

Dr Arash Jafari

Your DentalCare - Bexhill-On-Sea Practice

Inspection report

37 Sackville Road
Bexhill On Sea
TN39 3JD
Tel: 07958633224

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Overall summary

We carried out this unannounced focused inspection on 25 January 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 provider 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 the following three questions:

- 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 practice appeared to be visibly clean, there were areas that require maintenance.
- The provider had infection control procedures which did not wholly reflect published guidance.
- We were not assured staff knew how to deal with emergencies as some had not completed training. Appropriate medicines and life-saving equipment were available.
- The provider had some systems to help them manage risk to patients and staff. However, this required improvement.
- The provider had safeguarding processes. We were not assured staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider 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

- Staff treated patients with dignity and respect and 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.
- Staff felt involved and supported and worked as a team.
- The provider had information governance arrangements.

Background

Your Dentalcare Bexhill on Sea Practice is in Bexhill on Sea and provides NHS and private dental care and treatment for adults and children.

There is stepped 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 two dentists, a dental nurse, a dental hygienist and a practice manager. The practice has two treatment rooms.

During the inspection we spoke with a dentist, the dental 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:

Monday to Friday 9am to 5pm

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

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:

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?	Requirements notice 
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 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.

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

- The provider had some safeguarding processes and some staff were unaware of their responsibilities for safeguarding vulnerable adults and children.
- Staff had not undertaken training in safeguarding vulnerable adults and children.
- The provider had introduced additional procedures in relation to COVID-19 in accordance with published guidance.
- Records were 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 provider did not have infection control procedures which reflected 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. Instruments were not kept moist before being processed. Oil for the lubrication of handpieces was used before and after sterilisation but the cans of lubricant were not labelled clean or dirty. Staff were not sure and there was no protocol for the disinfection of impressions and dental prosthesis.
- Staff had not completed training in infection prevention and control as required
- We saw burs in stands awaiting use that were rusty and had not been cleaned effectively. The stand the burs were stored in was covered by a layer of dust.
- The provider had some procedures to reduce the possibility of Legionella or other bacteria developing in water systems, in line with a risk assessment. But these were ineffective. We saw that the hot water was consistently below the 50 degrees C threshold to ensure legionella cannot develop and no remedial action had been taken to address this. We saw that actions in the risk assessment had not been addressed such as, the flushing of the shower.
- The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. However, we noted that the bins used to store the clinical waste were not foot operated. We saw a full pharmaceutical waste bin and an amalgam separation unit that required collection.
- We saw ineffective cleaning schedules to ensure the practice was kept clean.
- We observed the practice was not visibly clean in the decontamination room. We saw that some areas of the practice required maintenance. We saw areas where there was paint peeling off the walls in treatment room 2 and the decontamination room.
- We saw that ceiling tiles were missing in the decontamination room
- We saw an area of black mould in the patient toilet.
- The provider had a recruitment policy and procedure. However, recruitment checks had not been carried out, in accordance with relevant legislation to help them employ suitable staff and checks were not in place for agency and locum staff.
- Clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.
- Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including fire, electrical and gas appliances.
- The practice had some arrangements to ensure the safety of the X-ray equipment.

Are services safe?

- The required radiation protection information was not available. Information that was available did not relate to the current legislation.
- A Radiation Protection Advisor (RPA) had not been appointed
- The provider had important documents, for example Local Rules available for review, but these had not been updated.

Risks to patients

The provider had implemented systems and risk assessments in relation to safer sharps.

- The provider had not implemented systems to assess, monitor and manage risks to patient safety. In particular, relating to sepsis awareness and use of dental dam.
- The provider had not carried out a general practice risk assessment to help them manage risks to staff and patients.
- Emergency equipment and medicines were available and checked as described in recognised guidance.
- We were not assured that all staff knew how to respond to a medical emergency and had not completed training in emergency resuscitation and basic life support every year. Only one member of staff had completed training.
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- The provider did not have adequate systems to minimise the risk that can be caused from substances that are hazardous to health. In particular,[HA1]
- The provider had not carried out risk assessments in relation to the safe storage and handling of substances hazardous to health
- We saw a bottle of bleach stored in the patient toilet on the windowsill

Information to deliver safe care and treatment

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- Records were not kept securely and did not comply with General Data Protection Regulation requirements. In particular, paper notes were stored in a corridor in unlocked cabinets.
- The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

- The provider did not have systems for appropriate and safe handling of medicines.
- Antimicrobial prescribing audits were not carried out.
- We saw NHS prescriptions were not stored as described in current guidance.
- The provider did not have an adequate stock control system of medicines which were held on site. We found dental materials that were out of date. We saw that local anaesthetic cartridges were removed from their blister packs. We found out of date saline solution in the fridge. The fridge where medicines were stored had not been temperature monitored.
- We saw partly used compules of white filling material in the draws for re-use. These are single use items and are to be disposed of after use.

Track record on safety, and lessons learned and improvements

- The provider had implemented systems for reviewing and investigating when things went wrong.
- The provider 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 not providing effective 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.

Effective needs assessment, care and treatment

- The practice did not have systems to keep dental professionals up to date with current evidence-based practice. In particular, we did not see any training for the dentists, hygienist or dental nurse.

Helping patients to live healthier lives

- The practice provided preventive care and supported patients to ensure better oral health. However we did not see six point pocket charting or classification of periodontal health.

Consent to care and treatment

- Staff obtained consent to care and treatment in line with legislation and guidance.
- Some staff understood their responsibilities under the Mental Capacity Act 2005.
- Some staff did not understand their responsibilities under the Mental Capacity Act 2005(MCA).
- Records were not available to demonstrate staff undertook training in 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 with the exception of some periodontal health information and temporomandibular joint function.
- Some staff were able to demonstrate a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. In particular, we were unable to speak with the dentist to discuss this.
- We saw evidence the dentists justified, graded and reported on the radiographs they took.
- The provider had not carried out radiography audits every year following current guidance and legislation

Effective staffing

- Staff had the skills, knowledge and experience to carry out their roles.
- Staff had a structured induction.
- Records were not available to demonstrate clinical staff completed continuing professional development as required for their registration with the General Dental Council. In particular, we did not see any records of training for the dentists, hygienist or the dental nurse. [PD9] [HA10]

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 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 provider did not demonstrate a transparent and open culture in relation to people's safety. In particular, areas of the practice had not been maintained sufficiently and no auditing of processes and systems had taken place. Where some risk assessments had been conducted actions identified had not been addressed.
- Systems and processes were not fully embedded among staff.
- The inspection highlighted some issues or omissions. For example, gaps in systems and processes had not been identified. Auditing was not conducted or audits that had been conducted had not identified issues found during the inspection.
- Some of the information and evidence presented during the inspection process was disorganised and poorly documented. For example, COSHH assessments were not complete, training information was not available for some staff and dental records were incomplete.

Culture

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The provider did not have arrangements for staff to discuss their training needs at an annual appraisals/one to one meetings/ during clinical supervision.
- There were informal opportunities for staff to discuss learning needs, general wellbeing and aims for future professional development.
- We saw no evidence to demonstrate that staff completed appraisals.

Governance and management

- Staff had clear responsibilities roles and systems of accountability.
- The provider did not have effective governance and management arrangements. In particular, audits that had been completed had not identified issues and gaps in processes, and other audits such as radiographic quality assurance, antimicrobial prescribing and patient records had not been conducted.
- The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Although these could be improved.

Appropriate and accurate information

- The provider did not use quality and operational information, for example NHS BSA performance info, surveys, audits, external body reviews to ensure and improve performance.
- The provider 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

- There was no evidence staff involved patients, the public, staff and external partners to support the service.
- There was no evidence to show that the provider gathered feedback from staff through meetings, surveys, and informal discussions.
- The provider did not organise regular staff meetings

Are services well-led?

Continuous improvement and innovation

- The provider did not have systems and processes in place for learning, continuous improvement and innovation.
- The provider did not have appropriate quality assurance processes to encourage learning and continuous improvement.
- The provider had not undertaken audits of disability access, radiographs and infection prevention and control in accordance with current guidance and legislation
- There was no evidence to show that 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <ul style="list-style-type: none">• Actions identified on the legionella risk assessment had not been addressed.• Water temperature monitoring was ineffective as it had failed to identify the hot water was below the minimum threshold to ensure that legionella cannot develop• There were no risk assessments for sepsis awareness or use of the dental dam• COSHH assessments were not available for all of the products, medicines and materials used at the practice. We saw a bottle of bleach in the patient toilet on the windowsill. <p>The premises being used to care for and treat service users was not being used in a safe way. In particular:</p> <ul style="list-style-type: none">• Premises had not been maintained to a sufficient standard which allows effective cleaning.• Ceiling tiles were missing in the decontamination room <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• Local anaesthetic cartridges were removed before use from their blister packs and stored in draws which does not prevent contamination.• Single use items were being re-used• We found out of date items in treatment room 2• We found bags of saline in the fridge that had expired• We found the fridge used to store medicines was not temperature monitored.

Requirement notices

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:

- used instruments were not kept moist to facilitate effective cleaning.
- Environmental cleaning was not effective and there were areas of visible dirt and debris in the decontamination room and patient toilet
- Lubrication oil for the handpieces was not labelled clean or dirty
- Burs stored in treatment room 2 were visibly dirty and rusty. The stand they were stored in had a layer of dust.
- Bins used to store clinical waste were not foot operated and we found a pharmaceutical bin which was full and an amalgam separation container that required collection.

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.

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:

- The infection control audit had failed to identify issues and gaps in the infection control of the practice
- Audits for the quality assurance of X-rays had not been conducted
- Local rules for the X-ray equipment did not relate to the current legislation
- Acceptance tests for both X-ray units stated the entrance dose was too low. We were not assured this had been addressed

Requirement notices

- The X-ray isolation switch for the X-ray unit in treatment room 1 was within the controlled area.
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The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- There was no recruitment information for the locum dentist
- There were no disclosure and barring checks for two members of staff
- We did not see information relating to conduct in previous employment for any of the staff
- Staff had not completed training for safeguarding, medical emergencies or infection control