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Regent Dental Centre

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 15 February 2024 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 second CQC inspector and 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.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice did not have effective systems to identify and manage risks for patients, staff, equipment and the premises. Improvements should be made regarding fire safety.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The practice had staff recruitment procedures which reflected current legislation, but they were not always followed.
- Clinical staff provided patients' care and treatment in line with current guidelines. Systems to ensure staff undertake appropriate training should be implemented.
- 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.
- 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.
- Staff felt involved, supported and worked as a team.
- Patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements. However, improvements could be made regarding staff training and the maintenance of x-ray equipment.

Background

Regent Dental Centre is in Altrincham and provides NHS care and treatment to children and private dental care and treatment for adults.

There is no step free access to the practice for people who use wheelchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes 1 dentist, 2 dental hygienists, 1 qualified dental nurse, 2 trainee dental nurses and a receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental hygienist, 1 qualified dental nurse, 1 trainee dental nurses and the receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday and Friday from 9am to 5pm

Tuesday from 9am to 7pm

Wednesday and Thursday from 8.30am 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:

- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.

Summary of findings

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Take action to ensure audits of record keeping 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

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 appointed a safeguarding lead to oversee safeguarding awareness, we noted some staff did have the correct level of safeguarding training for their role.

The practice had infection control procedures which reflected published guidance. A wire brush was in use on the day of inspection to clean instruments prior to sterilisation. We discussed the risks of sharps injury and damage to instrument surfaces with staff and this was disposed of immediately.

The practice had procedures to reduce the risk of legionella, or other bacteria, developing in water systems, in line with a risk assessment. Monthly hot and cold-water temperature checks were completed and logged. Those seen were within the required temperature ranges.

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. An external cleaning company completed the cleaning at the practice. There were no environmental cleaning logs completed by the cleaner or the practice staff. We discussed this with staff and were told this would be addressed and rectified. Following the inspection, a weeks worth of environmental logs were submitted but they were incomplete.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. However, this was not always followed. We saw no evidence that references had been obtained for 3 members of staff and 2 members of staff did not have a Disclosure and Barring Service (DBS) check or risk assessment carried out before beginning work at the practice.

Clinical staff were qualified, registered with the General Dental Council and all employed staff had professional indemnity cover. However, we saw no documented evidence of appropriate indemnity insurance for a visiting clinician.

The practice ensured most equipment was safe to use, maintained and serviced according to manufacturers' instructions. A service of the compressor recommended a safety valve was changed but this action had not been completed. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was not carried out in line with the legal requirements. The management of fire safety was not effective. The practice had emergency lighting, but monthly tests were not always carried out or recorded. Fire detection systems were in place, but it was not always tested every week. Fire drills were carried out 6 monthly but no evacuation time had been recorded. Staff had not completed fire safety awareness training. Following the inspection, the practice carried out a fire drill on 15 February 2024 and the evacuation time was recorded. The practice also submitted evidence of a risk assessment booked for 29 February 2024 and that all members of staff had now completed fire safety training. However, there were fire extinguishers in place and these were serviced annually.

On the day of inspection the X-ray equipment had not had its 3 yearly routine performance test. Following the inspection, performance tests had been completed on 12 March 2024.

Risks to patients

Are services safe?

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working. The practice had completed a sharps risk assessment on 14 December 2023.

Emergency equipment and medicines were available and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency. Not all staff had completed training in emergency resuscitation and basic life support every year.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

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

The practice had some systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not carried out. We saw NHS prescriptions were provided to private patients and their security and use was not monitored effectively. We discussed this with the dentist but were not assured this would be addressed and rectified. The fridge temperature where the glucagon, a medicine used to treat low blood sugar, was stored was not recorded each day to ensure the temperature remained in the accepted range. Following the inspection, a log of fridge temperatures from 19 February 2024 was submitted and a prescription log was created.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on 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 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. Oral health care products were on sale. Information leaflets were available to patients as recommended by the dentist or upon request.

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 kept detailed patient care records in line with recognised guidance.

Staff conveyed some 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 justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance. However, the sample size could be increased.

Effective staffing

A system was not in place to ensure staff had the skills, knowledge and experience to carry out their roles.

The practice did not have systems in place to ensure clinical staff had completed highly recommended Continuing Professional Development (CPD) as required for their registration with the General Dental Council. In particular, 2 members of staff had not completed appropriate safeguarding training for their role, and we saw no evidence that 2 members of staff had completed medical emergency training. Following the inspection, we were sent evidence that 2 member of staff had now completed safeguarding training for their role and 1 member of staff had completed medical emergency training.

Co-ordinating care and treatment

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

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

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.

Patient feedback provided a positive view of the dental team and care provided by the practice. Patient comments included that staff were welcoming and attentive, and showed compassion and understanding when they were in pain, distress or discomfort.

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

Staff 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 website 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. This included 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.

On the day of inspection, a reasonable access audit had never been completed to ensure the provider had considered the relevant reasonable adjustments that should be considered. The practice was not accessible to people with disabilities and did not have a system in place to sign-post patients to alternative local accessible services. Following the inspection, an audit was completed however this did not contain any actions or details on how the practice would signpost patients who cannot access the practice. The practice had a hearing loop available.

Timely access to services

The practice displayed its opening hours and provided information on their website and patient information leaflet.

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 website, information leaflet and 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.

Leadership capacity and capability

The practice staff demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on peoples' safety and continually striving to improve.

During the inspection members of staff were open to discussion and feedback. The inspection highlighted some issues or omissions. For example, on the day of inspection we identified issues with fire safety, no reasonable adjustment audit, the practice had no environmental cleaning logs, they were not adhering to the practice recruitment policy, outstanding work on the compressor had not been completed, 3 yearly performance test for x-ray equipment had not been completed, NHS prescriptions given to private patients. The practice failed to ensure the appropriate professional indemnity insurance for a visiting member of staff and they failed to ensure staff completed appropriate training for their role. Some evidence was received after the inspection to show that safeguarding and fire training issues had been addressed for some members of staff. The provider submitted evidence that a reasonable adjustments audit had been completed, environment cleaning logs were now completed and performance tests on x-ray equipment was carried out.

The information and evidence presented during the inspection process was clear and well documented.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

The practice did not have formal arrangements for staff to discuss their training needs during annual appraisals.

The practice had arrangements to ensure most staff training was up to date. We noted an issue with safeguarding, medical emergency and fire safety training for staff, most of which was completed following our inspection.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support 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 processes for identifying and managing risks, issues and performance were not effective in relation to reasonable adjustments, fire safety and ensuring all staff have the required level of training for their role.

Appropriate and accurate information

Staff acted on 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.

Are services well-led?

There was no formal process for gathering feedback from staff. Despite this, staff confirmed they were able to discuss improvements informally.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of radiography and infection prevention and control. We saw no evidence of a record keeping and antimicrobial audit. Staff kept records of the results of these audits and the resulting action plans and improvements.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Surgical procedures	17(2)(b) There were no systems or processes that enabled 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. The practice had not completed a disability access audit/reasonable adjustment audit.
Treatment of disease, disorder or injury	<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. In particular, on the day of inspection NHS prescription pads were not kept securely and there was no NHS prescription log.</p> <p>17(2)(d)(i) There were no systems or processes that ensured the registered person had maintained 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, we saw no evidence that 1 member of staff had the correct indemnity cover for the scope of treatment they carry out.</p> <p>The registered person's recruitment procedures did not ensure that potential employees had the necessary qualifications, competence, skills and experience before starting work. In particular, 2 members of staff did not have appropriate levels of training in medical emergencies, fire safety and safeguarding children and vulnerable adults before starting their roles. One member of staff did not have an DBS service check before starting employment at the practice.</p>