Mr. Robert Carter

Bell House Dental Practice

Inspection report

7 New Church Street
Tetbury
GL8 8DS
Tel: 01666503788

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Overall summary

We carried out this announced comprehensive inspection on 28 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 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 and well-maintained.
- The practice's infection control procedures were not effective.
- Staff knew how to deal with medical emergencies.
- The provider did not operate effective systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff recruitment procedures were not operated effectively.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect.

Summary of findings

- 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.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The practice did not have appropriate quality assurance processes to encourage learning and continuous improvement.
- The practice's information governance arrangements required improvement.

Background

Bell House Dental Practice is situated in Tetbury and provides private dental care and treatment for adults and children.

There is step free access to the practice, via a ramp 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 1 dentist, 2 dental nurses and a dental hygienist.

The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist, 2 dental nurses and a dental hygienist.

We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

- Monday 8.30am to 5.00pm
- Tuesday 9.00am to 5.00pm
- Wednesday 8.30am to 1.00pm
- Thursday 9.00am to 5.00pm
- Friday 8.30am to 1.00pm

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 audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

Summary of findings

- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.

The provider accepted the shortfalls that we raised and took immediate action the day of our inspection to begin to address these.

Where evidence is sent that shows the relevant issues have been acted on, we have stated this in our report, but we cannot say that the practice is compliant for that key question as this would not be an accurate reflection of what was found on the day of our inspection.

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, premises, and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice did not have effective infection prevention and control procedures which reflected current published guidance. We found:

- Ultrasonic bath foil testing did not follow national infection prevention and control protocols.
- A sanitary bin was not available in the female toilet.
- The dental operator's stool covering was not intact.
- The skirting to floor seal was incomplete in places in a treatment room.
- Hand cream was not available in the decontamination room.
- The sofa in the treatment room had a material cover which made cleaning a barrier.

The practice did not have procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

- A legionella risk assessment had not been carried out.

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 was an effective schedule in place to ensure it was kept clean.

We saw that cleaning equipment (mops) storage arrangements did not follow national guidance.

Recruitment checks had not been conducted in accordance with relevant legislation to help them employ suitable staff. We looked at one staff recruitment record and evidence presented to us found:

A hygienist was recruited on trust. No pre-employment checks were carried out.

Checks missing included:

- Employment history
- Eligibility to work in the UK
- Photographic ID
- Health assessment
- Written explanation of gaps in employment history
- Conduct in previous employment (reference)
- Induction was not recorded for the hygienist.

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

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. However, the effectiveness of the vaccination was not checked for 2 of the 4 clinical staff.

A fire safety risk assessment was conducted in line with the legal requirements. The management of fire safety was not effective. In particular:

Are services safe?

- Fire escape route signage positioning was not effective (front door).
- Smoke detectors were not tested weekly.
- Two extension leads appeared fully loaded with plugs in reception. Overloading an extension lead by plugging in appliances that together will exceed the maximum current rating stated for the extension lead could cause the plug in the wall socket to overheat and possibly cause a fire.

The practice did not have arrangements to ensure the safe use of the X-ray equipment. In particular:

- A radiation warning sign was not available on the treatment room door containing the x-ray machine.
- An annual mechanical test certificate was not available for the x-ray set.

Risks to staff and patients

The practice had not effectively implemented systems to assess, monitor and manage risks to patient and staff safety. Specifically:

- A blood spillage kit was not available.
- A lone worker risk assessment was not available for the hygienist.
- A lone worker risk assessment was not available for the dentist working out of hours.
- No sepsis reference information was available.

Records were not available to confirm that emergency equipment and medicines were available and checked in accordance with national guidance. In particular:

- Staff did not maintain a log to confirm emergency equipment and medicines were checked at appropriate intervals (at least weekly).
- A self-inflating bag with reservoir was not available.
- Glucagon was not refrigerated. Its expiry date had not been adjusted to reflect the storage arrangement.
- The size 0 oropharyngeal airway was in use beyond its expiry date.

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

The practice had safety data sheets available for the control of substances that are hazardous to health (COSHH). Improvement was needed is areas. These included:

- COSHH risk assessments were not available for all relevant substances.
- COSHH products were not stored securely or labelled appropriately.
- Waste collection notes were not stored in an ordered way for the previous 3 years.

Information to deliver safe care and treatment

Patient care records were complete and legible.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

Antimicrobial prescribing audits were not carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

Accidents were not recorded on correct documentation (GDPR accident book).

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.

Involvement in local schemes

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

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 did not carry out radiography audits six-monthly following current guidance.

Effective staffing

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

Clinical staff completed 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 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 3 patients who all told us that staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

A quantity of patient paper records were stored on open shelves in the staff area. The provider assured us they would relocate these as soon as practicably possible.

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 dentist explained the methods they used to help patients understand their treatment options. These included photographs, study models, X-ray images and an intra-oral camera.

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, for patients with access requirements. Adjustments included:

- Reading glasses at reception
- Step free access via a portable ramp.

Staff had carried out a disability access audit.

A portable hearing loop was not available.

Timely access to services

The practice displayed its opening hours and provided information on their front door.

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

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 answerphone provided telephone numbers for patients needing emergency dental treatment when the practice was not open.

Staff took part in an emergency on-call arrangement with another local practices and patients were directed to the appropriate out of hours service.

Patients who needed an urgent appointment were offered one in a timely manner. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice had protocols in place to responded to concerns and complaints appropriately. We were told there had not been any complaints for a considerable time.

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.

Leadership capacity and capability

We found improvements were needed to ensure the management and oversight of procedures that supported the delivery of care was effective.

Culture

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

Governance and management

The provider had overall responsibility for the clinical leadership of the practice.

The provider had a system of clinical governance in place which included policies, protocols and procedures. These were accessible to all members of staff, but systems were not routinely followed.

We saw there were clear and effective processes for managing risks, issues and performance but these were not followed which resulted in poor risk management at the practice.

The management of radiography, recruitment, fire safety, COSHH, infection control, emergency medicines and equipment, and legionella required improvement.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice's information governance arrangements required improvement.

Engagement with patients, the public and staff

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

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

Continuous improvement

The provider had quality assurance processes to encourage learning and continuous improvement, but these were not operated effectively.

Infection control and disability access audits were carried out correctly. But other audits were outstanding:

- Radiology audits were not carried out.
- Antimicrobial audits were not carried out.
- Patient care record audits were not carried out.

Are services well-led?

The provider should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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 Treatment of disease, disorder or injury Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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: **Infection Control** • Ultrasonic bath foil testing did not follow national infection prevention and control protocols. • The dental operator's stool covering was not intact. • The skirting to floor seal was incomplete in places in a treatment room. • Cleaning equipment (mops) storage arrangements did not follow national guidance. • The sofa in the treatment room had a material cover which made cleaning a barrier. **Legionella** • A legionella risk assessment had not been carried out. **Recruitment** A hygienist was recruited on trust. No pre-employment checks were carried out. Checks missing included: • Employment history. • Eligibility to work in the UK. • Photographic ID. • Health assessment. • Written explanation of gaps in employment history. • Conduct in previous employment (reference). • Induction was not recorded for the hygienist. **Fire Safety**

This section is primarily information for the provider

Requirement notices

- Fire escape route signage positioning was not effective (front door).
- Smoke detectors were not tested weekly.
- Two extension leads appeared fully loaded with plugs in reception. Overloading an extension lead by plugging in appliances that together will exceed the maximum current rating stated for the extension lead could cause the plug in the wall socket to overheat and possibly cause a fire.

Control of Substances Hazardous to Health (COSHH)

- COSHH risk assessments were not available for COSHH relevant substances.
- A blood spillage kit was not available.
- COSHH products were not stored securely in the kitchen.
- Sanitary bins were not available in the practice. The Workplace (Health, Safety and Welfare) Regulations 1992 specify that all businesses must provide a suitable means for disposing of sanitary products in each female toilet.

Radiography

- Radiography audits were not carried out.

Risk to staff and patients

- A lone worker risk assessment was not available for the hygienist.
- A lone worker risk assessment was not available for the dentist working out of hours.
- No sepsis reference information was available.

Emergency medicines and equipment

- Staff did not maintain a log to confirm emergency equipment and medicines were checked appropriate intervals (at least weekly).
- A self-inflating bag with reservoir was not available.
- Glucagon was not refrigerated. Its expiry date had not been adjusted to reflect the storage arrangement.
- Oropharyngeal airway size 0 was in use beyond its expiry date.

General Data protection Requirements (GDPR)

This section is primarily information for the provider

Requirement notices

- Security of paper patient care records in the staff kitchen required improvement.
- A GDPR compliant accident book was not available.

Equality Act 2010

- A portable hearing loop was not available.