

Gentle Dental Care

South Bank Dental Care

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 22 March 2023 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Our findings were:

- The dental clinic appeared clean and well-maintained.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had infection control procedures which reflected published guidance.
- 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.

Summary of findings

- 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.
- Patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.
- The practice had ineffective arrangements to deal with medical emergencies.
- The practice had ineffective systems to manage risks for patients, staff, equipment and the premises.
- Improvements were needed to staff recruitment procedures so that they reflected current legislation.
- There was lack of an effective oversight for the day to day management of the practice.

Background

The provider is part of a dental group with 6 locations, and this report is about South Bank Dental Care.

The practice is in the London Borough of Newham 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. There is limited car parking available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 4 dentists, 1 qualified dental nurse and 2 trainee dental nurses, and 1 receptionist. One practice manager provides management cover to each of the 6 practices.

The practice has 3 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurse, the receptionist and the practice manager.

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

The practice is open between:

9am and 5.30pm on Monday to Fridays.

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

- 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 the provider was not meeting are at the end of this report.

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

- Take action to ensure audits of antimicrobial prescribing are undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

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

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?	Requirements notice	✗
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 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.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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. Improvements were needed to ensure staff completed training at periodic intervals in accordance with relevant guidance.

The practice had infection control procedures which reflected published guidance.

The practice had written procedures to reduce the risk of Legionella or other bacteria, developing in water systems. Improvements were needed so that these procedures were understood and followed. A Legionella risk assessment carried out in 2017 identified that hot water temperatures were not monitored. We were shown records for hot water temperatures, which indicated that hot water temperatures were maintained between 52 and 56 degrees Celsius. However, on the day of inspection when we checked the water temperatures from a number of outlets within the practice, none of these reached the temperature needed to minimise the risk of Legionella growth in the water systems. Hot water temperatures did not reach above 30 degrees Celsius. The electric heaters used to heat water at the practice had not been set so as to adequately heat water and there were no arrangements to test or service these heaters.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

Improvements were required so that suitable evidence of conduct in previous employment was obtained for relevant staff in accordance with the practice recruitment policy and relevant legislation. We looked at recruitment files for all staff who worked at the practice. There were no employment references for 3 members of clinical staff. References were incomplete for another 3 members of clinical staff. These records were in relation to references obtained by telephone and did not include details of employer, length of employment or details of conduct in employment.

The practice generally ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. Improvements were needed so that the electric water heaters were maintained in accordance with the manufacturer's instructions.

The practice ensured the facilities were maintained in accordance with regulations.

The provider had ineffective arrangements to assess and mitigate the risk of fire at the practice. A fire risk assessment was carried out on 16 March 2023, shortly before our inspection visit. The risk assessment identified a number of areas where improvements were required to minimise and manage the risk of fire. The areas for improvement included the provision of fire doors in some areas of the practice, carrying out regular fire safety checks and the provision of fire safety awareness for staff. We noted that checks in respect of the smoke detectors and fire extinguishers were not carried out. Records in respect of fire evacuation drills were incomplete.

Are services safe?

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

Risks to patients

The provider had ineffective systems to assess, monitor and manage risks to patient and staff safety. A sharps risk assessment was completed in 2022. The risk assessment did not identify and mitigate risks associated with handling and disposal of dental sharps such as files and burs. There were ineffective arrangements to assess and mitigate risks to staff who did not have blood tests to confirm the effectiveness of the Hepatitis B vaccine. Incidents of sharps injuries were not analysed or used to help prevent recurrence.

Emergency equipment was available in accordance with national guidance. However, equipment was not stored so that it was easily and quickly accessible in the event of a medical emergency. The Automated External Defibrillator was stored in its original packaging, with the battery pack detached. The storage of other emergency equipment, such as oxygen masks and airways was disorganised and not easy to locate quickly. Needles and syringes for use to administer a medicine to treat anaphylaxis were at the bottom of one box and not stored in close proximity to the medicine.

The practice treatment rooms were situated across the ground and first floor of the practice. Emergency medicines and equipment were stored in the basement area of the practice. Consideration had not been given to the storage arrangements and the multiple boxes, AED and oxygen cylinder that would need to be transported from the basement area in the event of a medical emergency.

Improvements were needed to the arrangements for checking emergency equipment, and ensuring that emergency medicines were available in accordance with current guidelines. Records for checks which we were shown indicated the presence of a medicine to treat suspected heart attack (Aspirin 300mg dispersible). On checking the emergency medicines, this medicine was not present. We discussed this with the principal dentist and the practice manager who told us this medicine had been removed by staff and used to treat headaches. The practice manager brought us Aspirin 300mg dispersible tablets. The expiry date of these medicines did not match the records we were shown. We were then shown Aspirin 300mg non-dispersible tablets. The expiry date for this medicine matched the records. However, the medicine in this format (non-dispersible) is not the format recommended for the treatment in medical emergencies.

Following our discussion with the principal dentist and the practice manager about the importance of accurate records in respect of emergency medicines the practice manager showed us a new record for checks which they had asked a member of staff to sign and date in respect of checks which they had not carried out.

Staff had completed training in emergency resuscitation and basic life support every year. However, staff lacked awareness about the importance of accurate checking in relation to emergency medicines and equipment.

The practice had a policy in relation to minimising the risk that could be caused from substances that are hazardous to health. Some safety information was available. However, some documents were dated from 2016 and there were no systems to review product information. There were no risk assessments in relation to potential accidental exposure to hazardous materials and the product safety data sheets were not reviewed as part of an effective system to minimise risks.

Information to deliver safe care and treatment

Patient care records were 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

Are services safe?

The practice had systems for appropriate and safe handling of medicines. An antimicrobial prescribing audit was carried out in March 2023. The audit consisted of a list of antibiotics that had been prescribed to patients. The audits did not include details of reason for antibiotic prescribing. Improvements could be made so that these audits were undertaken at regular intervals and the findings analysed and reviewed as part of a system for monitoring antibiotic prescribing against current published guidelines.

Track record on safety, and lessons learned and improvements

The practice had ineffective systems to review and investigate incidents and accidents.

The provider had a system for receiving and sharing safety alerts and information with the practice.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

Helping patients to live healthier lives

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

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 had arrangements to monitor patient care records. Improvements were needed so that these audits identified and addressed areas where records were not completed in line with recognised guidance. A number of records we looked at lacked detail in respect of diagnosis, treatment options discussed, and periodontal or caries risk assessments.

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 did not always justify, grade and report on the radiographs they took. The practice carried out radiography audits six-monthly. However, these audits did not have action plans and were not used as part of a system for improvement.

Effective staffing

The provider had ineffective arrangements for staff training and development. We saw that all staff members had completed training updates in areas such as safeguarding adults and children, medical emergencies, and infection prevention and control in March 2023, after the inspection was announced. Previous records that we checked revealed that training was not monitored to ensure staff completed training in accordance with the provider's training policy.

Co-ordinating care and treatment

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

The dentists we spoke with confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. There were arrangements so that the dentists monitored referrals.

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.

The provider had systems to obtain feedback from patients and this was shared with the practice.

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

The dentists explained how they 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 information leaflet provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included for example 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 access to a treatment room on the ground floor and a hearing induction loop for patients who have difficulty hearing. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. The toilet facilities were not suitable to accommodate large, motorised wheelchairs and patients could be referred to one of the providers practices a short distance from this location.

Timely access to services

The practice displayed its opening hours and provided information in a patient information.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment 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. 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 principal dentist and practice manager divided their time across the provider's 6 dental practices. There was a lack of effective leadership and management at the practice.

Improvements were needed so that various aspects of the day to day management of the practice were effectively monitored. The inspection highlighted a number of significant issues and omissions.

Some of the information and evidence presented during the inspection process was clear and well documented. However, this information indicated a number of processes that were introduced or reviewed only after the inspection had been announced.

Culture

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

Staff appraisal records were incomplete and improvements were required to the practice arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff did not have clear responsibilities and roles, and the provider had ineffective systems of accountability to support good governance and management. There were ineffective systems to ensure that staff understood the importance of tasks they undertook such as checking emergency medicines and equipment, monitoring hot water temperatures as part of systems to reduce the risk of Legionella growth in the water systems and carrying out fire safety checks.

The provider had a governance system which included policies, protocols and procedures that were accessible to all members of staff. However, there were ineffective systems to monitor these and ensure that the practice team understood and followed these protocols.

We saw there were ineffective processes for managing risks, issues and performance. Risk assessments in relation to fire safety, legionella management and sharps safety were not carried out at appropriate intervals or used to minimise risks to patients and staff.

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 and demonstrated a commitment to acting on feedback.

Improvements were needed so that feedback from staff was obtained and relevant information was shared with the practice team. Staff meetings and annual appraisals were not carried out as part of an effective engagement process.

Continuous improvement and innovation

Are services well-led?

The provider had ineffective systems and processes for learning, quality assurance, continuous improvement. Improvements were needed so that audits of patient care records, radiographs, antimicrobial prescribing and reviews were carried out in accordance with relevant legislation and guidelines and that action plans were monitored to ensure improvement.

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>The registered persons 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:</p> <ul style="list-style-type: none">• There were ineffective systems to mitigate the risks of Legionella or other bacterial growth in the water systems.• There were ineffective systems to assess and mitigate the risk of fire, use of hazardous substances, handling and disposal of dental sharps, and Hepatitis B infection.• There were ineffective arrangements to deal with medical emergencies. <p>Regulation 12 (1)</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>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.</p> <p>How the Regulation was not being met</p> <p>The registered person had systems or processes in place that operated 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>

Requirement notices

- There were ineffective arrangements to ensure that audits, reviews and other monitoring tools were reviewed and monitored to ensure improvements. Audits in respect of dental radiographs were not completed in detail or analysed and used with an action plan as part of a system for improvement and ensuring that these procedures were in accordance with relevant published legislation and guidelines.
- There were ineffective systems and oversight to ensure that practice policies and procedures were understood and followed consistently. Staff could not demonstrate awareness of procedures in relation to Legionella management and monitoring emergency medicines and equipment.

There were no systems or processes that ensured the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- Suitable evidence of conduct in previous employment was not available for 3 members of staff and was incomplete for 3 members of staff.
- There were ineffective systems to monitor staff training and undertake staff appraisals. The majority of staff training had been completed shortly before the inspection visit. There were no appraisal records available for staff working at the practice.

There was additional evidence of poor governance. In particular:

- There was insufficient managerial support available for the day to day management of the practice. The principal dentist and the practice manager divided their time between the providers 6 locations. There was a lack of oversight and governance, and systems to support and monitor staff.

Regulation 17 (1)