Chelmer Village Associates Limited

Chelmer Village Dental

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 20 October 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 infection control procedures did not always reflect published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were not available in line with guidance.
- The practice systems to manage risks for patients, staff, equipment and the premises were not always effective or embedded.

Summary of findings

- 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.
- 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.
- Leadership was not always effective, and a culture of continuous improvement was not established.
- There was scope for improvement to ensure that staff felt involved and supported in the operation of the practice.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

Chelmer Village Dental is in Chelmer Village, Chelmsford, Essex 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 3 dentists, 5 dental nurses, 3 dental hygienists, 1 practice manager and 2 receptionists. The practice has 4 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 2 receptionists 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 and Tuesday 8.30am to 5.30pm.

Wednesday, Thursday and Friday 9am to 5pm.

We identified regulations the provider is 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

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.

Infection control procedures at the practice were in place. However, decontamination procedures did not always reflect published guidance. We identified procedures that were not reflective of the practice policy. There was scope to strengthen processes for hand washing and the use of personal protective equipment. During the inspection, the provider confirmed that action had been put in place to address some of these issues.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

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 a schedule in place to ensure it was kept clean. However, there was scope to ensure cleaning equipment was in line with recommended guidance and cleaning chemicals were stored securely.

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 equipment was safe to use, maintained and serviced according to manufacturers' instructions. During the inspection the practice were unable to confirm if the air conditioning equipment had been serviced. Immediately following the inspection, the provider submitted evidence that this equipment had been serviced annually, with the last service date on 22 March 2023. 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. The management of fire safety was effective.

The practice arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available however were not effective. This included cone-beam computed tomography (CBCT) equipment. We noted the practice radiation folder was incomplete. There was no evidence of training for the CBCT operators, annual electrical mechanical checks were not seen and actions from recent radiation performance checks were not recorded. Following the inspection, the practice submitted evidence of some actions to address these issues.

There was no evidence of the practice registration with the Health and Safety Executive (HSE), however following the inspection, the provider submitted evidence that this was in place.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. There was scope to ensure risk assessments of sharps safety and lone working were in place. We noted the practice sharps policy did not reflect the processes in place in the practice. We noted the policy referred to needle blocks, however these were not available in treatment rooms.

Are services safe?

Emergency equipment and medicines were not always available and checked in accordance with national guidance. We identified multiple items that were not stored in a sterile manner or had exceeded the manufacturers use by date, specifically; out of date syringes, airways expired in 2007, out of date cannulas, expired GlucoGel (a medication used to manage hypoglycaemia) and a first aid kit that expired in 2015. The practice only had one EpiPen (a medication that can help decrease the body's allergic reaction). There was no Buccolam available (a medicine used to stop prolonged, sudden convulsive seizures in children and adolescents). We found face masks that were not pouched and there was no spacer device available for the salbutamol. Checks of this equipment had failed to identify these issues. Following our inspection, the provider submitted evidence that replacement emergency medicines and equipment had been purchased, and a new monitoring system had been implemented.

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 a risk assessment to minimise the risk that could be caused from substances that were hazardous to health. This did not reflect the substances in use at the practice at the time of our inspection. We noted that the practice did not have any safety data sheets for the substances in use at the practice, including household cleaning substances. We were not assured the practice had processes in place for the safe handling and disposal of 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 2 week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not carried out. Following the inspection, the practice implemented an antimicrobial audit.

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.

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. This included regular information updates from the Chief Dental Officer and NHS England. In addition, the practice held daily staff discussions and weekly clinical and compliance communications.

The practice had access to digital X-rays to enhance the delivery of care.

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

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Oral health advice and preventative care was provided by the dentists and the dental hygienist.

The practice sold dental sundries such as interdental brushes and dental floss to help patients manage their oral health.

Patient records included details of advice given in relation to diet, oral hygiene instructions and guidance on the effects of alcohol consumption on oral health. Dentists discussed the effects of smoking on oral health with patients as necessary and directed patients to local stop smoking services when appropriate.

Information leaflets were available to patients as recommended by the dentist or upon request. These were available in a larger font as required.

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. However, the practice had not undertaken 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.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

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 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.

Patient feedback we reviewed was generally positive. We looked at online reviews. We observed numerous positive interactions, in person and on the telephone, between staff and patients.

Patients commented on specific support and kindness provided by staff during their treatment. Comments reviewed from patients reflected a high level of satisfaction with the quality of their dental treatment and the staff who delivered it.

Staff described to us some of the ways they enabled nervous patients to undergo their treatments.

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.

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 website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included photographs, study models 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 level access, ground floor treatment rooms 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.

Timely access to services

The practice displayed its opening hours and provided information on their website, patient information leaflet and social media pages.

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 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. 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 responded to concerns and complaints appropriately. Information about how patients could raise their concerns was available in the waiting area and the staff spoke knowledgeably about how they would deal with a complaint. Staff discussed outcomes to share learning and improve the service.

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 practice provider demonstrated a transparent and open culture in relation to people's safety.

However, there was scope for improvement in establishing an effective, inclusive leadership structure with emphasis on people's safety and continually striving to improve.

Systems and processes were not embedded amongst the practice team. The inspection highlighted significant omissions which the provider had begun to address.

The information and evidence presented during the inspection process was not always clear or well documented.

We saw the practice had some processes to support and develop staff with additional roles and responsibilities.

Culture

Staff could not always demonstrate how they ensured high-quality sustainable services and demonstrated improvements over time.

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

Staff did not have a formal process to discuss their training needs. Records of staff meetings, and appraisals were not seen. Following the inspection, the provider submitted evidence of agendas provided for staff online discussions.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff did not always have clear responsibilities, roles and systems of accountability to support good governance and management. Systems required updating to reflect procedures at the service and to effectively identify and mitigate against risk.

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.

We found that processes for managing risks, issues and performance were not effective. We noted shortfalls in appropriately assessing and mitigating risks in relation to substance hazardous to health, infection control processes, lone working, sharps and medical emergency equipment checks.

Appropriate and accurate information

Staff acted on 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

Staff gathered feedback from patients, the public and external partners.

Are services well-led?

A mechanism was not in place to gather feedback from staff or to encourage them to offer suggestions for improvements to the service.

Continuous improvement and innovation

The practice systems and processes for learning, quality assurance and continuous improvement were not robust, effective or established amongst the staff team. Audits of radiographs, antimicrobial prescribing, and infection prevention and control were either not undertaken or were not carried out in line with guidance or recommended time frames. Records of the results of completed audits did not lead to the development of action plans and improvements.

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 **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 17 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. How the Regulation was not being met 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: • Arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available were not effective. This included cone-beam computed tomography (CBCT) equipment. The practice radiation folder was incomplete. There was no evidence of training for the CBCT operators, annual electrical mechanical checks were not seen and actions from recent radiation performance checks were not recorded. • Monitoring checks of the availability of medical emergency equipment was not effective. Items had exceeded their recommended use by date and were not stored in a sterile manner.

This section is primarily information for the provider

Requirement notices

- Management of the risks from working with sharps dental instruments were not in place. The sharps safety policy did not reflect the processes in place at the practice.
- Risk assessment to minimise the risk of staff working without chairside support or working alone in the practice were not in place.
- The risk assessment to minimise the risk that could be caused from substances that are hazardous to health did not reflect the substances in use at the practice at the time of our inspection. Safety data sheets were not in place.
- Audits of infection prevention and control were not carried out in line with recommended guidance.
- Audits of radiography were not undertaken.
- A system to allow staff to discuss training needs, feedback about practice issues or raise concerns was not established.