

Dr. Ahmad Kakay-Afshary

Caldecott Dental Practice

Inspection report

44 Regent Place
Rugby
CV21 2PN
Tel: 01788568477

Date of inspection visit: 01 June 2023
Date of publication: 05/07/2023

Overall summary

We carried out this announced comprehensive inspection on 1 June 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Our findings were:

- The dental clinic appeared clean.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice systems to help them manage risk to patients and staff were not robust or effective. Specifically, fire safety and legionella management.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.

Summary of findings

- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- Effective leadership and a culture of continuous improvement required improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided. There was scope for improvement in responding to online feedback and ensuring audits accurately reflected findings.
- Overall governance systems in the practice required strengthening.

Background

The provider has 1 practice, and this report is about Caldecott Dental practice.

Caldecott Dental practice is in Rugby and provides NHS and private dental care and treatment for adults and children.

There is step free 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 reasonable adjustments to support patients with access requirements.

The dental team includes 4 dentists, 4 qualified dental nurses, 1 trainee dental nurse, 1 dental hygienist, 1 dental therapist, 1 practice manager and 1 receptionist. The practice has 4 treatment rooms.

During the inspection we spoke with 2 dentists, 1 dental nurse, 1 trainee dental nurse, 1 dental therapist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 9am to 5pm.

Saturdays by appointment only.

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 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 an effective system for identifying, disposing, and replenishing of out-of-date stock.
- Implement a system to ensure patient referrals to other dental or health care professionals are actively monitored to ensure they are received in a timely manner and not lost.

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 safeguarding lead and 2 other staff were trained to level 3.

The practice had infection control procedures which reflected published guidance.

The practice had an external Legionella risk assessment in 2017. The practice had not reviewed recommended actions such as descaling taps within the practice as several were found with limescale. The practice legionella risk assessment was not up to date due to the implementation of an additional surgery.

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. However, there was not an effective schedule in place to ensure that the practice had assurances that the external cleaning company were cleaning the premises to an acceptable standard.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

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

The practice ensured most equipment was safe to use, maintained and serviced according to manufacturers' instructions. We found a dental chair used by nurses was broken and required replacement.

The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. However, there was scope for improvement as we found the management of fire safety was not effective. The 5 yearly electrical fixed wire testing had not completed since 2014. There was no monthly fire extinguisher checks to ensure safe use. The practice had emergency lighting, but this had not been serviced.

Following our inspection, the provider submitted evidence of an updated fire risk assessment and had begun monthly fire extinguisher checks.

The practice had arrangements to ensure the safety of the X-ray equipment. However, some of the required radiation protection information was not available. This included the practice local rules, registration with the Health and Safety Executive and an appointment in writing of the Radiation Protection Supervisor.

Following our inspection, the provider submitted evidence of an appointment of the Radiation Protection Supervisor.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness.

Emergency equipment and medicines were available and checked in accordance with national guidance.

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

Are services safe?

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

Information to deliver safe care and treatment

Patient care records were complete, legible, 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 system to ensure medicines and materials were in date required improvement. We found expired local anaesthetic and expired infrequently used dental materials.

Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. There was scope to ensure these were strengthened to document any learning and improvements made.

The practice did not have an effective system for receiving and acting on safety alerts. Staff were aware of recent safety alerts. We noted actions were not documented, and learning was not shared with others. We were told this was due to work related pressures.

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.

The practice had information leaflets on wisdom teeth, sensitive teeth, pregnancy, diabetes and periodontal disease.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They 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 patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out continuous radiography audits following current guidance.

Effective staffing

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

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

The dental hygienist worked with chairside support.

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 online to a range of specialists in primary and secondary care for treatment the practice did not provide. Systems to monitor patient referrals to other services were not monitored. The practice could not be assured that external referrals were received and responded to within an appropriate timeframe.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

On the day of inspection, we spoke with 1 patient who was visiting the practice for the first time. They were grateful to have received an appointment due to difficulties accessing NHS dentistry within the area.

We reviewed 10 comment cards from the NHS Friends and family test in March 2023. Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. However, consultation rooms did not have blinds or window coverings to protect patients' privacy.

The practice had installed closed-circuit television to improve security for patients and staff. Not all of the relevant policies and protocols were in place. For example, a privacy impact assessment had not been completed.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's information leaflet provided patients with information about the range of treatments available at the practice.

The practice website had a dedicated children's area which included educational games and videos to reinforce the importance of good dental health.

The dentists explained the methods they used to help patients understand their treatment options. These included photographs, study models, videos and X-ray images.

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 organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including a ramp and disabled toilet for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. However, the audit did not highlight adjustments required in an emergency. For example, the fire exit at the rear of the property did not have a ramp for patients with access requirements. Staff were unsure how to source information in braille or larger print.

Some staff were able to speak several languages including, Polish, Slovakian, Turkish, Russian, Farsi, Arabic, German and Swedish. This information was displayed on a notice board within the practice so that patients were aware.

Timely access to services

The practice displayed its opening hours and provided information on their website and patient information leaflet.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. At the time of inspection, the practice was accepting both NHS and private patients. The next available appointment for an examination was within 2 days and for treatment was within the week.

The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. NHS patients who were not registered with the practice but required an emergency appointment were given appointments. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice told us they had not received any complaints directly to the practice. There was scope for improvement in listening and learning from concerns and online feedback. The practice had received 24 online reviews with an average of 2.9 stars. Feedback was mixed and the practice was unable to demonstrate what action it had taken to respond to these.

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

Leadership and running of the practice were shared between the registered manager and practice manager. The registered manager was responsible for areas such as clinical guidance, fire safety management and estate matters. The practice manager was responsible for staff recruitment, personnel issues, equipment maintenance and governance including policies and procedures. The practice manager held reception duties and dental nursing during annual leave and staffing shortages.

The practice subscribed to an on-line governance tool to help in the running of the service. However, templates from this had not always been edited to reflect the actual processes and procedures in place at the practice.

We identified shortfalls in relation to the practice's risk assessing, relating to fire, legionella and safety alerts which indicated that governance and oversight of the practice needed to be strengthened. Leaders reported that they struggled to find time to complete governance related tasks due to incidences of short staffing and recruitment difficulties.

Following our inspection, the provider submitted information addressing some of the shortfalls we identified demonstrating the providers commitment to improving the service.

Culture

Many of the practice team were long standing and felt happy, respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff could access their training online and provided financial support. The practice told us they had requested training certificates from staff who were self-employed, these had not been provided to the practice at the time of our inspection.

Governance and management

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff. Not all policies, protocols and procedures had been reviewed on a regular basis and some did not accurately reflect systems and processes in place. We were told this was due to staffing shortages.

We saw there was not always clear and effective processes for managing risks. For example, in relation to legionella and fire.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Are services well-led?

Staff gathered feedback from patients via surveys and the NHS friends and family test. The latest survey in April 2023 received 4 responses. The responses were positive, however the action plan and summary completed by the practice did not accurately represent the responses.

Feedback from staff was obtained through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were mostly listened to and acted on where appropriate.

Continuous improvement and innovation

The practice undertook audits of infection control, dental care records, radiography and antibiotic prescribing. Staff kept records of the results of these audits and the resulting action plans and improvements.

The practice therapist had won dental awards for Dental Therapist of the year in 2022.

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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 Good governance</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">• The management of fire safety was not effective. The 5 yearly electrical fixed wire testing had not been completed since 2014. There were no monthly fire extinguisher checks to ensure safe use. The practice had emergency lighting, but this had not been serviced.• There were limited systems for monitoring risk assessment action plans and ensuring improvement was put in place. For example, updating the legionella risk assessment to incorporate the installation of an additional treatment room. Ensuring all water outlets were clean and free from limescale.• The governance relating to X-ray equipment was not in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017. In particular in relation to local rules and written appointment of the Radiation protection supervisor.

This section is primarily information for the provider

Requirement notices

- There was no evidence to show how learning from safety alerts, accidents and incidents had been actioned or shared across the staff team to prevent their recurrence.