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# Cotman House Dental Surgery

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 11 October 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 always ask five key questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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.
- Staff felt involved and supported and worked well as a team.
- Patients were asked for feedback about the services provided.
- The dental clinic had appropriate information governance arrangements in place.

# Summary of findings

- Appropriate pre-employment references and Disclosure and Barring Service checks had not been obtained for new staff.
- Auditing and risk management systems within the practice were not effective in driving improvement.
- Overall governance systems in the practice needed to strengthen to ensure a safe service was provided.

## Background

Cotman House Dental Practice provides mostly private dental care and treatment for adults and children. The Grade 2 listed building within which the practice is located, is not accessible for wheelchair users.

Car parking spaces are available at nearby public car parks.

The dental team includes a dentist, a nurse, a practice manager and a receptionist.

During the inspection we spoke with the dentist, the nurse and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Tuesdays, Thursdays and Fridays from 9.40am to 5.30pm, and on Wednesdays from 10.20am to 6pm.

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

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. Full details of the regulation the provider was not meeting are at the end of this report.

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

- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.
- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Take action to ensure rubber dam is used protect patients' airways during root canal treatment.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Improve and develop the practice's policies and procedures for obtaining patient consent to care and treatment to ensure they are in compliance with legislation and take into account relevant guidance.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>Requirements notice</b> ✗

# Are services safe?

## Our findings

We found this practice was providing safe care in accordance with the relevant regulations.

### **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, although regular audits of the practice's decontamination procedures were not undertaken.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems. Staff had recently begun monitoring hot and cold water temperatures every month as recommended in the practice's latest risk assessment.

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, although we noted cleaning materials were not stored correctly and it was not clear how frequently mop heads used in clinical and toilet areas were changed or cleaned.

The practice had a recruitment policy to help them employ suitable staff, although we noted this had not been followed. No references had been obtained for one member of staff, and the practice had not obtained Disclosure and Barring Service checks for staff at the point of their employment.

Clinical staff were qualified, registered with the General Dental Council, although we noted the practice was not able to evidence that the nurse had indemnity in place.

The practice had some arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. However, we noted the X-ray unit had not been serviced since 2019, dental radiograph audits were not undertaken as frequently as recommended, and the dentist was not using the latest coding to assess radiography quality.

### **Risks to patients**

The dentist did not use safer sharps and manually resheathed dirty needles. No risk assessment had been completed for this, or the use of other sharp instruments used in the practice. We noted some sharps incidents had been recorded in the practice's accident book, albeit some years ago.

Although the dentist did not undertake many root canal treatments, rubber dam was not used to protect patients' airways throughout the treatment.

We checked the practice's medical emergency equipment and noted there were no paediatric defibrillator pads available or a spacer device for inhaled bronchodilators. Staff did not record weekly checks of the equipment to ensure it remained fit for safe use.

We saw that fire extinguishers had been serviced regularly and staff had received fire training the week before our visit. However, there was no evidence to demonstrate that fixed wire testing had been completed every 5 years to ensure electrical safety.

The practice had assessments to minimise the risk that could be caused from substances that were hazardous to health, although safety data sheets were not available for some cleaning products used by staff.

# Are services safe?

## **Safe and appropriate use of medicines**

Medicines were stored securely but there was no system in place to monitor stock, or identify missing or lost prescriptions. The dentist did not undertake antimicrobial audits to ensure he was prescribing them according to NICE guidelines.

Glucagon was kept in the practice's fridge, but the fridge's temperature was not monitored daily to ensure it was operating effectively.

## **Track record on safety, and lessons learned and improvements**

The practice recorded accident and incidents, such as staff injuries. However, there was no evidence to show how learning from them had been shared across the staff team to prevent their recurrence.

The practice had a system for receiving and acting on national patient 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 dental care provided was focussed on the needs of the patients. The practice kept records of the care given to patients including information about treatment and advice given. Overall, the quality of recording was satisfactory, although, we noted that some elements were missing such as a clear diagnosis statement and patient intra and extra oral checks. The dentist was not using guidance issued by the British Periodontal Society in relation to the classification and assessment of periodontal disease. The frequency of radiographs taken was not in line with national guidance.

Dental care records were not audited to check that the necessary information was recorded.

### **Helping patients to live healthier lives**

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

### **Consent to care and treatment**

The practice did not have specific policies in place in relation to the Mental Capacity Act 2005 (MCA) and Gillick competence guidance, although we found staff had a satisfactory understanding of their responsibilities under them.

We noted that written patient consent was not always obtained for complex procedures such as root canal treatment and extractions.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. Although the team was small, staff reported they had enough time for their job and did not feel rushed in their work. The dentist and nurse co-ordinated their annual leave together and agency dental nurses were rarely used.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

### **Co-ordinating care and treatment**

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. We noted that there was not a robust system in place to ensure referrals made to other dental health care providers were monitored and tracked to ensure their timely management.

# Are services caring?

## Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

### **Kindness, respect and compassion**

We viewed 15 to 20 completed patient feedback forms which clearly demonstrated high satisfaction levels with the quality of treatment and the staff who delivered it. We read many comments in relation to the caring, sympathetic and helpful nature of the dentist. Staff gave us examples of where they had gone above and beyond the call of duty to support patients. The waiting room had been specifically designed to make patients feel relaxed and comfortable.

### **Privacy and dignity**

Staff were aware of the importance of privacy and the practice manager told us some of the ways she maintained patient confidentiality when taking phone calls.

The reception computer was password protected and patients' dental care records were stored in lockable filing cabinets behind reception. There was a blind on the treatment room window to prevent passers-by looking in.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care. Many patients commented in their feedback cards about the time the dentist gave them to explain their treatment and options well. The practice provided lengthy appointment times for patients to allow for this.

The dentist described to us the methods they used to help patients understand treatment options discussed.

# 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**

Staff were clear about the importance of emotional support needed by patients when delivering care and this was reflected in the patients' feedback cards we reviewed.

Although not fully wheelchair accessible, the practice had made some adjustments for patients with disabilities. This included an accessible toilet, different sized chairs in the waiting room to help patients with limited mobility and spare reading glasses for patients to use. Additional appointment time was given for patients that needed it. The dentist told us of the extra support he had provided for a patient with autism.

### **Timely access to services**

At the time of our inspection the practice was taking on new patients, as it did not have the capacity, although routine appointments were not available until after Christmas. However, patients with dental emergencies would be seen within 24 hours and staff told us they would stay on after hours if needed. The practice ran a cancellation list so that patients waiting for some time could be offered an appointment sooner.

The practice had a reciprocal arrangement in place with a local dentist to cover emergency appointments when closed.

### **Listening and learning from concerns and complaints**

Information about the practice's complaints' procedure was in the waiting area making it easily available to patients. We were not able to assess how well complaints were managed as the practice had not received any complaints in for several years.



# 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 Notice 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**

We identified several issues in relation to the practice's recruitment procedures, staff appraisal, risk assessing, sharps' management and auditing systems which indicated that governance and oversight of the practice needed to be strengthened.

The dentist was aware of the shortfalls we had identified and had begun to implement measures for improvement prior to our visit. He told us he welcomed our visit to kick start improvement and acknowledged he needed to set aside dedicated time to address important administrative and governance processes. He was in the process of employing additional administrative support for the practice.

### **Culture**

Staff stated they felt respected and valued and told us they enjoyed their work. They described the dentist as very approachable, caring and supportive.

### **Governance and management**

The practice had policies in place, however there was little evidence to demonstrate that staff had read, understood and signed off the policies to show their understanding and agreement of them. Although staff told us communication systems in the practice were good, there was no process such as regular staff meetings for learning from staff or sharing essential information.

### **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**

The practice gathered feedback from patients using surveys that were available in the waiting area. Surveys we reviewed showed patients were very happy with the service they received from the practice.

### **Continuous improvement and innovation**

Auditing systems to drive improvement in the practice were limited and essential audits in areas such as infection control and dental care records had not been completed. The radiograph audit was limited in scope and was not undertaken as frequently as recommended.

There was no formal system of staff appraisal at the practice and none of the staff had a personal development plan in place.

## 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Regulation 17 Good governance</b></p> <p>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.</p> <p>How the Regulation was not being met</p> <p>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:</p> <ul style="list-style-type: none"><li>• Staff recruitment processes were not in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. References had not been obtained prior to staff starting their employment. There was no system in place to ensure essential staff training was up-to-date and reviewed at the required intervals.</li><li>• There was no system in place to ensure staff received formal appraisal and feedback about their working practices or had meaningful personal development plans.</li><li>• There was no system to ensure audits of dental care records, antimicrobial prescribing, and infection prevention and control were undertaken at regular intervals to improve the quality of the service.</li></ul>

## Requirement notices

- There was no evidence to show how learning from accidents and incidents had been shared across the staff team to prevent their recurrence.
- There was no formal process such as regular staff meetings for seeking and learning from staff or sharing essential information with a view to monitoring and improving the quality of the service.

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 might be at risk. In particular:

- The provider had not ensured the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council and checks of the equipment were not recorded.
- There was no system to monitor the security of prescription pads, and to track and monitor their use.
- The practice's sharps procedures were not in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- There was no effective system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result