

Nuvo Dent Limited

The Dental Practice Seaford

Inspection Report

41-43 The High Street
Seaford
East Sussex
BN25 1PL
Tel: 01323 897927

Date of inspection visit: 25 September 2019
Date of publication: 04/12/2019

Overall summary

We undertook a follow up focused inspection of The Dental Practice Seaford on 25 September 2019. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of The Dental Practice Seaford on 11 and 12 July 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe, effective or well led care and was in breach of regulation 9, person-centred care; 12, safe care and treatment; 13, safeguarding service users from abuse and improper treatment; 17, good governance; 19, fit and proper persons employed; 20, Duty of Candour of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for The Dental Practice Seaford on our website www.cqc.org.uk.

As part of this inspection we asked: Remove as appropriate:

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

Our findings were:

Are services safe?

We found this practice was not providing safe care in accordance with the relevant regulations.

The provider had made insufficient improvements to put right the shortfalls and had not fully responded to the regulatory breaches we found at our inspection on 11 and 12 July 2019.

Are services effective?

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 11 and 12 July 2019.

Are services well-led?

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

The provider had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breaches we found at our inspection on 11 and 12 July 2019.

Background

Summary of findings

The Dental Practice Seaford provides NHS and private treatment for adults and children.

There is access for people who use wheelchairs and those with pushchairs via a side entrance and small step respectively. Car parking spaces, including those for blue badge holders, are available near the practice.

The dental team includes the principal dentist, one trainee dental nurse, one part time receptionist and a practice manager. The practice has two treatment rooms of which one is in use.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at the Dental Practice Seaford is the principal dentist.

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

The practice is open:

- Monday from 9am to 5pm
- Tuesday to Friday from 9am to 2pm

Our key findings were:

- The practice ensured that care and treatment of patients was appropriate and met their needs.
- Staff were aware of nationally recognised guidance and applied it appropriately to the patient care.
- Staff ensured that patients were protected from abuse and improper treatment.
- Staff understood and had systems in place to ensure that requirements relating to Duty of Candour were met.
- Recruitment procedures reflected current legislation and consistency in such procedures had improved.

- The practice had not done all that is reasonably practicable to assess and mitigate all necessary risks in relation to infection control procedures, risks associated with fire and the appropriate vaccination of staff.
- Systems and processes were not yet established to ensure good governance with the fundamental standards of care.
- Staff did not always receive such appropriate support and training to enable them to carry out the duties they are employed to perform.
- The practice had not reviewed the requirements as set out in the Accessible Information Standard.

We identified regulations the provider was not meeting. 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.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

Full details of the regulations 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 dentists are aware of the guidelines issued by the British Endodontic Society for the use of for root canal treatment; in particular ensuring that a risk assessment is in place for when a dental dam is not used.
- Review the practice's protocols and procedures in relation to the Accessible Information Standard to ensure that the requirements are complied with.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	Requirements notice 
Are services effective?	No action 
Are services well-led?	Requirements notice 

Are services safe?

Our findings

We found that this practice was not providing safe care and was not complying 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).

At our previous inspection on 11 and 12 July 2019 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our Warning and Requirement Notices. At the inspection on 25 September 2019 we found the practice had made the following improvements to comply with the regulations:

- We found that efforts had been made to gain a greater understanding of safeguarding issues within primary dental care, to ensure that any instances identified are followed up in a suitable manner. The registered manager had undertaken reading to enhance their knowledge.
- The practice had understood the priority and importance of ensuring that the principal dentist was supported at the chairside by a nurse at all times. We were told that staff changes had made this difficult, but the practice was working to ensure that consistency with chairside support.
- The practice had purchased new medical emergency equipment and drugs which met Resuscitation Council Guidelines. We saw that checks of the equipment and drugs were completed on a regular basis and further improvements were underway to ensure that these suitably documented the date and person carrying out the checks.
- We were told that dental dams were used for root canal treatments. We saw dental care records in which the use of a dental dam was recorded.
- At our previous inspection it was noted that the fire extinguishers had not been serviced on an annual basis. Additionally, a five-year mains electrical safety certificate was not available. Following the inspection on the 11 and 12 July 2019 the practice had purchased two new fire extinguishers and we were sent evidence that on the 25 September a electrical safety certificate was in place.

We found areas where improvements were still required, and the practice was not complying with the relevant regulations:

- We found that in instances where a dental dam was not used for root canal treatments this was not recorded in the records and no risk assessments were undertaken.
- During the inspection on the 25 September 2019 we found that the practice did not have a working fire detection system in place. For example, we saw that two battery operated smoke detectors were taped over with plastic bags and a further smoke detector had been removed. We were told that this was due to building works which had finished. Following the inspection, we were sent evidence that the smoke detectors were in working order.
- Portable appliance testing (PAT) had not been carried out, neither had appliances been visually inspected by staff at the practice or by another competent person. We were told that this would be completed in due course.
- We found that not all staff worked in line with guidance in the Health Technical memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05); as staff did not always wear short sleeves which allows the forearms to be washed as part of the hand hygiene routine. Additionally, the same clothing worn in the dental surgery was also worn outside the practice which carries an infection control risk as clothing can become contaminated with microorganisms during procedures.
- The practice had not ensured that all clinical staff had received the appropriate vaccinations to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. For such staff members there was no risk assessment in place to minimise the risks associated with performing decontamination duties.
- Infection control procedures did not follow current guidelines as used disposable sharps which should be disposed of by the dentist in the surgery were being transported from one room to another for manual cleaning before being disposed of by an unqualified member of staff.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this practice was providing effective care and was complying with the relevant regulations.

At our previous inspection on 11 and 12 July 2019 we judged the practice was not providing effective care and was complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 25 September we found the practice had made the following improvements to comply with the regulation:

- At our inspection on 11 and 12 July we found that staff were not aware of nationally recognised evidence-based guidance pertaining to the extraction of wisdom teeth, periodontal disease, root canal treatments and preventative care. Additionally, clinical care related to the use of fluoride varnishes, fissure sealants and high concentration toothpaste was not provided in line with current national guidelines.
- At the follow-up inspection we found examples of how a new understanding of such guidelines had resulted in a positive impact on patient care. For example, patients

were now receiving fluoride varnishes and caries risk factors and indicators were recorded. We saw that the practice had created links within patient care records and within its governance systems to provide ease of access to required guidelines.

- At the previous inspection we found that not all staff had awareness and knowledge of the Gillick competence when determining a child's capacity to consent to treatment. We found that time had been taken to understand the Gillick competence to ensure that where appropriate it could be applied to children receiving dental care from the practice.

We also found areas where improvements were still required, and the practice was not complying with the relevant regulations:

- The practice had not ensured that all staff received such appropriate support and training as is necessary to ensure that the practice employed staff who were supported to perform effectively in their required role.

These improvements showed the provider had taken action to comply with the regulation: when we inspected on 25 September 2019.

Are services well-led?

Our findings

We found that this practice was not providing well led care and was not complying 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).

At our previous inspection on 11 and 12 July 2019 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 25 September we found the practice had made the some improvements to comply with the regulations:

- At our previous inspection we identified that records lacked necessary detail and were not comprehensive. We found that improvements had been made to ensure that details such as presenting complaint, treatment options and risks and benefits were documented.
- At our last inspection we found that radiographs did not have an identification number or any other way in order that they could be linked with a particular patient. We found that a system had now been implemented that radiographs contained patients' identification numbers to ensure that these were suitably reviewed.
- Staff understood the Duty of Candour and the requirements of this and a policy was in place to refer to.

We found areas where improvements were still required, and the practice was not complying with the relevant regulations:

- We reviewed dental care records and found that improvements were still required to ensure that consent for treatment was suitably documented.
- The practice had not completed a fire risk assessment to identify all necessary risks since our inspection on the 11 and 12 July. We were told that this would be completed in due course.
- It is recommended by national guidance that infection prevention and control audits be completed on a

six-monthly basis. The last audit was completed in October 2018. An infection prevention and control audit had not been completed since our previous inspection although we saw that one was underway.

- A pre-acceptance waste audit had not been completed since the previous inspection, but we saw that one was underway.
- Staff had an understanding of the legal requirements pertaining to the employment of staff and improvements had been made in obtaining necessary recruitment information for each person employed. However, documents were not kept in the practice and therefore were not easily accessible.
- The practice had not always understood the importance of having up to date policies, procedures and the logging of checks and therefore, did not have such information accessible for staff. Instead these were kept away from the practice and were not available on the inspection day until they were retrieved by a member of staff. Not all staff were aware of how they would access such information.
- Since our inspection on the 11 and 12 July 2019 the practice had not sought out information regarding the Accessible Information Standard, a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.
- There was a lack of leadership oversight and systems to mitigate the risks associated with employing staff without due attention to their induction, training and support needs.
- Not all staff received an induction upon commencing employment; therefore, not all staff had an awareness of the location of all of the medical emergency equipment or the fire evacuation point.
- Not all staff had received training in medical emergencies, infection prevention and control, safeguarding; or knew the fire evacuation procedure and had completed a fire evacuation drill.

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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 12 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met</p> <p>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.</p> <p>In particular:</p> <ul style="list-style-type: none">• There was no working fire detection system in the practice.• Portable appliance testing (PAT) had not been completed.• Staff were not following national guidance with regards to uniforms.• Risks associated with the handling of disposable sharps had not been identified and mitigated against.• There was no evidence of Hepatitis B immunisation status for one member of staff and no risk assessment was in place to mitigate this risk. <p>Regulation 12 (1)</p>
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

Requirement notices

Regulation 17

Good governance

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

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 mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

In particular:

- A fire risk assessment had not been completed.

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:

- Infection prevention and control audits were not completed in a timely manner as recommended in national guidance.
- A pre-acceptance waste audit had not been completed.

The registered person had systems or processes in place that were operating ineffectively in that they failed to

Requirement notices

enable the registered person to maintain 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:

- The current governance arrangements did not allow for easy access to records kept in relation to persons employed.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to the management of the regulated activity or activities.

In particular:

- The current governance arrangements did not allow for easy access to records related to the planning and deliver of care and treatment, for example, logs of checks carried out, policies, procedures and risk assessments were stored elsewhere and not available to staff readily.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained in respect of each service user.

In particular

- Dental care records did not suitably document consent to treatment.

Regulation 17(1)

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 18

Requirements in relation to staffing

How the regulation was not being met

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- Not all staff had received an induction upon commencing employment at the practice.
- Not all staff had received training in medical emergencies or safeguarding.
- Not all staff had an awareness of the location of medical emergency equipment.
- Not all staff had received training in fire safety.
- Not all staff were aware of the fire evacuation procedures, had completed a fire evacuation drill or were aware of the fire evacuation point.

Regulation 18 (2)