

Mr. Pramod Sabharwal

High Street Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 23 March 2023 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 5 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 felt involved and supported and worked well as a team.
- The dental clinic had appropriate information governance arrangements in place.
- Appropriate pre-employment references and Disclosure and Barring Service (DBS) checks had not always been obtained for new staff.
- Patient dental care records did not meet standards set by the College of General Dentistry.
- Risk assessment was not effective, and recommendations from the practice's Legionella, and Health and Safety assessments had not been implemented by staff.
- Overall governance systems in the practice needed to strengthen to ensure a safe service was provided to patients.

Summary of findings

Background

High Street Practice provides both NHS funded and private dental care and treatment for adults and children. The practice is accessible for wheelchair users although the toilet is not accessible and there is no dedicated parking for patients on site. There are 2 treatment rooms.

The dental team includes 1 dentist, 2 trainee dental nurses, a practice manager and a receptionist who works off-site.

During the inspection we spoke with the dentist, both nurses 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 Mondays from 9am to 5pm, and on Wednesdays from 10am to 7pm.

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 an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Improve and develop staff awareness of the requirements of the Mental Capacity Act 2005 and Gillick competency as it relates to their role.
- Take action to implement any recommendations in the practice's fire safety risk assessment, and ensure ongoing fire safety management is effective.
- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices.

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?	No 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 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 we noted that staff did not follow good hand hygiene practices due to having long painted nails and the flooring was not sealed and impervious in one treatment room. Staff did not test the temperature of the water to ensure it was below 43 degrees when manually scrubbing dirty instruments.

The practice had undertaken a legionella risk assessment in 2021, which had given the practice a risk rating of 'medium'. We noted its recommendations to remove a dead end had not been completed.

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

The practice appeared clean and there were cleaning schedules in place in place to ensure it was kept clean.

The practice had a recruitment policy to help them employ suitable staff, although this had not been followed. We viewed personnel files of the most recently recruited staff and found appropriate references and disclosure and barring service (DBS) checks had not been obtained to ensure they were suitable and safe for their role. The practice manager had applied for the missing references and DBS just prior to our inspection.

Clinical staff were qualified, registered with the General Dental Council.

The practice had commissioned a fire risk assessment a week before our inspection which had identified a number of shortfalls, including the lack of fire warning signage, the need for a fire alarm system in the building, the need for a fire evacuation procedure, and the need for intumescent strips of fire doors, amongst other things. The practice was in the process of implementing its recommendations.

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, there was no evidence to demonstrate that the practice's CBCT machine had undergone routine 3 yearly and monthly testing and there was no quality assurance system in place. There was no warning signage on treatment rooms doors that X-rays took place there, and no justification for X-rays had been documented in patients' notes by the dentist.

Risks to patients

We found the management of risk within the practice required improvement. The sharps risk assessment was limited in scope and did not cover all sharp items used in the practice.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Most medical emergency equipment was available apart from oxygen masks with reservoir and tubing, and eye wash kits. The practice's weekly checks of the equipment had failed to identify these missing items. These items were ordered by the practice manager following our visit.

The practice had assessments to minimise the risk that could be caused from substances that were hazardous to health.

Safe and appropriate use of medicines

Are services safe?

Medicines were stored securely, but there was no system in place to identify missing or lost prescriptions, or to monitor medicine stock. The practice's name and address were not included on medicines' containers dispensed to patients. Antimicrobial audits were undertaken by the dentist, but these were limited in scope and there was no reflection of the results or learning evidenced.

Glucagon was kept in the practice's fridge, and the fridge's temperature was monitored daily to ensure it was operating effectively.

Track record on safety, and lessons learned and improvements

There were systems in place to record unusual accidents and incidents, and 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 practice kept records of the care given to patients including information about treatment and advice given. However, we noted significant shortfalls in the quality of recording in the patients' dental care records, making it difficult to assess if they were receiving effective care.

We reviewed 20 sets of clinical notes and there was nothing documented to show the reason for patients' attendance, or their risk level of caries, oral cancer, periodontal disease, or tooth wear. Intra and extra oral checks had not been documented, and it was not clear how the dentist had determined patients' recall frequencies. Basic periodontal examinations were only undertaken annually and not at every examination appointment as recommended in national guidance. There was nothing recorded to show that treatment options had been discussed with patients.

The dentist did undertake dental care records audits, but these had failed to identify the shortfalls in recording we found.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

It was not possible for us to assess if the dentist provided preventive care to patients to ensure better oral health as nothing to demonstrate this had been recorded in their dental care records.

Consent to care and treatment

The practice had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Gillick competence guidance, however we found staff had a limited understanding of their responsibilities under them.

Effective staffing

The practice had struggled to recruit qualified nursing staff and at the time of inspection, relied on two recently recruited trainee nurses. Staff told us they had enough time for their job and did not feel rushed in their work.

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. There was a system in place to track or monitor the referrals 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

Staff gave us examples of where they had gone beyond the call of duty to support patients. For example, they supported one patient to access support from a local falls' clinic and had stayed at the practice after hours to meet the needs of a patient in considerable dental pain.

The practice had agreed to take on patients with outstanding dental treatment following the death of a dentist locally.

Privacy and dignity

Staff password protected patients' electronic care records and backed these up to secure storage. The receptionist managed all patient phone calls remotely, allowing for good confidentiality.

We noted blinds on treatment room windows to protect the patients privacy.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. Staff 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

The practice had made reasonable adjustments for patients with access requirements. The premises were suitable for wheelchair users although there was not a fully accessible toilet. A portable induction loop was available for patients with hearing aids. Information could be produced in large print, and translation services were available if needed.

Timely access to services

At the time of our inspection the practice was taking on new NHS and private patients. Patients with the most urgent needs had their care and treatment prioritised and emergency appointments were available each day. The practice manager told us the dentist would work additional days at the practice if needed to meet patient demand.

An out of hours service was available for private patients, and NHS patients were advised to contact NHS 111.

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 viewed paperwork in relation to a recent complaint and noted it had not been responded to in a timely way.

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

The practice had struggled to achieve consistent management in the previous couple of years to our inspection. We identified several issues in relation to the practice's recruitment procedures, dental care records and risk assessing which indicated that governance and oversight of the practice needed to be strengthened.

However, a new experienced manager had recently been recruited and we found her to be knowledgeable, with a good understanding of what needed to be done to address the identified shortfalls. Within a few days of our visit, she had ordered the missing medical emergency equipment, employed a plumber to action the recommendations for the legionella risk assessment, implemented a prescription log and provided some of the missing evidence that was not available during our visit. The swift action reassured us that the practice's governance would likely improve in the future.

Culture

Staff stated they felt respected and valued and told us they enjoyed their work. They reported that both the dentist and practice manager were supportive and responsive to their needs, and described a family like environment.

Governance and management

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

The practice held regular staff meetings, evidence of which we viewed. The practice manager told us the frequency of these meetings had increased recently since she had taken over.

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 about its service using a questionnaire that asked patients about privacy in the reception area, its opening hours, staffing and the quality of their treatment. Responses we viewed were mostly very positive about the care received.

The practice also encouraged on-line reviews and actively responded to comments left. At the time of our inspection the practice had 3.5 stars out of 5, based on 26 patient reviews.

Continuous improvement and innovation

The practice undertook regular audits of infection control, dental care records, and antibiotic prescribing, but some of these were limited in scope and had failed to identify the shortfalls we found during our inspection.

Staff received an annual appraisal of their performance.

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 Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</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">• Staff recruitment processes were not in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice did not conduct adequate pre-employment checks prior to staff starting their employment.• There was no system in place to ensure that patient dental care records met standards provided by the College of General Dentistry.• There was no system in place to ensure the regular testing of radiography equipment was undertaken.• There was no system in place to ensure the safe and effective management of medicines and prescription pads within the practice.• There was no system in place to ensure that recommendations from the practice's risk assessments had been implemented effectively.