

Denbeigh House Ltd

# Denbeigh House Dental Clinic

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 27 June 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.

- The practice did not have infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Not all the appropriate medicines and life-saving equipment were available.
- The practice systems to help them manage risk to patients and staff were not robust or effective. Specifically, staff recruitment, equipment and the premises.

# Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff recruitment procedures did not reflect current legislation.
- 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.
- 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.
- Effective leadership and a culture of continuous improvement was not in place.
- Staff felt involved, supported and worked as a team.
- Staff were asked for feedback about the services provided.
- Overall improvements were needed to ensure governance systems and arrangements were in place.

## Background

Denbeigh House Dental Surgery is in Birmingham 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. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 6 dentists, 6 dental nurses, 1 dental therapist, 1 practice manager and 2 receptionists. The practice has 6 treatment rooms.

During the inspection we spoke with 1 dentist, 2 dental nurses and 1 receptionist. We also spoke to an external compliance consultant. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday to Friday from 8.30am to 5.30pm

### **We identified regulations the provider was/is 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 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 clinicians record in the patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017.

# Summary of findings

- Implement protocols for the use of closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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

# 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.

### **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. However, evidence of safeguarding training was not available on the day of inspection. Following our inspection evidence was seen of appropriate levels of training for the staff team.

The practice did not have infection control procedures which reflected published guidance. We found shortfalls in the decontamination process and storage of sterilised instruments. There were out of date instrument pouches seen in treatment room drawers and some instrument pouches without a date of decontamination recorded.

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 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, including for agency or locum staff. The policy reflected the relevant legislation. However, we found the practice were not following their own policy. There was a lack of documentation for staff including references and evidence of hepatitis B immunity. Appropriate Disclosure and Barring Service (DBS) checks were not available for clinicians and there were limited records of staff training and qualifications. A visiting implant specialist occasionally worked at the practice, but no evidence of their training, indemnity or evidence of General Dental Council (GDC) registration was available at the time of inspection. Following the inspection, we were provided with evidence of the appropriate recruitment documentation for the Implant specialist.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in October 2021 in line with the legal requirements. The management of fire safety was effective. Fire evacuation drills were carried out and all members of staff attended fire marshal training in June 2023.

The practice had some arrangements to ensure the safety of the X-ray equipment. We noted the radiation protection information that was available required updating. For example, the displayed local rules were not in date and were missing some information. Following the inspection, the provider confirmed these had been updated.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness. A lone working policy was in place, however we noted a risk assessment for those staff working alone had not been carried out.

# Are services safe?

Most emergency equipment and medicines were available and checked in accordance with national guidance. We found clear face masks for self-inflating bag (sizes 1, 2, 3, 4) did not display an expiry date. We noted a self-inflating bag with reservoir (for both adult and child) and the oral glucose (an emergency medicine used to treat severe hypoglycaemia (low blood sugar)) were out of date. Following our inspection the provider confirmed these items had been ordered.

Staff knew how to respond to a medical emergency and 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. Safety data records were available for dental materials as well as cleaning products.

## **Information to deliver safe care and treatment**

Patient care records were legible, kept securely and complied with General Data Protection Regulation requirements. We found shortfalls in some of the records reviewed during our inspection, we noted templates that were used in patient dental care records were not always completed.

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 storage of medical emergency medicines was secure, however the fridge containing other medicines was easily accessible to patients. Antimicrobial prescribing audits were carried out, however, where required they did not show an action plan for improvement.

## **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.

The practice undertook domiciliary dental care in settings such as care homes. A suitable risk assessment was not carried out before providing the domiciliary dental care. Following our inspection evidence was provided of a risk assessment the practice had introduced. We were told the practice would be using this moving forward.

We saw the provision of dental implants was mostly in accordance with national guidance. On the day of our inspection no training documents were available. These were provided following the inspection.

### **Helping patients to live healthier lives**

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

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

### **Consent to care and treatment**

Staff obtained patients' consent to care and treatment in line with legislation and guidance however, we found some of the patient records that were viewed during our inspection were missing signed consent.

Staff 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**

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.

Not all the dental care records we reviewed evidenced the dentists justified, graded and reported on the radiographs they took. The practice did not carry out radiography audits 6 monthly as per current guidance.

### **Effective staffing**

We saw some evidence that clinical staff completed continuing professional development required for their registration with the General Dental Council. There was limited evidence of the providers oversight of staff training.

### **Co-ordinating care and treatment**

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. We noted systems were not in place to ensure that non-NHS referrals were actively followed up to ensure their timely management.

# Are services effective?

(for example, treatment is effective)



# 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. Staff gave clear examples of how they supported patients who were nervous or vulnerable.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality. Computer screens were not visible to the public at reception and there was an available area away from reception where patients could have a private discussion if requested.

The practice had installed closed-circuit television to improve security for patients and staff. Not all of the relevant policies and protocols were in place. For example, a privacy impact assessment was not available. Following our inspection, the provider submitted an assessment along with a Data Protection and Information Security policy.

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 and gave patients clear information to help them make informed choices about their treatment.

The practice's website and 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 photographs, 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 step free access for patients with access requirements. There were 2 ground floor treatment rooms and toilet facilities which were accessible for wheelchair users. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for all patients.

### **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.

The practice's 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. Patients with the most urgent needs had their care and treatment prioritised.

### **Listening and learning from concerns and complaints**

The practice did not respond to concerns and complaints appropriately. There was no recording of complaints which would provide scope for improvement and learning from concerns and complaints. Staff told us complaints were discussed during staff meetings if appropriate however, no evidence of this was provided. Following the inspection, the practice provided an events record of 2 complaints.

# 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**

We identified some shortfalls in relation to the leadership provided, relating to governance systems, staff training and recruitment, peoples' safety and continually striving to improve.

The practice had recently subscribed to an on-line governance tool to help in the running of the service and to keep up to date with compliance and training.

Following our inspection, the provider submitted information addressing many of the shortfalls we identified, demonstrating the providers commitment to improving the service for both staff and patients. However, these processes and systems were not embedded within the practice.

### **Culture**

A member of staff we spoke to stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during informal 1 to 1 meetings. They also discussed learning needs, general wellbeing and aims for future professional development. There was no evidence available to show staff appraisals had been carried out for staff who had been employed over 12 months.

### **Governance and management**

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff. Not all policies, protocols and procedures had been reviewed on a regular basis and some did not accurately reflect the systems and processes undertaken at the practice.

### **Appropriate and accurate information**

The practice had some information governance arrangements and staff were aware of the importance of protecting patients' personal information.

### **Engagement with patients, the public, staff and external partners**

# Are services well-led?

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

## **Continuous improvement and innovation**

Prior to our inspection, we asked the practice to submit evidence that staff had completed all essential training. This was not provided, and it was not clear from the staff training records we reviewed on the day, what they had completed. There was no formal system in place to ensure staff training was up-to-date and reviewed at the required intervals. However, the practice had recently put in place arrangements to ensure staff could access their training online and had provided financial support for this staff training. Following our inspection, evidence was submitted to CQC of training carried out by staff members on a number of topics including; infection control, safeguarding; both children and adults, and autism and learning disability awareness.

The practice undertook audits of infection control, dental care records, antibiotic prescribing and disability access. Staff kept records of the results of these audits. We found the infection control audit did not reflect the current working processes undertaken at the practice, the antibiotic prescribing audit did not show any resulting action plans and/or improvement, and radiograph audits were not undertaken.

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><b>How the regulation was not being met</b></p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out and the registered person had not done all that was reasonably practicable to mitigate these risks. In particular:</p> <ul style="list-style-type: none"><li>• The security of NHS prescription pads and the system to track and monitor their use was not effective.</li><li>• Infection prevention and control processes were not in line with HTM 01-05 guidance.</li><li>• System of checks of medical emergency equipment and medicines were not effective. The provider had not ensured the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.</li></ul>
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>

## Requirement notices

### How the Regulation was not being met

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:

- There were no systems in place to ensure clinicians record in the patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017.
- The systems in place to ensure recruitment procedures complied with the requirements of the regulation were not effective. The provider was unable to demonstrate that all documents required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were available for all staff.
- There were ineffective systems for recording, investigating and reviewing complaints or significant events with a view to preventing further occurrences and ensuring that improvements were made as a result.
- The practice protocols and procedures to ensure staff were up to date with their mandatory training and their continuing professional development was not effective.
- There were no systems in place to ensure private patient referrals to other dental or health care professionals were centrally monitored.
- There were no systems in place to ensure patient consent to care and treatment was obtained to ensure the practice was in compliance with legislation.