surgery cleaning schedules. There were ineffective arrangements to manage the risks associated with fire safety: In particular: • A fire risk assessment had been carried out 16th October 2019. This was not completed by a person with the qualifications, skills, competence and experience to do so. • We saw that the fire detection system was not being tested weekly as recommended by the British Standard Institution (BS 5839). • There was no evidence that any staff member had completed training in fire safety.

This section is primarily information for the provider

Enforcement actions

There were ineffective arrangements to manage risks associated with the use of equipment and premises. In particular:

- An electrical installation condition report had not been carried out in line with the relevant regulations.
- There was no evidence to confirm that servicing of the boiler had been completed as per manufacturer's instructions.