

Gentle Dental Care

Broadwalk Dental Centre

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 14 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 adviser.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

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

Our findings were:

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked well as a team.
- Patients were asked for feedback about the services provided.

Summary of findings

- Appropriate pre-employment references and Disclosure and Barring Service (DBS) checks had not always been obtained for new staff.
- Oversight of staff training was limited, and there was no system in place to ensure all staff completed the required training.
- Dental chairs, cabinetry and flooring in the practice was damaged and had not been well maintained.
- Overall governance systems in the practice needed to strengthen to ensure a safe service was provided.

Background

Broadwalk Dental Centre is based in Harlow and provides both NHS funded and private dental care and treatment for adults and children. It is one of a group of six dental practices run by the provider. In addition to general dentistry, the practice also provides sedation services.

The practice is accessible for wheelchair users and there is public car parking nearby.

The practice is located in the same premises as another dental practice, and both share some of the running costs and expenses.

The dental team includes 4 dentists, a dental hygienist, a practice manager, 3 dental nurses and a receptionist. There are 2 treatment rooms.

During the inspection we spoke with the registered manager, the practice manager, a dentist, a dental nurse, and the receptionist.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Mondays to Fridays from 9.30am to 5pm.

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 a system to ensure patient referrals to other dental or health care professionals are actively monitored to ensure they are received in a timely manner and not lost.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	Requirements notice ✗

Are services safe?

Our findings

We found this practice was providing safe care in accordance with the relevant regulations.

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

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

The practice had infection control procedures which reflected published guidance. However, staff manually scrubbed instruments and we advised the provider that this was the least effective way to clean instruments and carries with it a higher risk of injury. There was no separate decontamination area, so dirty instruments from both treatment rooms were cleaned in one of the treatment rooms.

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 were cleaning schedules in place. However, we noted one of the dental chairs was frayed and ripped, making it difficult to clean. Some of the cabinetry in the treatment rooms was cracked and chipped, comprising good infection control. The provider reported that responsibility for maintaining the premises was shared between him and the other dental practice located on the same premises. As a result, there had been difficulties and delays in actioning some repairs.

Mops used in clinical areas were not stored correctly so they could dry out effectively.

The practice had a recruitment policy to help them employ suitable staff, although this had not been followed. We checked recruitment information for 3 staff members and noted that appropriate references and disclosure and barring service checks had not been obtained for two of them, prior to their appointment.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions.

Fire alarm systems and extinguishers had been serviced regularly, although not all staff had received fire safety training.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. However, one X-ray unit did not have a rectangular collimator to reduce exposure to patients. The practice was unable to provide evidence that clinicians who took X-rays had undertaken recent professionally recommended training for this. The radiography audit did not follow the latest guidelines as they were using the old X-ray grading system, and the interpretation of the radiographs did not accurately reflect the results recorded.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, lone working and sepsis awareness. However, the health and safety risk assessment was not an accurate evaluation of actual risk within the premises. For example, it stated that the practice's flooring was well maintained and in good condition. We noted some badly damaged flooring in the hallway, causing a potential trip hazard to patients. This did not assure us that staff had an accurate picture of risk in the practice.

The practice had assessments to minimise the risk that could be caused from hazardous products, although safety data sheets were not available for some hazardous cleaning products used by staff.

Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Emergency equipment and medicines were available and checked in accordance with national guidance.

Information to deliver safe care and treatment

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

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

Safe and appropriate use of medicines

Glucagon was kept in the practice's fridge, and the fridge's temperature was monitored daily to ensure it was operating effectively. Prescription pads were stored securely but there was no system in use to identify any lost or missing scripts.

Antimicrobial audits were undertaken but this did not reflect actual practices. For example, the audit for 2022-2023 stated that the practice was 100% compliant. However, on examination we found instances where use of the antibiotic had not been justified, and where antibiotics had been prescribed for pain, which was not in-line with NICE guidance. We noted that one clinician was not prescribing medicines according to nationally recognised guidelines. This did not assure us that the practice had an accurate picture of its prescribing.

Track record on safety, and lessons learned and improvements

The practice recorded accidents and incidents, such as staff injuries, although sometimes the information was sparse in detail. In response to one sharps' injury, the practice had introduced the use of safer needles to prevent further injury to staff, demonstrating learning and improvement as a result.

The practice had a system for receiving and acting on national patient 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 kept records of the care given to patients including information about treatment and advice given. We found clinicians staff mostly provided patients' care and treatment in line with current guidelines.

The practice offered conscious sedation for patients. The practice's systems included checks of patients before and after their treatment, checks of emergency and sedation equipment, and checks of staff availability and training.

Helping patients to live healthier lives

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

Consent to care and treatment

The practice had policies in place in relation to the Mental Capacity Act 2005 (MCA) and we found staff had a satisfactory understanding of their responsibilities under them.

Effective staffing

Clinical staff were qualified and registered with the General Dental Council. At the time of our inspection the provider was looking to recruit another dentist, but this was proving difficult, due to several local and nationally recognised challenges in dentistry.

Staff reported they had enough time for their job and did not feel rushed in their work. The hygienist worked with chairside support.

Co-ordinating 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. A central log was kept of all referrals made from the practice, but these were not actively followed up to ensure their receipt and timely management.

Are services caring?

Our findings

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

Kindness, respect, and compassion

Staff gave us examples of where they had gone above and beyond the call of duty to support patients. During our inspection we noted the care and immediate attention staff gave one patient, following their sedation.

Staff described to us some of the practical ways they supported very nervous patients to undertake their treatment.

Privacy and dignity

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. Staff described to us the methods they used to help patients understand treatment options discussed.

We noted a range of leaflets in the waiting area, giving patients helpful information on children's oral health, periodontal disease, healthy eating and sensitive teeth.

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 had made reasonable adjustments for patients with access requirements. The premises were suitable for wheelchair users and there was a fully accessible toilet. A portable induction loop was available for patients with hearing aids.

Translation services were available to patients who did not speak or understand English.

Timely access to services

At the time of our inspection the practice was taking on both new NHS and private patients.

Patients with the most urgent needs had their care and treatment prioritised and emergency appointments were available each day. There was about a 2 to 3 week waiting time for dental treatment, at the time of our inspection.

Patients could sign up to a text or email appointment reminder service.

Listening and learning from concerns and complaints

Information about the practice's complaints' procedure was available behind the reception desk, making it difficult to read and access. We viewed paperwork in relation to the most recent complaint received in 2020 and found that it had been managed in an empathetic and timely way.

However, we noted several negative patient reviews both on NHS Choices and Google reviews in the previous year to our inspection, and the practice was unable to demonstrate any learning from them. The practice manager told us they were aware of complaints in relation to one staff member's conduct, however these had not been formally recorded.

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 by the provider.

Leadership capacity and capability

Leadership and running of the practice were shared between the registered manager and the practice manager, who also oversaw the other 5 practices in the group. The registered manager took responsibility for areas such as clinical guidance, equipment maintenance and estate matters, and the practice manager had responsibility for staff recruitment, personnel issues, and stock ordering. The practice also subscribed to an on-line governance tool to help in the running of the service.

We identified several issues in relation to the practice's recruitment procedures, environment, risk assessing, and auditing which indicated that governance and oversight of the practice needed to be strengthened. During our inspection, staff sometimes struggled to locate information to fully demonstrate and assure us that the practice was compliant with the relevant legislation and guidance. Specific information we had requested prior to our visit was not available, although some was sent us following our visit.

Culture

Staff stated they felt respected and valued and told us they enjoyed their work. They reported that both the practice and registered manager were supportive and responsive to their needs. For example, their request for a new sedation machine and a chair to support their back had been agreed and implemented by the registered manager.

Staff were aware of the Duty of Candour and the responsibilities it entailed.

Governance and management

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.

The practice held regular monthly meetings involving all staff, evidence of which we viewed. We saw that different dental policies and topics were discussed each time to ensure staff were kept up to date with the latest guidance

Appropriate and accurate information

The practice 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

The practice gathered feedback via surveys, a patient suggestion box and the NHS friends and family test. Patients were also able to leave on-line reviews, but these were often confused with reviews for the other dental practice based at the same address.

Continuous improvement and innovation

The registered manager did not have clear oversight of staff training and was not able to provide clear and robust evidence during our inspection that all staff had undertaken all recommended training in accordance with guidelines. Following our visit, evidence of staff training was submitted to us.

Are services well-led?

The practice undertook audits of infection control, dental care records, radiography, and antibiotic prescribing but some of these had been not completed accurately and therefore did not assure us that staff had a true picture of the practice to drive improvement effectively.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• There was no system in place to ensure recruitment processes were in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.• There was no system in place to ensure that clinicians prescribed medicines according to national guidelines and that prescription pads were managed safely in the practice.• Systems of assessing risk were ineffective and had not identified obvious hazards in the practice such as the worn and ripped flooring in the hallway.• There was no system in place to ensure that the equipment was fit and safe for purpose. For example, one dental chair was ripped and frayed, and cabinetry in treatment rooms was cracked and chipped.• There was no system in place for the effective oversight of staff training.