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Bell Green Dental Surgery

Inspection report

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Overall summary

We carried out this unannounced focused inspection on 12 April 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 practice did not appear visibly clean or well-maintained.
- The practice did not have infection control procedures which reflected published guidance.
- Staff had not received training within the appropriate timescales to ensure they knew how to deal with medical emergencies. Not all of the appropriate medicines and life-saving equipment were available as some items were missing and others were out of date.
- The practice did not have effective systems to help them manage risk to patients and staff.
- Safeguarding processes in place required improvement, staff had not received training in the safeguarding of vulnerable adults and children.
- There was no evidence that the practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- There was no effective leadership and oversight at the practice.
- There was no evidence to demonstrate that complaints were dealt with positively and efficiently.
- The dental practice did not have appropriate information governance arrangements.

Background

Bell Green Dental Surgery is in Coventry 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 disabled people, are available near the practice. The practice has made some adjustments to support patients with additional needs.

The dental team includes three dentists (including the provider), two trainee dental nurses, and two receptionists. There is a practice manager who also undertakes dental nursing and reception duties. The practice has three treatment rooms.

During the inspection we spoke with one dentist, one trainee dental nurse and the practice manager. We also spoke with the provider who was at the practice at the beginning of the inspection. 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

Saturday from 10am to 12pm

Sunday from 10am to 12pm

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 regulation/s 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 receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.

Summary of findings

- Implement audits for the prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

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 did not have up to date information available to staff in relation to safeguarding vulnerable adults and children. Staff had not undertaken appropriate training in safeguarding vulnerable adults and children.

Evidence was not provided to demonstrate that the practice had infection control procedures which reflected current published guidance. Floors were not sealed in treatment rooms. One dental chair cover was ripped. Dental burs were stored uncovered on the side in the treatment room, risking aerosol contamination.

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. For example, instruments were not kept moist whilst waiting to be decontaminated, instruments were scrubbed under running water, staff were not changing personal protective equipment or hand washing throughout the decontamination process. Pouches containing sterilised instruments had not been dated with either a decontamination or use by date.

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

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. For example, there were no logs to demonstrate checks completed on the ultrasonic bath such as logs to demonstrate that filters were removed and cleaned. There were no logs kept regarding the autoclave, for example there were no residual air tests. Time, steam, temperature strips were used after each cycle, but these were not dated and did not have the cycle number recorded. There was no annual service information available for the autoclave.

The practice had not introduced all of the additional safety measures in relation to COVID-19 in accordance with current guidance. Patients were not wearing face masks and staff were not requesting that patients used the hand sanitiser. At the start of our inspection staff were not wearing protective face masks.

The practice did not have adequate procedures to reduce the risk of legionella or other bacteria developing in water systems. Evidence was not provided to demonstrate that a risk assessment had been undertaken in respect of legionella contamination. Records were not available to demonstrate that water testing and dental unit water line management were carried out.

The practice did not have policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Clinical waste was not segregated and stored according to guidance. The clinical waste bin was not secured to the wall or floor and this was stored in an area accessible to patients. We were not provided with evidence to demonstrate that extracted teeth or amalgam was stored and collected in line with requirements.

Large amounts of clinical waste were bagged and stored in a staff only area. There was no evidence to demonstrate that a waste audit had been completed, evidence was not provided to demonstrate that arrangements had been made for waste to be collected in line with the amount of waste produced at the practice. We were not provided with evidence to demonstrate that a waste contract was available.

Are services safe?

We observed the practice was not visibly clean. Cleaning equipment was not available. We saw evidence of completed cleaning schedules up to September 2021, however, there were no cleaning schedules after this date. One unused dental treatment room was cluttered with empty cardboard boxes and the floor in another room had large boxes of personal protective equipment. Without moving these boxes staff would not have been able to clean these rooms. Items in these rooms presented a trip and a fire hazard.

There were no check lists or schedules to demonstrate that surgeries were ready for the day and closed down at the end of the day.

We were not provided with evidence to demonstrate that staff recruitment checks had been carried out, in accordance with relevant legislation. We were not provided with evidence to demonstrate that the practice had a recruitment policy and procedure in accordance with relevant legislation. Following this inspection, we were sent evidence that appropriate recruitment information had been obtained for some of the staff employed.

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

The practice's indemnity insurance certificate on display was out of date.

The practice did not ensure equipment was safe to use and maintained and serviced according to manufacturers' instructions. There was no evidence of up to date servicing or maintenance of decontamination equipment or compressors.

The practice did not ensure the facilities were maintained in accordance with regulations. We were not provided with evidence to demonstrate recent gas or electrical safety checks. The last gas safety certificate on file was dated 2018 and portable appliance checks dated 2011. There was no evidence of a five-year fixed wiring test having been completed.

The provider did not have effective fire safety management procedures. In particular fire safety logs had not been completed since 2019, we were told that these checks were being completed but not logged. We saw that an in-house fire risk assessment had been completed in 2019 but this had not been reviewed or updated since that date. There was no recorded fire drill since 2019 and the majority of staff working at the practice had been employed since that date and had therefore not been involved in a fire drill. We saw two rooms that presented a fire hazard due to the storage of large amounts of combustible materials on the floor, such as empty cardboard boxes. Following this inspection, we were sent a copy of a fire safety protocol, a newly completed internal fire risk assessment and a copy of the fire safety certificate, demonstrating that the fire extinguishers had been checked in January 2022.

The practice did not have arrangements to ensure the safety of the X-ray equipment. The required radiation protection information was unavailable. We were not provided with evidence to demonstrate that all of the X-ray equipment had been serviced and maintained according to manufacturer's requirements. Local rules were not on display. Following this inspection, we were sent a copy of critical examination checks for two of the three X-ray machines.

Risks to patients

The practice had not implemented systems to assess, monitor and manage all risks to patient and staff safety. In particular, risks in relation to health and safety, and legionella bacteria management had not been undertaken. The fire risk assessment seen was dated 2019. Following this inspection, we were sent a copy of a sepsis poster which was to be put on display in the practice and received a copy of the sharps risk assessment.

Items of emergency equipment and medicines were not available or were out of date. For example missing items included glyceryl trinitrate spray, adrenaline injection, and a pocket mask with oxygen port. Other items were out of date, for example oral glucose, midazolam, oropharyngeal airways, self-inflating bag with reservoir (adult), clear face masks for self-inflating bag, portable oxygen cylinder, oxygen face mask with reservoir and tubing, and automated external defibrillator pads for both adult and child. We were told that the other oxygen cylinder had been removed from the

premises but had not been returned. The practice did not have an in-date oxygen cylinder for safe use. The glucagon injection was not kept in the fridge and had not had the date adjusted. During the inspection the practice manager ordered a supply of Midazolam and glyceryl trinitrate spray. Following this inspection, we were informed that oxygen cylinders had been ordered and were due to be delivered to the practice.

There were no logs or check sheets to demonstrate checks completed on medical emergency equipment in accordance with national guidance.

Staff had not completed training in emergency resuscitation and basic life support every year.

Items were out of date in the first aid kit and there was no eye wash. Bodily fluids and mercury spillage kits were out of date in 2018.

The practice did not have evidence on the premises that they had adequate systems to minimise the risk that could be caused from substances that are hazardous to health. In particular, there were no material safety data sheets or control of substances hazardous to health risk assessments available. We were sent this information within 24 hours of this inspection.

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 did not have systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not carried out. We saw prescriptions were not always stored securely or monitored as described in current guidance.

Track record on safety, and lessons learned and improvements

The practice had not implemented systems for reviewing and investigating accidents and incidents. In particular, there was no policy regarding significant events or incidents. We were not provided with information regarding recent patient complaints and there was no evidence of any outcome or learning regarding these complaints.

We were told that the practice had a system for receiving and acting on national patient safety alerts, although there was no evidence of this on the premises.

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.

Staff 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 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. We were told that the practice had previously carried out radiography audits following current guidance and legislation, but these were not available for review.

Effective staffing

- Evidence was not available to demonstrate staff had the skills, knowledge and experience to carry out their roles. There were no staff training records available on the premises and we were told that staff had not completed basic life support training within the last 12 months. We were not provided with assurance that staff had completed safeguarding, infection prevention and control, fire safety, sepsis, radiology or IRMER training.

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 continuing professional development as 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 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 practice did not demonstrate a transparent and open culture in relation to people's safety. For example, the practice's whistle blowing procedure did not relate to Bell Green Dental Surgery and did not give internal or external contact details for staff to raise their concerns.

There was a lack of leadership and oversight at the practice. In particular items of the medical emergency kit were either missing or out of date and staff had not completed basic life support training within the last 12 months. We were told that risk assessments and audits had not been completed recently, and there was no evidence that staff had completed essential training. Equipment had not been subject to routine servicing and maintenance. There was no evidence that gas or electrical equipment had been serviced. We were told that servicing and maintenance had taken place but evidence to demonstrate this was not available.

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

Systems and processes were not embedded among staff. For example, observations of the decontamination process identified that staff were not working in accordance with HTM 01 05. Staff did not have access to the practice's policies and procedures on the day of inspection.

The information and evidence presented during the inspection process was disorganised and poorly documented. For example, we were shown records dated 2019 but were told that all other documentation including policies and procedures were available remotely but were not accessible to staff currently. Records confirming staff had received recommended training were not available at the time of, or provided following, our inspection.

We saw the practice had ineffective processes to support and develop staff with additional roles and responsibilities. For example, the practice manager held a majority of lead roles but also worked as a dental nurse and receptionist, therefore giving little time to consider lead role or practice management duties.

Culture

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

The practice did not have arrangements for staff to discuss their training needs during annual appraisals. 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 governance system included policies, protocols and procedures however we were not assured these were accessible to all members of staff. There was no evidence the practice's policies, protocols and procedures were reviewed on a regular basis.

Are services well-led?

The practice did not have clear and effective processes for managing risks, issues and performance. For example, we were shown a fire risk assessment dated 2019 but there was no evidence of other risk assessments being completed. Quality assurance processes were not in place and there was no evidence of regular staff meetings, appraisals or supervision meetings.

Appropriate and accurate information

The practice did not use quality and operational information, for example, surveys or audits to ensure and improve performance. Infection prevention and control audits had not been completed recently and there was no completed audit to review. We were told that radiography and record keeping audits had been completed previously but there was no completed audit to review. Antimicrobial prescribing audits had not been completed. There was no clinical waste audit.

The practice had ineffective information governance arrangements. In particular, we saw that closed-circuit television (CCTV) was in operation. However, there were no signs informing patients of this, and there was no CCTV policy or impact analysis. There was no evidence to demonstrate that staff had completed information security or data protection training.

Engagement with patients, the public, staff and external partners

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

There was no evidence the practice gathered feedback from staff through meetings, surveys, and informal discussions. We were told that staff meetings had been held previously but minutes were not kept.

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.

The practice had not undertaken audits of disability access, radiographs and infection prevention and control in accordance with current guidance and legislation. There was no evidence staff kept records of the results of these audits and any resulting action plans and improvements.

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: • There was no evidence of any infection prevention and control, health and safety, radiological safety, COSHH or sharps risk assessment. • There was no legionella risk assessment and no records to demonstrate that water temperatures were being checked. • Items of medical emergency equipment were either missing or out of date. There were no logs or check sheets to demonstrate checks had been completed on medical emergency equipment. • Items were out of date in the first aid kit and there was no eye wash. • Bodily fluids and mercury spillage kits were out of date. Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular: • We were not provided with evidence of essential staff training, such as safeguarding people, infection prevention and control, basic life support, fire safety, sepsis, radiology or IRMER. The premises being used to care for and treat service users were not safe for use. In particular: • The provider did not have evidence of up to date gas safety or electrical fixed wiring checks. • The practice's indemnity insurance was out of date.

This section is primarily information for the provider

Enforcement actions

The equipment being used to care for and treat service users was not safe for use. In particular:

- There was no evidence of up to date servicing or maintenance of equipment. For example, compressors and X-ray equipment. There was no evidence of maintenance and validation of the ultrasonic bath or autoclave.

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:

- The practice did not have appropriate cleaning equipment available.
- Flooring in the practice appeared visibly dirty. Some walls and ceilings had water damage and wallpaper was coming off the walls.
- Practice cleaning schedules had not been completed since 2019.
- There were no check lists or schedules to demonstrate that surgeries were ready for the day and closed down at the end of the day.
- Pouches containing sterilised instruments in treatment rooms had not been dated.
- Staff were not completing the decontamination of dirty instrument process in line with HTM 01-05.
- Floors were not sealed in treatment rooms. One dental chair cover was ripped. Burs were stored uncovered on the side in the treatment room.
- There was insufficient evidence of correct dental unit waterline management.

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

This section is primarily information for the provider

Enforcement actions

There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The provided had no evidence of audits, for example clinical waste, infection prevention and control, antimicrobial prescribing, radiography or record keeping audits.

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:

- An internal fire risk assessment was completed in 2019 but had not been reviewed since that date. There were no fire safety check records completed within the last 24 months. Large amounts of cardboard had been stored in an unused treatment room which presented a fire hazard.
- There was no radiography file on the premises and local rules were not on display.
- The provider did not have systems in place to track and monitor the use of NHS prescriptions.
- Clinical waste was not securely stored. The practice did not have policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.
- We were not provided with any staff recruitment information such as evidence of DBS checks, hepatitis B status, proof of identification, right to work in the UK, references, qualifications or training.

There was additional evidence of poor governance. In particular:

- Up to date policies and procedures were not available to staff. The safeguarding policy was dated 2011 with no evidence of update or review since 2016. The

This section is primarily information for the provider

Enforcement actions

Whistleblow policy related to an external organisation and not the dental practice and there were no internal or external contact details to enable staff to report concerns.

- There were no documented induction or appraisal records for any of the newly employed staff.