

# Ter-Man Healthcare Limited

# Grange Green Dental Practice

## Inspection Report

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### Overall summary

We carried out an unannounced focused inspection on 17 October 2016 following concerns raised anonymously about infection control procedures at the practice.

#### **Our findings were:**

##### **Are services safe?**

We found that this practice was not providing safe care in accordance with the aspects of the relevant regulations which we inspected.

##### **Are services well-led?**

We found that this practice was not providing well-led care in accordance with the aspects of the relevant regulations which we inspected.

##### **Background**

Grange Green Dental Practice is a private dental practice situated in a converted property in Billericay, Essex. The practice offers a range of preventative, general and cosmetic dental treatments to adults and children.

The practice has three treatment rooms, a combined waiting room and a reception area. Decontamination takes place within treatment a dedicated decontamination room (Decontamination is the process by which dirty and contaminated instruments are brought from the treatment room, washed, inspected, sterilised and sealed in pouches ready for use again).

There is a small car park at the front of the building and on street parking is available. There is step free access to the premises.

The practice has a principal dentist, three dental nurses and one receptionist. Two dental hygienists provide services to the practice.

The provider is registered with the Care Quality Commission (CQC) as an organisation. The principal dentist is the registered manager Like registered providers; they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice is open on Monday and Tuesday from 8.30am to 5.30pm, Wednesday from 8.30am to 7pm, Thursday from 8.30am to 5pm and Friday 8.30am to 4pm. The practice closes between 1pm and 2pm for lunch.

#### **Our key findings were:**

- The practice did not have effective systems in place for sharing information. There were a range of policies and procedures in place in relation to several aspects of care; however staff who we spoke with were unable to demonstrate that they were aware of, understood or followed these.

# Summary of findings

- The practice had safeguarding policies and procedures in place and staff we spoke with were able to demonstrate that they understood their responsibilities to report concerns about the safety and welfare of patients.
- The practice had a whistleblowing policy. Staff we spoke with did not feel confident to report concerns without fear of recrimination.
- Processes to manage risks with respect to infection control were not effective. Staff we spoke with could not demonstrate that they fully understood or followed these procedures. Infection control procedures were not carried out in line with current guidelines and there were no arrangements for monitoring procedures.
- There were ineffective measures in place to assess and minimise the risk of legionella.
- There were ineffective processes in respect of assessing and mitigating risks to the health and safety of patients and staff.
- There were ineffective procedures in place for disposing of hazardous waste materials.
- The practice had the recommended range of medicines and equipment for dealing with medical emergencies. However some medicines were not stored correctly in line with the manufacturer's instructions.
- There were ineffective arrangements for supervising and supporting staff to carry out their duties safely and in line with current guidelines.
- There were ineffective governance arrangements in place to assess, monitor and improve the quality and safety of services provided.

At the time of finalising the inspection report the dental provider had sold the dental practice and cancelled their registration. The enforcement action against the dental provider was therefore cancelled.

# 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?

We found that this practice was not providing safe care in accordance with the relevant regulations. We are considering our enforcement actions in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

The practice had a range of policies and procedures in place in relation to patient safety. However staff were unaware of their roles and responsibilities in relation to these. Staff who we spoke with were not clear about reporting incidents or concerns about the safety or welfare of patients.

Infection control procedures including legionella management and cleaning and decontamination of dental instruments were not carried out effectively or in line with current guidelines.

Clinical waste matter was not stored or disposed of safely in line with current guidelines.

Medicines were not routinely checked and expired medicines were found.

### Enforcement action



### Are services well-led?

We found that this practice was not providing well led care in accordance with the relevant regulations. We are considering our enforcement actions in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

There was a lack of governance arrangements and leadership within the practice to ensure that appropriate systems in place to followed and monitored to improve the quality and safety of services. We found that the improvements made at the time of the last inspection in July 2016 had not been maintained or imbedded into practice.

The practice policies and procedures were not understood or followed by staff.

The practice was not consistently following guidance in relation to dentistry in respect of areas including infection control, legionella management and radiography.

The systems in place to monitor and assess the quality and safety of services provided were limited. Appropriate audits were not carried out to monitor the delivery of treatment or the day to day running of the service.

The practice did not act on feedback from staff to improve the quality of the service provided. Staff reported a level of friction and a lack of clear leadership and guidance.

### Enforcement action



# Grange Green Dental Practice

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out to follow up on anonymous concerns raised about infection control procedures at the practice and to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an unannounced, focused inspection on 17 October 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

During the inspection, we spoke with the principal dentist, one trainee dental nurse and one receptionist. We reviewed policies, procedures and other documents in relation to the management of the dental practice.

Two previous comprehensive inspections had been carried out at the dental practice. The first inspection was carried out in April 2016 during which, we found that the practice was not providing safe and effective care in line with current regulations. We identified serious concerns and breaches of regulations in relation to infection control, good governance and staff recruitment. We took enforcement action and issued warning notices, which described the action that the dental provider was required to take to secure the necessary improvements.

We carried out a second inspection in July 2016. At this time we found that the provider had implemented systems to address the concerns identified. However, at our inspection in October 2016 we found these systems were not fully embedded into practice and the risks to the safety of patients and staff in the practice had increased.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events, accidents, incidents and complaints. There were policies for reporting accidents and incidents under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). However staff were not fully aware of these procedures or their responsibilities in relation to these.

Staff who we spoke with told us that there had been no accidents or other incidents which they were aware of.

The dentist was aware of their responsibilities under the duty of candour and there was a policy in place in relation to this. This described if there was an incident or accident that affected a patient they would be contacted and offered an apology and an explanation of what actions had been taken to address the issues.

The dentist was aware of recent relevant alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. There were systems in place for reviewing, sharing and acting on relevant alerts.

### Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. These included the contact details for the local authority's safeguarding team, social services and other relevant agencies. Staff told us that they had undertaken role specific training. The trainee dental nurse and the receptionist who we spoke with were able to describe how they would act if they had concerns about the safety or welfare of patients. They were also aware of whom to report concerns to including reporting to external agencies if required.

The practice had a whistleblowing policy which described how staff could raise concerns. Staff we spoke with were unable to demonstrate that they were aware of this policy. They told us they did not feel confident and supported to raise concerns without fear of recriminations.

The dentist told us they always used a rubber dam when providing root canal treatment to patients. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient. However staff told us that a rubber dam was sometimes, but not always used.

The dentist could not demonstrate that the rubber dam was used in accordance with the guidance issued by the British Endodontic Society. Patient dental records which we were shown did not a record when a rubber dam was used or a description of the measures employed to protect where a rubber dam was not used.

### Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. Staff who we spoke with were told us that they had undertaken training in first aid and basic life support and they were aware of their roles and responsibilities in relation to dealing with a range of medical emergencies.

The practice had a range of medicines including oxygen for use in a medical emergency and these were in line with the 'Resuscitation Council UK' and British National Formulary guidelines.

The practice also had appropriate emergency equipment available including portable suction equipment, airways, an ambu-bag and an Automated External Defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). The emergency medicines and equipment were checked on a weekly basis to ensure that they were available, fit for use and in date should they be required. However we found one medicine (Glucagon) which had not been stored in line with the manufacturer's instructions and was therefore considered to be beyond its expiry date. The dentist was not aware of the correct storage conditions for this medicine.

### Staff recruitment

The practice had a recruitment policy, which included the process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies. The principal dentist told us that they

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were in the process of selling the practice and as part of this process all of the staff records had been sent to their solicitor. There were no records available in respect of checks carried out when employing new staff.

We saw that all relevant members of staff had personal insurance or indemnity cover in place. These policies help ensure that patients could claim any compensation to which they may be entitled should the circumstances arise. In addition, there was employer's liability insurance which covered employees working at the practice

## **Monitoring health & safety and responding to risks**

The practice had a range of policies and procedures to cover the health and safety concerns that might arise in providing dental services generally and those that were particular to the practice. There was a Health and Safety policy in place; however staff were unaware of its location and no safety risk assessments had been carried out since December 2015 to identify and assess risks associated with the practice premises and equipment.

There were procedures for dealing with fire including safe evacuation from the premises. There was a fire risk assessment. Fire safety equipment was regularly checked and fire safety procedures were throughout the practice.

The practice had detailed records in respect of Control of Substances Hazardous to Health (COSHH). These included information about the risks associated with chemical agents used at the practice and how exposure to these chemicals were to be treated. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We saw the practice had a system in place to regularly update their records to include receiving COSHH updates and changes to health and safety regulations and guidance.

## **Infection control**

There was an infection control policy in place and this included procedures in relation to cleaning and decontamination of dental instruments, however the dentist and trainee dental nurse could not demonstrate that they fully understood and followed this policy.

Prior to the inspection we had received two anonymous reports about concerns in relation to infection control

procedures. These included concerns that staff were not adhering to the policies in relation to personal protective equipment and that the dentist did not change gloves and face masks appropriately. During the inspection we witnessed the trainee dental nurse leave the dental surgery and go to another area of the practice without removing their gloves and mask.

Concerns were also raised around the frequency in which dental staff cleaned their uniforms. The dentist confirmed that dental staff had one uniform and that it was the practice that these were cleaned once each week. This was contrary to Health Technical Memorandum 01- 05 (HTM 01- 05), decontamination in primary care dental practices which recommends that freshly laundered uniforms are worn each day.

The principal dentist told us that they were in the process of selling the practice and as part of this process all of the staff records had been sent to their solicitor. There were no records available in respect of staff training or Hepatitis B status. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

All areas of the practice were visibly clean and uncluttered. There were systems in place for cleaning in the dental surgeries, reception and waiting areas. Cleaning schedules were available and those which we were shown were completed. Appropriate infection control audits were not carried out to test the effectiveness of the infection prevention and control procedures. We were shown an infection control audit which had been completed in May 2016. However this consisted of a record of potential risks and there was no assessment or review of the infection control procedures that were carried out within the practice.

The decontamination of dental instruments was carried out in a dedicated decontamination room. The practice procedures for cleaning and sterilising dental instruments were not carried out in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01- 05), decontamination in primary care dental practices. The designated 'clean' and 'dirty' areas within the decontamination areas were clearly identified and staff followed the work flow from 'dirty' to 'clean' when carrying out decontamination procedures. However when staff

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demonstrated the process for cleaning and sterilising dental instruments were found that the dirty instruments were initially soaked in cleaning solution in a decontamination bath. The dentist and the trainee dental nurse confirmed that this solution was changed once each week on a Monday. This was contrary to the instructions for the use of the cleaning solution. Similar practices were used when cleaning dental impressions.

An ultrasonic bath was used to clean dental instruments. During our inspection in July 2016 inspectors noted that an engineer had not validated the ultra-sonic cleaning bath annually – as recommended by HTM 01-05. The dentist had removed the ultrasonic bath and contacted a specialist to undertake this work. However when we inspected in October 2016 the dentist was unable to provide any evidence that this work had been carried out.

We found equipment that was sterilised was not always bagged and labelled with the expiry date correctly. In the treatment room, we found some equipment in the drawers and available for use that had not been bagged. The dentist and dental nurse could not confirm when these instruments had been sterilised. Other dental instruments were in bags without a sterilisation date and some were in damaged and torn bags.

Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly. Records in respect of the checks that should be carried out at the start and end of each day were also maintained.

The practice did not have a robust sharps management policy, staff we spoke with were not confident in the steps to take should an injury occur. Staff told us that the dentist did not always follow these procedures. There was no sharps bin in the dental surgery and we were told that used sharps and needles were transported to the decontamination room for disposal. Staff told us that used needles were not always covered by the dentist to minimise risks of injury.

The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

There were ineffective procedures in place for assessing and managing risks of legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. The practice did not have systems for carrying out

legionella risk assessments. We found that appropriate measures were not in place including regular disinfection and tests of waterlines to help detect the likelihood of any contamination. We asked the trainee dental nurse to demonstrate the process for flushing and disinfecting the dental waterlines. The procedure demonstrated to us involved flushing the suction tubes and disposing of the contents, which included amalgam deposits in the dirty sink. This was contrary to the Hazardous Waste Regulations 2005 and The Health Technical Memorandum HTM- 07-01 Management and Disposal of Healthcare Waste.

## Equipment and medicines.

The practice had systems in place for carrying out Portable Appliance Testing (PAT) for all electrical equipment. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.)

Records were kept in respect of checks and maintenance carried out for equipment such as the X-ray equipment and autoclaves which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Local anaesthetics, antibiotics and emergency medicines were accessible as needed. There were procedures in place for checking medicines to ensure that they were within their expiry dates. However we found a large quantity of local anaesthetic which was expired. The dentist told us that this was used to irrigate during root canal treatment. These expired medicines were stored with other medicines and equipment used in root canal treatment and there were no procedures in place to mitigate the risk of the use of expired medicines.

## Radiography (X-rays)

The practice had a radiation safety policy in place and was registered with the Health and Safety

Executive as required under Ionising Radiations Regulations 1999 (IRR99). Records were unavailable to demonstrate that the dentist was to date with their continuing professional development training in respect of dental radiography.

A radiation protection advisor had been appointed as required by the Ionising Regulations for Medical Exposure Regulations (IR(ME)R 2000. The principal dentist was the radiation protection supervisor to oversee practices and



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ensure that the equipment was operated safely and by qualified staff only. There was a radiation protection file available with information for relevant staff to access and refer to as needed. This file included a record of all X-ray equipment including service and maintenance history.

There were local rules available and displayed in all areas where X-rays were carried out. Local rules state how the X-ray machine in the surgery needs to be operated safely.

The practice had a system in place to record the quality of X-ray images and we were shown a log of images and a grade. Patient records we reviewed showed that X-rays

were justified. The practice had limited systems in place for carrying out regular audits to assess the quality of dental X-rays in accordance with the National Radiological Protection Board (NRPB) guidelines to help ensure that X-rays were correctly graded to an acceptable standard.

We were shown a log of X-ray images and their grading which indicated that between 94% and 98% of X-ray images were recorded as grade 1 (Grade 1 X-ray images are described as excellent with no errors of exposure, positioning or process).



# Are services well-led?

## Our findings

### Governance arrangements

The practice did not have suitable or robust governance arrangements in place for monitoring and improving the services provided for patients. The principal dentist was the identified lead for a number of areas in the day to day management of the practice. However they were unable to provide assurances that guidance in relation to dental care and treatment was fully understood and followed.

There were a number of policies and procedures to underpin staff practices and these included a health and safety policy and an infection prevention and control policy. However staff were unable to demonstrate that they were aware of, understood and followed these policies and procedures. For example staff were not adhering to procedures in relation to the infection control including cleaning and sterilising dental instruments, appropriate use of personal protective equipment, minimising the risk of legionella and the safe disposal of hazardous waste.

The practice did not have suitable or robust systems to carry out audits of various aspects of the service such as infection control and X-ray audits in accordance with current guidelines.

There were limited systems and processes in place to assess monitor and mitigate the risks relating to the health, safety and welfare of patients and staff. Risks associated with the premises, hazardous waste management, infection control and legionella were not regularly assessed.

### Leadership, openness and transparency

The principal dentist could not demonstrate that there was open culture at the practice which encouraged candour and honesty and there were ineffective leadership arrangements within the practice. The dentist told us that they were aware that staff were not adhering to some policies and procedures. However they could not demonstrate that there were systems in place to monitor staff practices or address staff performance issues. All staff reported that there was friction between members of the practice team. The dentist reported that one member of the dental nurse team refused to work in the clinical area. Staff told us that the dentist did not follow current

guidance and 'had their own way of doing things'. We found examples of this through discussions with the dentist. For example in relation to the use of a rubber dam when carrying out root canal treatment.

### Learning and improvement

The practice did not have a structured plan in place to monitor quality and safety. The principal dentist could not demonstrate that audits were carried out or that current guidance in relation to dentistry was reviewed, shared with staff or used to make improvements to the service.

The practice did not have appropriate systems in place to ensure that staff undertook training and were aware of their roles and responsibilities. Three trainee dental nurses were employed at the practice, two of whom were not undertaking relevant training in relation to dental nursing. The principal dentist told us that the trainee dental nurses had undertaken training in relation to infection control, legionella management and decontamination. However both the dentist and trainee dental nurse who we spoke with were unable to demonstrate that they followed current guidance in relation to these procedures.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice encouraged patients to provide feedback in relation to the services they received. We were shown patient feedback obtained in September and October 2016. This indicated that patients were happy with the dental treatment they received and their experiences of using the service.

The dentist told us that regular meetings and discussions were held with staff to discuss issues and areas for improvement within the practice. However staff told us that they did not have regular practice meetings or opportunity for regular discussion. The dentist told us that staff did not follow instructions and could not demonstrate that where this were so there were systems in place to address performance issues. Other staff told us that they did not receive support or guidance to enable them to understand their roles and responsibilities.

Records which we were provided showed that the most recent practice meeting had taken place in May 2016. Staff

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who we spoke with confirmed that this was the last practice meeting held. The record in respect of this meeting did not demonstrate that staff could contribute to discussions about the management of the practice.

## Enforcement actions

### 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>Patients were not protected against the risk of unsafe care and treatment because:</b></p> <p>Infection control procedures and protocols were not followed to minimise risks to the health and safety of patients and staff.</p> <p>There were ineffective systems in place to assess and minimise the risk of legionella</p> <p>Medicines were not checked to ensure that they were in date.</p> <p>Clinical waste including hazardous materials were not disposed of correctly in line with current regulations and guidance.</p>
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><b>There were ineffective systems in place to assess and monitor the safety and quality of services provided.</b></p> <p>Policies and procedures were not consistently followed to ensure that services were provided in line with current regulations and guidance in relation to areas including infection control or waste management and disposal.</p> <p>Audits and reviews were not carried out to monitor safety within the practice.</p>

This section is primarily information for the provider

## Enforcement actions

Learning, information and guidance relating to dentistry was not shared or used to monitor and improve the quality and safety of the services provided.