

Mr. Moiz Mohammed

# Excel Dental Centre

## Inspection report

1a Cheadle Road  
Cheadle  
SK8 1HW  
Tel: 01614281104  
[www.exceldental.co.uk](http://www.exceldental.co.uk)

Date of inspection visit: 16 November 2022  
Date of publication: 17/01/2023

### Overall summary

We carried out this announced comprehensive inspection on 16 November 2022 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 adviser.

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 was visibly clean.
- 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 systems to help them manage risk to patients and staff were not working effectively. These include the risks associated with fire, hazardous substances and the use of radiation.
- 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. Improvements could be made to these processes.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

## Background

Excel Dental Centre is in Cheadle and provides NHS and private dental care and treatment for adults and children. The service also offers dental implants and treatments under conscious sedation.

There is level access to the practice for people who use wheelchairs and those with pushchairs. However, toilet facilities are not on the ground floor. Patients are made aware of this. Car parking spaces are available near the practice.

The dental team includes 3 dentists, 1 visiting implantologist, 1 visiting seditionist, 1 qualified dental nurse, 3 trainee dental nurses, 3 dental hygienists, 2 receptionists (one of who is also a qualified dental nurse) and a practice manager. The practice has 3 treatment rooms.

During the inspection we spoke with 2 dentists, 1 dental nurse 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 to Friday from 8:30am to 5:30pm

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 is at the end of this report.

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

- Improve and develop staff awareness of the requirements of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- 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 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

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

# 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 infection control procedures which reflected published guidance. However, we noted there was no log to evidence the weekly changing of heavy-duty gloves used when carrying out manually scrubbing of used instruments. We were advised this would be addressed.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. However, we noted that not all of the hot water temperatures consistently exceeded the recommended 55°C. We discussed this with staff who altered the temperature of the boiler on the day of inspection and we were told the temperatures at the sentinel outlets would be monitored accordingly.

The practice had systems in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean. We noted the cleaning schedule was not always completed consistently. We saw some gaps in the recording of cleaning tasks on the schedule. We were told that when staff who do not usually clean the practice carry it out then they had not completed the tasks on the cleaning schedule.

The practice did not have a specific recruitment policy to help them employ suitable staff. Documents were not available to show that all staff were suitably indemnified or had successful immunisation against Hepatitis B. Remaining documents to confirm this were sought on the day of inspection.

Clinical staff were qualified and registered with the General Dental Council.

The practice ensured most equipment was safe to use and maintained and serviced according to manufacturers' instructions. However, when the last pressure vessel inspection for the compressor was completed there was a requirement to replace a part. This had not been actioned. We were later sent confirmation this had been addressed and evidence the repair was due to be completed was sent.

A fire risk assessment was carried out in line with the legal requirements. This risk assessment had identified that an intumescent strip was required on the door to the office and that monthly checks of the emergency lighting had not been carried out. These recommendations from the fire risk assessment had not been actioned by the provider.

The practice did not have arrangements to ensure the safety of the X-ray equipment. We noted the X-ray machines had last been subject to a routine test in 2016. We asked staff if these had been completed again. They told us that it had not.

### **Risks to patients**

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.

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

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support. Immediate Life Support training with airway management for staff providing treatment to patients under sedation was also completed.

# Are services safe?

The practice had not carried out risk assessments on all hazardous substances in relation to the safe storage and handling of substances hazardous to health.

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

Dental care records we saw were 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 systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

## **Track record on safety, and lessons learned and improvements**

The practice had systems for reviewing and investigating accidents and incidents which were not working effectively. In particular, we reviewed a sharps incident. We were told the recommendation to seek medical advice was refused. However, this was not recorded.

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 offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

We saw the provision of dental implants was in accordance with national guidance.

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

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

Staff were aware of 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.

Staff had a limited understanding of their responsibilities under the Mental Capacity Act 2005. We discussed the importance of having an awareness of their responsibilities and we were told they would complete training in the Mental Capacity Act 2005. We were later sent evidence this had been completed.

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 dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence that some of the dentists justified, graded and reported on the radiographs they took. One of the dentists advised that they did not consistently justify, grade and report on the radiographs they took and would only report on radiographs if they felt it was relevant. We discussed this and were assured changes would be implemented.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

### **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.

# 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.

We saw staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

Information was displayed for patients and suggestions or concerns were encouraged. The provider conducted patient satisfaction surveys and monitored online sources of patient feedback.

### **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.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care.

Staff 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 dentists described to us the methods they used to help patients understand treatment options discussed.

# 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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

### **Timely access to services**

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.

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

The practice responded to concerns and complaints appropriately and discussed outcomes with staff 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. 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.

### **Culture**

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

Staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. However, we noted that even though these had been reviewed within the last 12 months, they referred to staff members who had not worked at the practice prior to the review and also substances which were no longer in use. We discussed the importance of ensuring that policies are effectively reviewed to ensure they are current.

The practice did not have clear and effective processes for managing the risks associated with the carrying out of the regulated activities. For example:

- The system for ensuring X-ray equipment is maintained appropriately was not working effectively.
- The system for ensuring recommendations made during the pressure vessel inspection of the compressor are actioned was not working effectively.
- The system for managing the risks associated with fire was not working effectively.
- The system for managing the risks associated with hazardous substances was not working effectively.
- The system for ensuring the cleaning schedule is consistently completed was not working effectively.
- The system for reviewing, investigating and documenting accidents and incidents was not working effectively.

### **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 these in protecting patients' personal information.

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

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

The practice gathered feedback from staff 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.

### **Continuous improvement and innovation**

The practice had systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

# Are services well-led?

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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:</p> <ul style="list-style-type: none"><li>• The system for ensuring X-ray equipment is maintained appropriately was not working effectively.</li><li>• The system for ensuring recommendations made during the pressure vessel inspection of the compressor are actioned was not working effectively.</li><li>• The system for managing the risks associated with fire was not working effectively.</li><li>• The system for managing the risks associated with hazardous substances was not working effectively.</li><li>• The system for ensuring the cleaning schedule is consistently completed was not working effectively.</li><li>• The system for reviewing, investigating and documenting accidents and incidents was not working effectively.</li></ul> <p>There was additional evidence of poor governance. In particular:</p> <ul style="list-style-type: none"><li>• Policies were not effectively reviewed to ensure they are current and applicable to the practice.</li><li>• The system for ensuring all required staff documentation and certification are kept up to date was not working effectively.</li></ul> <p><b>Regulation 17(1)</b></p>