

Guildford Health Limited

Guildford Dental Centre

Inspection report

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Overall summary

We undertook a focused inspection of Guildford Dental Centre on 23 October 2020. 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 remotely by a specialist dental adviser.

We undertook a comprehensive inspection of Guildford Dental Centre on 10 March 2020 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 12 and regulation 17 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 Guildford Dental Centre 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?

When one or more of the five questions are not met we require the service to make improvements. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

Are services safe?

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

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 10 March 2020.

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 breaches we found at our inspection on 10 March 2020.

Are services well-led?

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

The provider had made improvements to put right the shortfalls and had responded to the regulatory breaches we found at our inspection on 10 March 2020; however additional information we received highlighted that further improvements were still required.

Background

Guildford Dental Centre is in Guildford, Surrey and provides private treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes three dentists, one dental nurse, three trainee dental nurses, one dental hygienist, one receptionist and a dental nurse/practice manager. The practice has four treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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 Guildford Dental Centre is the principal dentist.

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

The practice is open:

Mondays to Fridays 8am to 5pm

Our key findings were:

- The provider's infection prevention and control procedures reflected published guidance.
- Infection prevention and control audits were carried out every six months to assess and address areas where improvements were needed.
- Appropriate medicines and life-saving equipment was available in line with guidance.

Summary of findings

- Information relating to the Control of Substances Hazardous to Health Regulations 2002 (COSHH) was available to staff as recommended.
- There were arrangements to monitor the storage temperature of medicines requiring refrigeration, to ensure their efficacy.
- Systems were in place to ensure the disposal of out of date medicines and medical equipment.
- There were systems to carry out audits of dental radiographs, dental implants and antimicrobial prescribing to assess and improve the quality and to ensure compliance with current guidance.
- Systems had been implemented to ensure patient referrals were monitored and followed up.

We identified regulations the provider was not meeting. 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 ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

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

Are services safe?

Our findings

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

At our previous inspection on 10 March 2020 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 notice. At the inspection on 23 October 2020 we found the practice had made the following improvements to comply with the regulations:

- The principal dentist had reviewed and improved systems to ensure that the practice's infection control procedures and protocols were carried out in accordance with the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. We were shown records for daily infection control checks carried out between June and October 2020. These demonstrated that checks were made to ensure that the equipment used for sterilising dental instruments was functioning correctly.
- The provider had improved their system to ensure that patient specific dental appliances were disinfected prior to being sent to a dental laboratory and upon return.
- The provider submitted evidence that all of the recommended emergency equipment and medicines were available. The provider also took action to ensure there was an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Improvements were made to the systems for appropriate and safe handling of medicines. An ongoing monitoring system had been introduced to check that medicines did not pass the manufacturer's use-by date.

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 10 March 2020 we judged the practice was not providing effective 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 23 October 2020 we found the practice had made the following improvements to comply with the regulations:

- After the inspection on 10 March 2020, the provider had taken the decision to discontinue conscious sedation at the practice.
- The arrangements for ensuring referrals were monitored suitably had been reviewed and strengthened. The principal dentist maintained a log of all urgent and routine referrals made. There were systems to follow up on referrals to ensure that patients were seen in a timely manner.
- The provider had reviewed and improved systems to ensure equipment necessary for the provision of dental implants was available and maintained in accordance with national guidance.
- The principal dentist had reviewed the systems and processes to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. A patient record card audit was carried out in August 2020. This showed the improvements were not consistent for all clinicians. As a result templates had been created to help improve the consistency and a re-audit was scheduled to be carried out in January 2021.

Are services well-led?

Our findings

We found that this practice was not providing well led care. 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 10 March 2020 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 warning notice. At the inspection on 23 October 2020 we found the practice had made improvements to comply with the regulations; however, after the inspection on 23 October 2020 we received some information of concern that highlighted that further improvements to the managerial oversight at the practice was needed.

- Improvements had been made to the systems to carry out audits to monitor and improve the quality and safety of services provided. Audits in relation to infection prevention and control, dental implants, record keeping and dental radiography included analysis of strengths and areas for improvements. There were action plans to address areas for improvement and arrangements to keep audits under review as part of good governance and to support continuous improvement.
- The provider had improved systems to ensure that information relating to the COSHH Regulations was available to staff. The information was available in multiple formats to ensure accessibility in the event of an emergency.
- An infection prevention and control audit was carried out on 10 October 2020 to assess and address any areas where improvements were needed. This showed the practice was meeting the required standards. There were arrangements to ensure that infection control audits are carried out every six months.
- The provider had systems in place to effectively monitor and record the fridge temperature to ensure that medicines and dental care products were being stored in line with the manufacturer's guidance.
- Systems had been implemented to monitor staff performance and reviewed to discuss and training and development opportunities.
- Improvements were needed to the systems and processes in place for the safe handling, storage and disposal of clinical waste. On the day of the inspection we saw clinical waste was not being stored in compliance with the relevant regulations and taking into account the guidance issued in the Health Technical Memorandum 07-01: Management and disposal of healthcare waste.

Following the inspection on 23 October 2020 we received some information relating to the inappropriate disposal of sensitive information. The provider took immediate remedial action including the safe retrieval of the data, the implementation of a policy and staff training. This did highlight that there were ineffective processes for managerial oversight for the running of the service.

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 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>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.</p> <p>In particular:</p> <ul style="list-style-type: none">• Information governance procedures were not sufficiently robust to prevent the unsafe disposal of sensitive information.• Risks associated with the safe handling, storage and disposal of clinical waste had not been suitably mitigated in all cases. <p>Regulation 17(1)</p>