

Mann Dental Care Limited

# Eight Ash Green Dental Surgery

## Inspection report

Halstead Road  
Eight Ash Green  
Colchester  
CO6 3QA  
Tel: 01206544420  
[www.eagds.co.uk](http://www.eagds.co.uk)

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### Overall summary

We carried out this announced inspection on 3 September 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.

As part of this inspection we asked;

- 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 not 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.

# Summary of findings

## Are services well-led?

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

## Background

Eight Ash Green Dental Surgery is in Eight Ash Green, Colchester, Essex and provides 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 at the side of the practice.

The dental team includes one dentist and one dental nurse. The practice has one treatment room.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with one dentist and the dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Thursday and Friday from 9am to 6pm, Saturday from 9am to 1pm.

## Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- Staff had not received recent emergency resuscitation and basic life support training; we were not assured they all knew how to deal with medical emergencies. Following the inspection, we were assured all staff had completed this training.
- Not all the appropriate medicines and life-saving equipment were available.
- Following the inspection we were provided evidence that systems were in place to ensure equipment used to decontaminate instruments was maintained in accordance with manufacturers guidance.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Not all safeguarding information was accessible for staff. Following the inspection, we were assured this was in place.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- There were no details of Disclosure and Barring Service checks for one member of staff and no recruitment information was available for review at the practice. Following the inspection we were provided information to confirm these were in place.
- Staff felt involved and supported.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.

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

# Summary of findings

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

**Full details of the regulation/s the provider was/is not meeting are at the end of this report.**



There were areas where the provider could make improvements. They should:

- Implement systems for environmental cleaning taking into account the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices. In particular; ensure logs of both decontamination cleaning and processes and environmental cleaning are put in place.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

<b>Are services safe?</b>	<b>Requirements notice</b> 
<b>Are services effective?</b>	<b>No action</b> 
<b>Are services well-led?</b>	<b>Requirements notice</b> 

# Are services safe?

## Our findings

We found this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement 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.

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

Staff had some 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 however information about identifying, reporting and dealing with suspected abuse was not readily accessible to staff. There were no contact details about protection agencies available to support staff. We were not assured the contact numbers for safeguarding agencies the practice held on their policy were reviewed and updated. Following the inspection, we were provided evidence to confirm these were in place. We were told that staff had received safeguarding training, but we did not see any training certificates. Staff knew about the signs and symptoms of abuse and neglect, but were unclear how to report these 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. They followed 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 transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. However, there were no records which showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider told us this had been scheduled for October 2021. We were told they would confirm to CQC once this had been completed. Following this inspection, we were sent evidence to demonstrate that equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff.

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.

We saw staff had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems were in place. The provider had undertaken a Legionella risk assessment, there was no evidence to confirm what training they had undertaken prior to completing this risk assessment. Following this inspection, we were sent evidence to demonstrate that the provider was the named legionella lead and had undertaken Legionella awareness training. We were told hot and cold-water temperature testing was undertaken but we did not see any evidence of testing and dental unit water line management. Following this inspection, the provider assured us that these were now in place.

When we inspected, we saw the practice was visibly clean and well maintained. However, there was no documented cleaning schedules to ensure the cleaning systems for the practice were effective. Following this inspection, the provider assured us that these were now in place.

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

# Are services safe?

The dental nurse carried out infection prevention and control audits twice a year. These were not available for review during our inspection. Following the inspection, we were sent the two most recent audits from 5 March 2021 and 29 August 2021. We noted both these audits were inaccurate as they referred to equipment being serviced and systems such as safer sharps being in place. On inspection we were told safer sharps were not used. In addition, we noted the completion of the audits were incorrect, in particular the audit results and action plans had not been completed correctly. From these it was not clear if the practice was meeting the required standards for infection prevention and control.

The provider had a Whistleblowing Policy. Staff told us they would speak to the dentist if they had any concerns. We noted, the policy was incomplete with no named internal or external contact details. The policy was not dated or signed, and it was unclear when or if this policy had been reviewed, or if it had been read by staff. Following the inspection, we were provided evidence to confirm this was completed.

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.

There was limited recruitment information available for the dental nurse or any other staff the practice used such as a bank dental nurse. From the information the provider sent us we were not assured a disclosure and barring service check or other recruitment information such as references had been obtained for the dental nurse prior to employment. There were no records of staff induction procedures. Following the inspection, the provider sent us the practice's recruitment policy and procedure to help them employ suitable staff. We were provided evidence to confirm that the practice had followed its own recruitment policy when employing staff.

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

Portable appliance testing had been undertaken on 25 August 2021, gas appliances had been serviced on 30 August 2021. The five yearly fixed wire testing of the practice had not been undertaken. The provider confirmed this had been scheduled. Following the inspection, we were provided evidence to confirm this had been completed on 29 September 2021.

Records of servicing for the practice autoclave, washer disinfector, air conditioning units, filtration units or the compressor were not seen during the inspection. We discussed this with the provider who told us they were scheduled to be serviced in October 2021. Following the inspection, we were provided evidence to confirm these were had been undertaken.

We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. We noted from the recent servicing certificate that three of the fire extinguishers required replacing. We were not provided with evidence of checks of the fire detection systems or fire evacuation drills. We discussed this with the provider who assured us they were taking action to resolve these issues.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

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

The dentist 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.

# Are services safe?

The practice had some health and safety policies, procedures and risk assessments in place. However, not all of these were specific to the practice, they were unsigned and undated and therefore it was unclear if and when these had been reviewed to help manage potential risk. Following the inspection, we were sent evidence of some actions taken to review policies and ensure current health and safety information was available. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The provider did not use a system of safer sharps when using needles and other sharp dental items. A sharps risk assessment had been undertaken, however this was not dated. Following the inspection, we were provided evidence to confirm the practice used a system to ensure risks of sharps injuries were mitigated. In addition, we were told the risk assessment had been reviewed on 25 July 2021.

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.

The dentist had completed sepsis awareness training and had a good understanding of both the identification and treatment for sepsis. There were no sepsis prompts for other staff or patient information posters displayed in the practice to ensure staff made triage appointments effectively or to support management of patients who presented with a dental infection. Following the inspection, we were provided evidence to confirm the practice had put these in place.

Not all staff knew how to respond to a medical emergency or had completed training in emergency resuscitation and basic life support every year. Following the inspection, we were provided evidence to confirm staff had completed training in emergency resuscitation and basic life support on 18 September 2021.

Emergency equipment and medicines were not available as described in recognised guidance. We found records to make sure these were available, within their expiry date, and in working order were not undertaken as frequently as recommended in guidance. Daily, weekly or other checks of the automated external defibrillator (AED) or the medical oxygen cylinder were not undertaken. There were no pads with the practice AED. We found medicines to manage low blood sugar or relieve symptoms of asthma were not available in the practice. We discussed this with the provider who told us these were on order. Following the inspection, we were provided with evidence to confirm that missing medicines and equipment had been replaced.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. We noted these were not easily accessible for staff in the event of an emergency. Following the inspection, we were provided with evidence that the systems had been reviewed and these files were now readily accessible to staff.

## **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. We were told these referrals were followed up with a telephone call. However, there were no logs of these referrals to ensure patients were seen quickly by a specialist. Following the inspection, we were provided evidence to confirm the practice had put these in place.

## **Safe and appropriate use of medicines**

Systems for appropriate and safe handling of medicines were not in place.

# Are services safe?

There was no stock control system of medicines which were held on site to ensure that medicines did not pass their expiry date and enough medicines were available if required.

The dentist was aware of current guidance with regards to prescribing medicines. There were no logs of any private prescriptions issued. Following the inspection, the provider confirmed these were in place.

Antimicrobial prescribing audits were carried out annually.

## **Track record on safety, and lessons learned and improvements**

The provider had implemented some systems for reviewing and investigating when things went wrong. We found some risk assessments in relation to safety issues were either incomplete or had not been signed or dated to ensure staff monitored and reviewed these incidents.

We were told in the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated. There were limited systems in place to ensure these would be documented and discussed with the rest of the dental practice team to prevent such occurrences happening again. Following the inspection, the provider confirmed these were in place.

The provider had a system for receiving and acting on national safety alerts. The dentist told us they learned from external safety events as well as patient and medicine safety alerts. This was not formalised. There were no systems in place for documenting any action required or taken from these safety alerts. There was no system in place to ensure these were shared with other staff. Following the inspection, the provider confirmed these were in place.

The practice reviewed Coronavirus (Covid-19) advisory information and alerts. Information was provided to staff and displayed for patients to enable staff to act on any suspected Covid-19 cases. Patients and visitors were requested to wear face coverings and use hand gels provided. On entering the premises, the staff took patients' and visitors' temperatures with an electronic thermometer.



# 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. We saw the dentist assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

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

There was ample car parking available at the practice with level access throughout. The reception desk had a lowered area for those patients who required a lower desk height. The treatment room was on the ground floor with wide doors and spaces throughout the practice for wheelchair access. There were accessible toilets with grab rails. We were told the practice ensured access to appointments daily for those patients in pain who required urgent access.

Comments received from patients reflected high patient satisfaction with the quality of their dental treatment and the staff who delivered it.

### **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 dentist 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, taking plaque and gum bleeding scores 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 were 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.

Following the inspection, we were provided with the practice's consent policy. This 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. It also demonstrated an understanding of 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.

# Are services effective?

(for example, treatment is effective)

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 limited quality assurance processes to encourage learning and continuous improvement. There were limited records of the results of audits, any resulting action plans or improvements documented. We shared this with the provider in our feedback. Following the inspection, the provider confirmed these were in place.

## **Effective staffing**

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

We were told any staff new to the practice including locum, bank or agency staff would have a structured induction programme. Staff told us the provider supported and encouraged them to complete continuing professional development required for their registration with the General Dental Council. There was limited documented evidence of the provider's oversight of staff training, and not all staff had completed the appropriate update training as in line with the General Dental Council professional standards. We shared this with the provider and staff in our feedback.

## **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. However, there were no systems in place to monitor these referrals and ensure they were responded to promptly. Following the inspection, the provider confirmed these were in place.

# 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**

Staff told us the provider was approachable and responded to their needs.

### **Culture**

The practice had a culture of high-quality sustainable care.

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

Staff told us they discussed their training needs at one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development. We did not see any documented records to support this. We were told that as the team was so small many discussions were ad hoc and rarely documented. Following the inspection, the provider confirmed these were in place.

The staff focused on the needs of patients. For example, through the provision of general dentistry the practice aimed to provide regular care at appropriate intervals for patients.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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 dentist had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

We identified a number of shortfalls in the practice's governance arrangements including the provider having a limited system of clinical governance in place. Risk assessments were limited.

We noted that policies, protocols and procedures were either not specific to the practice, had not been dated or signed by staff or were not accessible to all members of staff. As these protocols and procedures were not dated there was no evidence that these had been reviewed and updated on a regular basis. Following the inspection, the provider confirmed these had been reviewed and were in place.

We saw there were no clear or effective processes for managing risks, issues and performance.

There were no processes in place for the provider to have oversight of staff training. There was no evidence of staff receiving regular training or updates. We did not see any staff training certificates, appraisal documents or staff meeting minutes. The practice provided a training log which recorded the dentist completing basic life support (BLS) training prior to our inspection on 30 August 2021. The dental nurse last completed BLS training on 14 October 2016. From our discussions with the staff they were neither familiar or confident with the medical emergency procedures or equipment. Following the inspection, we received evidence that the dentist and dental nurse had completed BLS training on 18 September 2021. In addition, we were provided with evidence of appraisals for the dental nurse undertaken on 10 January 2019, 13 February 2020 and 4 September 2021.

### **Appropriate and accurate information**

# Are services well-led?

Quality and operational information, for example NHS business services authority performance information, surveys and audits were reviewed. There was limited documented evidence of how these were used to ensure and improve performance, or any actions taken as a result of their findings.

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 used patient surveys and encouraged verbal comments to obtain staff and patients' views about the service.

Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

## **Continuous improvement and innovation**

There were some systems and processes for learning, continuous improvement and innovation. However, these were not embedded or regularly reviewed.

We noted that where audits had been undertaken such as infection prevention and control. These were not completed correctly and therefore could not effectively evidence improvements.

We were told the provider supported and encouraged staff to complete continuing professional development. However, we were not assured of the provider's oversight of staff training as in line with General Dental Council professional standards.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <ul style="list-style-type: none"><li>• The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</li><li>• Servicing for the autoclave and washer disinfectant had not been undertaken.</li><li>• Servicing for the pressure vessel had not been undertaken.</li><li>• There was no electrical safety certificate.</li><li>• There was no evidence that action had been taken to mitigate fire risk from the previous fire risk assessment. The registered person was not able to clarify or provide evidence of servicing for the fire detection systems.</li><li>• Staff training in the management of medical emergencies was overdue.</li><li>• The practice's automated external defibrillator did not have pads.</li><li>• Risk assessments in relation to safety issues were either incomplete or had not been signed or dated to ensure staff monitored and reviewed these incidents.</li></ul> <p><b>Regulation 12 (1)</b></p>

Regulated activity	Regulation
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# Requirement notices

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**

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- There was no effective governance and oversight in place to ensure that all tasks were being carried out to the required standard.
- Many policies were generic, undated, not personalised to the practice, unsigned and lead roles were not identified. Policies including (Infection prevention and control, consent and recruitment) could not be produced during the inspection.
- There were ineffective systems for tracking patient referrals. There were no means of identifying which patients had been referred or for identifying significant dates in the referral process.
- There was no system in place for documenting any action required or taken to address any relevant patient safety alerts. There was no system in place to ensure these were shared with other staff.
- There was no system in place to ensure that appropriate emergency medicines and equipment were available to respond to medical emergencies. Systems for checking the availability of medical emergency medicines and equipment to identify missing or expired items were not in line with recommended guidance.

## Requirement notices

- Quality assurance including audits of infection prevention and control did not reflect findings on the day of the inspection. These were either completed inaccurately or did not have accurate learning outcomes and action plans.
- The registered person had undertaken a fire risk assessment; however, they did not have effective oversight of the equipment as the three fire extinguishers all required replacing. No emergency lighting checks, or fire drills were undertaken.
- There were no logs of private prescriptions issued.
- There was no system in place to ensure that staff were up to date with, and had received, appropriate training and development in line with the General Dental Council requirements.

### **Regulation 17 (1)**