

Ewa Dimitrijevic

Mrs E Dimitrijevic – Dental Surgery

Inspection report

Dental Surgery
52 Hart Road
Thundersley
SS7 3PJ
Tel: 01268794829

Date of inspection visit: 11 January 2024
Date of publication: 16/02/2024

Overall summary

We carried out this comprehensive inspection on 11 January 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 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 but surfaces in clinical areas were cluttered in a way that prevented thorough cleaning.
- The practice had some infection control procedures which reflected published guidance. We found these were not applied consistently.

Summary of findings

- Staff did not know how to deal with medical emergencies. Appropriate medicines and life-saving equipment were not always available.
- The practice's systems to manage risks for patients, staff, equipment and the premises were ineffective. We identified shortfalls in assessing and mitigating risks in relation to fire safety, legionella management, prescription security and medicine management, radiography, the safe handling and disposal of sharps and domestic cleaning.
- Safeguarding processes were not in place, staff knew their responsibilities for safeguarding vulnerable adults and children, but contact information and guidance was not available.
- Staff recruitment procedures did not reflect current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines. However, this was not always recorded in the patient's clinical record.
- 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.
- The provider did not demonstrate effective leadership or support a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The practice information governance arrangements were ineffective.

Background

Mrs E Dimitrijevic - Dental Surgery is in Thundersley, Benfleet, Essex and provides 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 1 dentist and 1 dental nurse. The practice has 1 treatment room.

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

The practice is open:

Monday and Tuesday from 2pm to 8am.

Wednesday closed.

Thursday and Friday 9am to 3pm (closed from 12pm to 1pm).

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure all premises and equipment used by the service provider is fit for use.

Summary of findings

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulations the provider is not meeting are at the end of this report.

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

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular, ensure local rules are updated and in line with current guidelines, and ensure a rectangular collimator is available.
- 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?	Enforcement 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 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 Enforcement Actions 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 some safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. We found that safeguarding processes had not been reviewed. Safeguarding contact information had not been updated since 2016. Staff safeguarding training was not completed to the required level.

The practice had some infection control procedures which reflected published guidance. We found these were not always applied. Decontamination procedures did not always reflect published guidance, there was scope to strengthen processes for manual cleaning of instruments and the practice magnifier did not have a light. Treatment room drawers had a large number of instruments that were not stored in a sterile manner. We found local anaesthetics were stored in treatment room drawers out of the blister pack and clinical items such as masks and gloves were stored in boxes beside the staff toilet, increasing the risk of contamination.

We did not find and were not provided with records of any new infection prevention and control (IPC) audits. Staff confirmed to us that these audits were not undertaken and a previous audit was just reviewed and marked as updated. The provider was unable to assure themselves that IPC and decontamination processes followed guidance and was unaware of whether there were any actions required with regard to mitigating the risks of infection within the practice.

The practice systems to manage the risk associated with the development and spread of water borne bacteria were not effective. Specifically, the provider had not undertaken a required legionella risk assessment of the building and was therefore unaware of whether there were any actions required to safely maintain water systems in the premises. There was no named legionella lead or deputy lead and no evidence of staff legionella training. Water testing, flushing of seldom used outlets and testing of hot and cold water temperatures had never been undertaken. We were told by staff that regular flushing and maintenance of dental unit water lines was carried out although we were not shown any written records of this. Processes for maintaining dental unit water lines as per HTM0105 decontamination in primary care dental practice were not undertaken. We were not provided with evidence of weekly or continuous flushing of the chair with a disinfectant as per manufacturers recommendations.

The practice had procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. However, no written policy was available.

The practice appeared clean, but work surfaces in the decontamination and treatment rooms were cluttered which prevented their effective and thorough cleaning. We did not see records of effective cleaning schedules. Cleaning equipment was not stored in line with recommended guidance. We noted the practice had one mop and one bucket in the staff toilet and others in the decontamination room, we did not find evidence to confirm which of these were used exclusively in clinical areas, or were used throughout the practice including the kitchen, reception area and toilet which would increase the risk of cross contamination of infectious materials.

The provider did not have a recruitment policy in place and recruitment procedures did not follow guidance to help ensure the practice employed suitable staff, including for agency or locum staff.

Staff files we reviewed were incomplete. We did not find evidence that required pre employment checks, including obtaining references, were carried out. Current records were not available to confirm that all clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. Evidence of indemnity cover and GDC registration was provided immediately following the inspection.

Are services safe?

We found there was scope for improvement in how the practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. Evidence of oversight in the form of a maintenance schedule to support staff in knowing when equipment was due to be serviced was not available. We noted the gas boiler service was overdue, last undertaken in 2021 and the compressor had never been serviced. There was no evidence of a satisfactory 5 yearly electrical installation condition report undertaken since 2 June 2016.

A fire safety risk assessment had not been undertaken in line with the legal requirements. There were no records of testing for the smoke alarm to ensure it was in working order and in line with British Standard alarm testing recommendations, staff were aware of what to do in the event of a fire but there were no records of staff fire safety training or an evacuation plan.

The practice had some arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was mostly available. However, we noted the local rules did not refer to current regulations and required updating. There was no rectangular collimator for the X-ray machine, clinicians were using out of date systems for grading X-rays and audits of these were not carried out.

Risks to patients

The systems to assess, monitor and manage risks to patient and staff safety required improvement.

We looked at the practice's arrangements for safe dental care and treatment. The staff did not always follow the relevant safety regulation when using needles and other sharp dental items. There was no sharps' policy or sharps' risk assessment. Staff told us the dentist always handled any needles. We noted nursing staff were handling sharps instruments and there was no evidence for mitigation of risk for other sharp dental items. The date of assembly of the sharps bin was not recorded or signed. We noted there were no records of any sharps injuries. Staff had not undertaken sepsis awareness training.

Emergency equipment and medicines were not available and checked in accordance with national guidance. We found, portable suction, spacer device for the inhaler, oropharyngeal airways sizes 0 to 4 and self-inflating bags with reservoir for child were not present. We found the self-inflating bags for adult were present, however the mask was damaged. There were no clear face masks sizes 0 to 4, no oxygen masks with reservoir and tubing for adults or children and no needles size 23 gauge and 25mm length for adrenaline use. Glyceryl Trinitrate spray, Glucagon and oral midazolam was not present. We found oral glucose was present, however the packaging was ripped which meant the expiry date was not visible. Following the inspection, the provider confirmed these had been ordered.

The Automated External Defibrillator (AED) was not functioning, we found the battery was present but was not fitted to the device. The adult and children's pads had expired September 2020. Following the inspection, the practice nurse confirmed that the AED battery had been fitted and this was functioning. The practice also confirmed replacement adult and children's pads had been ordered.

We found the oxygen tank had expired in 2018 and was empty. In addition, there was no eye wash, mercury or bodily fluid spillage kits and no designated first aid kit present. Following the inspection, the provider confirmed these had been ordered.

Checks of medical emergency equipment and medicines were not undertaken weekly in line with recommended guidance. We noted the last recorded checks of these were in 2018. There was no daily oversight of the effective operations of the oxygen or the automated external defibrillator (AED). The check lists were incomplete and did not include checks of medical equipment, the oxygen or the AED. Medical emergency medicines were not listed with their expiry dates.

Staff had not received adequate training in cardiopulmonary resuscitation (CPR), basic life support or medical emergencies and staff were not familiar with how to use the medical emergency kit. There was no record of any CPR training.

Are services safe?

Risk assessments to minimise the risk that could be caused from substances that are hazardous to health were not in place.

Information to deliver safe care and treatment

Dental care records we saw were legible, were kept securely and complied with General Data Protection Regulation requirements. There was scope to ensure these were more detailed.

The practice had systems for referring patients with suspected oral cancer under the national 2 week wait arrangements.

Safe and appropriate use of medicines

Systems for appropriate and safe handling of medicines were not in place.

The practice was 100% private, but we noted 3 NHS prescription pads in the treatment room. We discussed disposal of these with the provider.

We noted medicines when dispensed did not contain a printed label with the practice name and address as recommended in guidance.

Antimicrobial prescribing audits were not carried out.

Track record on safety, and lessons learned and improvements

The practice had recorded some accidents in the accident book. The last recorded accidents were dated 3 years previous. Staff were not aware of incident reporting or where the accident book was kept. There was no evidence to show how learning from incidents had or could be actioned or shared across the staff team to prevent their recurrence.

There were no systems in place 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 some systems to keep dental professionals up to date with current evidence-based practice. This included some daily staff discussions and team meetings.

Helping patients to live healthier lives

Oral health and gum disease support was provided to patients by the dentist.

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 endeavoured to make sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

We found there was a variation in the evidence recorded in dental care records to confirm that professional guidance was always followed. For example, there was a lack consistency in detail regarding risk assessments and treatment planning.

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. However, staff had not undertaken training in autism and learning disability awareness to improve their understanding of patients living with these conditions.

Not all the dental care records we reviewed evidenced that dentist had justified, graded and reported on the radiographs they took. The dentist was not aware of the current grading system for X-rays. The practice told us they had not undertaken a radiography audit, this was not in line with current guidance and legislation of 6 monthly audit.

Effective staffing

Systems were not in place to ensure newly appointed staff had a structured induction or that clinical staff completed continuing professional development required for their registration with the General Dental Council. Recommended training including learning disability and autism, duty of candour and legionella were not completed. There was limited evidence of completion of other training by all staff including basic life support, safeguarding, fire safety, sepsis and infection prevention and control.

Co-ordinating 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. However, there were no logs of these referrals to ensure patients were not overlooked and were seen within an appropriate timeframe.

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 we reviewed was positive. We looked at practice and online reviews. We observed numerous positive interactions, in person and on the telephone, between staff and patients.

The practice offered longer appointments for nervous patients.

Patient feedback indicated that staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. We noted that whilst the reception and waiting room areas were open plan, staff were discreet in person and on the telephone. We were told patients were offered an alternative area to speak privately should they wish.

Staff 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. However, we found not all patients received a written treatment plan.

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. These included 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 grip rails and a portable ramp for patients with access requirements. A disability access audit had not been undertaken.

Timely access to services

The practice displayed its opening hours and provided information on their website and in the practice.

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. 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. We noted the complaints policy was undated and had not been reviewed by staff since their development which was unclear.

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

Clinical management and oversight of procedures that supported the delivery of care were ineffective.

We identified shortfalls in relation to the practice's risk assessing relating to fire, medical emergencies, safeguarding, legionella, sharps, radiographs and infection control which indicated that governance and oversight of the practice needed to be strengthened.

Leaders reported that they had struggled to find time to complete governance related tasks due to incidences of short staffing and personal circumstances.

Systems and processes were not embedded which resulted in missed opportunities for providing safe services. For example, there was no legionella risk assessment or sharps risk assessment, medical emergency equipment and medicines were not always checked or available in line with guidance. Infection prevention and control, radiography and disability access audits were not undertaken, there was no business continuity plan.

The information and evidence presented during the inspection process was not always clear and well documented.

Culture

Staff stated they were proud to work in the practice.

Annual appraisals were undertaken. The provider told us they discussed training needs during clinical supervision. They told us they also discussed learning needs, general wellbeing and aims for future professional development.

However, arrangements to ensure staff training was up-to-date and reviewed at the required intervals was not in place.

The management of staff recruitment, health and safety, staff training and maintenance of equipment and premises required improvement.

Governance and management

The provider had overall responsibility for the management and clinical leadership of the practice. They were supported by the dental nurse. We were told that due to staff shortages there had been limited protected time for them to carry out and review governance tasks and systems.

The practice governance system did not include all recommended policies, protocols and procedures. Not all policies were seen and reviewed by the practice and staff. We noted complaints and record keeping policies were undated and had not been reviewed by staff since their implementation which was unclear. Other policies such as confidentiality and clinical auditing had been reviewed annually, but the practice processes were not always in line with the practice policy.

We noted other policies including; safeguarding, consent including Gillick and mental capacity act guidance, whistleblowing or a speak up policy, recruitment, referrals, prescribing, sharps, medical emergencies, Duty of Candour, fire safety, Medicines and Healthcare products Regulatory Agency (MHRA), Control of Substances Hazardous to Health (COSHH) and a business continuity plan were not in place.

Appropriate and accurate information

Are services well-led?

Staff did not always act on appropriate and accurate information. For example, in relation to incidents and significant events.

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.

Feedback from staff was obtained through meetings, and 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

Systems and processes for learning, quality assurance, continuous improvement were not in place.

Audits of dental care records, disability access, antimicrobial prescribing and radiography were not undertaken. Audits of infection prevention and control were not undertaken in line with recommended guidance. Therefore, we were not assured that staff had a true picture of the practice to drive improvement effectively.

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 Treatment of disease, disorder or injury Surgical procedures	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The registered person had failed to ensure that all equipment used by the service was properly maintained. In particular: • There was no evidence of a satisfactory Health and Safety risk assessment. There was no process in place to identify or mitigate the risks of clutter around the practice or clinical equipment stored beside the toilet. The registered person had failed to ensure that all equipment used by the service was properly maintained. In particular: • There was no gas safety certificate. Evidence was not available to show that the gas boiler had been serviced since 2021. • The compressor had not been serviced at required intervals. 15(1)
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 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. How the Regulation was not being met

Requirement notices

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 was a lack of oversight in the leadership around governance systems, quality and assurance and monitoring and mitigating risk. This resulted in issues not being identified or adequately managed with the potential to impact upon the delivery of safe and well-led care. For example, there were insufficient processes for identification of risk, such as audits or reviews of processes. In particular; we found required audits of radiography and disability access had not been undertaken. Additionally antimicrobial audits and patient record keeping audits were not undertaken.
- The dentist had not justified, graded and reported on the radiographs they took in patient records. They were not aware of the current guidance and legislation requiring grading and 6 monthly audit.
- We found the system in place to manage significant events was not effective. The practice had not recorded any significant events despite events occurring in relation to missed opportunities of servicing equipment, risk assessments, audits and safety alerts.
- There was a lack of oversight in the leadership around governance of infection prevention and control systems. Audits of infection prevention and control were not undertaken as frequently or in line with recommended guidance.
- There were no risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Safety data sheets were not in place.

Infection control procedures were not always applied.

- Decontamination procedures did not always reflect published guidance.
- Treatment room drawers had a large number of unpouched instruments.

Requirement notices

- Local anaesthetics were stored in treatment room drawers out of the blister packs.
- Clinical items such as masks and gloves were stored in boxes beside the staff toilet.

Safeguarding processes were not in place, contact information and guidance was not available. Safeguarding contact information had not been updated since 2016.

There was no sharps' policy or sharps' risk assessment. Sharps bins were not signed or dated when first assembled. The staff did not always follow the relevant safety regulation when using needles and other sharp dental items.

Practice policies were either not in place or required updating to ensure they were in line with procedures at the practice. There were no policies in place in relation to consent, safeguarding, sharps, medical emergencies, Duty of Candour, Fire Safety, referrals, Medicines and Healthcare products Regulatory Agency (MHRA), Control of Substances Hazardous to Health (COSHH) and freedom to speak up. Other policies including complaints required updating.

There were no logs or protocols for referrals to ensure patients were not overlooked and were seen within an appropriate time frame.

There were no systems in place for receiving and acting on safety alerts.

Systems for appropriate and safe handling and dispensing of medicines were not in place.

There was no recruitment policy in place and recruitment procedures did not follow guidance to help ensure the practice employed suitable staff. There was no Enhanced disclosure and barring service check for the practice nurse.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.
Treatment of disease, disorder or injury	Assessments of the risk to the health and safety of service users receiving care or treatment were not being carried out. In particular: There was no recent evidence of a 5 yearly electrical installation condition report, the last report was undertaken in June 2016. Emergency equipment and medicines were not available and checked in accordance with national guidance. • The Automated External Defibrillator (AED) was not in function, the battery was present, but was not fitted to the device. The adult and children's pads had expired September 2020. • Checks of medical emergency equipment and medicines were not undertaken in line with recommended guidance. The last recorded checks of these were in 2018. • There was no oversight of the effective operation of oxygen or the automated external defibrillator (AED). • The oxygen tank had expired in 2018 and was empty. • There were no eye wash, mercury or bodily fluid spillage kits and no designated first aid kit present. • Staff had not received adequate training in cardiopulmonary resuscitation (CPR), basic life support or medical emergencies and staff were not familiar with how to use the medical emergency kit. There were insufficient processes for identification of risk relating to legionella. • There was no legionella risk assessment.

Enforcement actions

- There was no named legionella lead or deputy lead and no evidence of staff legionella training.
- Bacteriological water testing was not undertaken.
- Testing of hot and cold water temperatures was not undertaken.

Systems to manage risks for patients in relation to fire safety were not in place.

- A fire safety risk assessment had not been undertaken in line with the legal requirements.
- There were no records of testing for the smoke alarm to ensure it was in working order and in line with British Standard alarm testing recommendations.
- Staff had not undertaken fire safety training or fire evacuation drills.