Dental Logic Limited

Dental Logic

Inspection report

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Overall summary

We carried out this announced focussed inspection on 15 November 2021 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 asked 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:

Are services safe?

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

Are services effective?

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

Are services well-led?

Summary of findings

We found this practice was not providing well-led care in accordance with the relevant regulations.

Background

Dental Logic is in Kirk Ella, near Hull 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 are available near the practice.

The dental team includes one dentist, four part time dental nurses, one dental hygienist, one receptionist and a practice manager. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Dental Logic is the practice manager.

During the inspection we spoke with the dentist, two dental nurses, the receptionist 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 Thursday from 8:30am to 5:30pm

Friday from 8:30am to 4pm

Our key findings were:

- The practice appeared to be visibly clean.
- Improvements could be made to infection control procedures to ensure they reflect published guidance.
- Staff knew how to deal with emergencies. On the day of inspection, not all medicines and life-saving equipment were available. These were ordered immediately.
- Improvements could be made to the process for managing the risks associated with Legionella and Covid-19.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation. Improvements could be made to the process for obtaining Disclosure and Barring Service (DBS) checks for new members of staff.
- Systems to ensure dental equipment was regularly serviced and maintained was not effective.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had information governance arrangements.

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

Summary of findings

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**No action** ✓
Are services effective?	**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)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. These reflected guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for sterilising instruments in line with HTM 01-05. We noted that heavy duty gloves used as part of the decontamination process were not changed on a weekly basis as required by HTM 01-05. In addition, we identified some unbagged dental burs in one of the surgeries and no process to re-process these at the end of the day. We discussed these issues on the day of inspection and we were told they would be addressed.

The records showed equipment used by staff for cleaning and sterilising instruments was maintained in line with the manufacturers' guidance. We noted the ultrasonic activity test was not carried out on the ultrasonic bath as required by HTM 01-05. We discussed this with staff who told us this would be implemented.

The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

We discussed with staff how they managed the risks associated with COVID-19. Screening and triaging were undertaken prior to patients attending the premises and immediately upon arrival to identify COVID-19 positive individuals or those who may have been exposed to the virus. Enhanced personal protective equipment (PPE) was available for all staff and this had been appropriately fit tested in line with nationally recognised guidance. We were told that the post aerosol generating procedure (AGP) downtime was 15 minutes for both surgeries. We asked the provider how they had come to this time and we were told it was because they had a window open during treatment. Current guidance states that an open window provides one air change per hour. Post AGP downtime is a specific time designed to allow droplets to settle and be removed from the air prior to cleaning the surgery. This takes into account the size of the room and the ventilation within the room and calculates the air changes per hour for that specific room. We were told that in one surgery they did not observe a fallow time when carrying out an AGP. Staff in this surgery were removing their enhanced level face masks prior to the fallow time finishing. In addition, the staff in this surgery were not changing their gowns or visors after each AGP. These are single use items and not intended for sessional use. We discussed this with the provider who took immediate action to address this issue. We were later sent evidence that AGP were not going to be undertaken in this surgery until they had purchased air filtration units for both surgeries and the post AGP downtime had been re-calculated accordingly. We were later sent evidence this had been done.

Are services safe?

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

A Legionella risk assessment had been carried out in 2010. We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems such as monthly checking of water temperatures and dental unit water line management. We were told that a new boiler had been installed recently and a new risk assessment had not been carried out. Current guidance states that if there are any changes to the water system then a new risk assessment should be completed.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected, we saw the practice was visibly clean.

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

Staff carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. However, this audit had not identified the issues we found during the inspection.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentist used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at three staff recruitment records. We noted that two of the Disclosure and Barring Service (DBS) were more than three months old at the point of application and there was no risk assessment in place to mitigate the risks. We discussed the importance of obtaining up to date DBS checks for new members of staff.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. We saw evidence the emergency lighting system had been serviced.

The practice held a radiation protection folder with information relating to how they managed the risks associated with the use of radiation. We saw evidence of the critical examinations and acceptance tests for both X-ray machines. However, for one of the machines installed in 2016 there was no evidence of a routine test. These are due every three years. We were later sent evidence this had been completed after the inspection.

We saw evidence the dentist justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken. The risk assessment did not reflect the processes used by staff when handling sharps, such as the use of safer sharps or disposable matrix bands. We were told this risk assessment would be updated.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff had an awareness of the risks associated with sepsis. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Not all emergency equipment and medicines were available as described in recognised guidance. We noted there was no portable suction device, child sized self-inflating bag, sizes 0, 1 and 2 masks for the self-inflating bag and no size 0 oropharyngeal airway. In addition, there was no 300mg dispersible aspirin. We discussed the missing items on the day of inspection, and these were ordered immediately. In addition, we noted the glucagon was not stored in a temperature-controlled environment and the expiry date had not been adjusted accordingly to reflect this. This was addressed after the inspection.

A dental nurse worked with the dentist and the dental hygienist when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored NHS prescriptions as described in current guidance. On the day of inspection, we noted an active log of NHS prescriptions was not maintained. We discussed this with staff who implemented a log on the day of inspection.

The dentist was aware of current guidance with regards to prescribing medicines.

Track record on safety, and lessons learned and improvements

Are services safe?

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

Where there had been a safety incident, we saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

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 clinicians up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentist gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice including had a structured induction programme. We confirmed clinical staff completed the continuing professional development 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 dentist 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.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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.

Improvements could be made to the process for managing the risks associated with the carrying on of the regulated activities:

- The risks associated with the COVID-19 were not managed appropriately. Post AGP downtime was not being observed in one of the surgeries, enhanced PPE was removed in the surgery and single use gowns and visors were not disposed of after each AGP.
- The system in place to ensure medical emergency equipment reflected nationally recognised guidance was not effective. There was no portable suction device, child sized self-inflating bag, sizes 0, 1 and 2 masks for the self-inflating bag and no size 0 oropharyngeal airway.
- The system in place to ensure infection control procedures reflected nationally recognised guidance was not effective. The ultrasonic activity test was not carried out on the ultrasonic bath, heavy duty gloves used as part of the decontamination process were not changed on a weekly basis and we identified unbagged re-usable instruments in one surgery.
- The system to ensure equipment was maintained appropriately was not effective. There was no evidence one of the X-ray machines had been subject to the three yearly routine test, there was no fixed wire installation examination certificate and no gas safety certificate.
- The system in place to ensure the risks associated with Legionella were appropriately managed was not effective. A new risk assessment had not been carried out following the installation of a new boiler.
- The system in place to ensure a current DBS check was sought at the point of employment was not effective. We noted that two of the Disclosure and Barring Service (DBS) were more than three months old at the point of application and there was no risk assessment in place to mitigate the risks.

Are services well-led?

After the inspection the provider took immediate action to address the issues identified on the day of the inspection.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS Business Services Authority performance information, surveys, audits and external body reviews were used to ensure and improve performance. Performance information was combined with the views of patients.

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

Staff involved patients, the public, staff and external partners to support the service.

The provider encouraged verbal comments to obtain patients' views about the service. We also saw thank you cards from patients.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. The infection prevention and control audit had not identified the issues we found during the inspection. We were told this would be completed again.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

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 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: • The system for managing the risks associated with COVID-19 was not effective. • The system for ensuring infection prevention and control systems reflected nationally recognised guidance was not effective. • The system for ensuring medical emergency equipment reflects nationally recognised guidance was not effective. • The system for ensuring equipment was maintained appropriately was not effective. • The system for managing the risks associated with Legionella was not effective. • The system in place for ensuring a current Disclosure and Barring Service (DBS) check was sought at the point of employment was not effective. 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 improve the quality and safety of the services being provided. In particular: • The infection prevention and control audit did not reflect our findings on the day of inspection. Regulation 17 (1)