

Dr Kevin Hamidi

Abbey Dental Care

Inspection Report

18 Magdalene Street
Glastonbury
Somerset
BA6 9EH
Tel: 01458832215
Website: www.abbeydentalhealth.co.uk

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Overall summary

We carried out this announced inspection on 14 November 2018 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 provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a 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 five 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:

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

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

Are services well-led?

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

Background

Abbey Dental Care is in Glastonbury and provides private treatment to adults and children.

There is level access (via a portable ramp) for people who use wheelchairs and those with pushchairs. Car parking spaces, including for blue badge holders, are available near the practice.

The dental team includes the principal dentist, one associate dentist, two dental nurses, one dental hygienist, and one receptionist. The clinical team is supported by a practice manager and a receptionist. The practice has two treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 16 CQC comment cards filled in by patients and obtained the views of seven other patients.

During the inspection we spoke with the principal dentist, a dental nurse, the receptionist 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 Wednesday 8am-6pm

Thursday 9am-6pm

Friday 8am-4pm

Our key findings were:

- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Improvements were required to ensure all staff had up-to-date training.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.
- The practice required improvements to ensure that it was clean and well maintained.
- The practice had infection control procedures although we noted that the storage of dental instruments did not always reflect published guidance.

- The practice had staff recruitment procedures although improvements were required to ensure that documentation for each staff member reflected the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Staff knew how to deal with emergencies. Not all medicines and life-saving equipment were however available or in date.
- The practice had inadequate systems to help them manage risk to patients and staff.

We identified regulations the provider was 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:

- Review the storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review the practice's systems in place for environmental cleaning taking into account current national guidelines.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.

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?

We found that this practice was not providing safe care in accordance with the relevant regulations. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

The practice had systems and processes to provide safe care and treatment but these required improvement.

There was limited evidence that the practice learnt from incidents to help them improve.

Staff knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks with the exception that the immunisation status of one member of the dental staff was not known.

Some areas of the premises did not appear clean and properly maintained. The practice was not following national guidance for cleaning, sterilising and storing dental instruments.

The practice had ineffective arrangements for dealing with medical and other emergencies. Logs of the checks of the medicines and equipment had not identified out of date items and missing equipment.

Requirements notice 

Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as good and satisfactory. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

Improvements were required to have in place clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles.

No action 

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

No action 

Summary of findings

We received feedback about the practice from 23 people. Patients were positive about all aspects of the service the practice provided. They told us staff were respectful, professional and kind.

They said that they were given helpful explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

We found that 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).

There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly typed and stored securely.

The practice had ineffective arrangements to ensure the smooth running of the service. There were limited systems to identify risks to the quality and safety of the care and treatment provided, and limited systems for the practice team to discuss potential risks.

The practice had ineffective systems in place to monitor clinical and non-clinical areas of their work to help them improve and learn.

Requirements notice



Are services safe?

Our findings

Safety systems and processes, including staff recruitment, Equipment & premises and Radiography (X-rays)

The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. They were aware of their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. We saw evidence that some staff had received safeguarding training. Following the inspection we received evidence that all staff had been booked onto a course.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was documented in the dental care record and a risk assessment completed.

The practice had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy and procedure to help them employ suitable staff although this required updating to ensure that the relevant legislation was reflected. We looked at five staff recruitment records. These showed the practice followed their recruitment procedure with the exception that the practice could not provide evidence of immunity for one member of the dental team in respect of the Hepatitis B virus.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that equipment was maintained according to manufacturers' instructions, including electrical appliances.

Records showed that firefighting equipment, such as fire extinguishers, were regularly serviced. The practice did not have fire alarms or the appropriate lighting. A fire risk assessment had been carried out in 2016; however, the provider had not ensured that all recommended actions were undertaken. For example, doors replaced to make them fire resistant and fire safety training provided to all staff. Following the inspection, we received evidence to demonstrate that all staff had completed training on fire awareness.

The practice had carried out a second fire risk assessment in November 2018, however this was not practice specific, had not identified required actions to mitigate the risks and had not been undertaken by a competent person.

Portable electric heaters were being used throughout the practice without suitable fire risk and health and safety risk assessment.

We have referred our concerns to the Devon & Somerset Fire & Rescue Service.

The practice did not have suitable arrangements to ensure the safety of the X-ray equipment. The practice had wall-mounted X-ray machines in each surgery. Only one of these machines had been suitably maintained and serviced. We were told by the principal dentist the wall-mounted X-ray machines were not being used; therefore, these should be formally decommissioned.

The practice used hand-held dental X-ray equipment which had been accepted and tested in September 2017. However, the practice had not undertaken the recommended test in September 2018. Routine functional checks of the equipment were not made and the results recorded. We saw no supporting documentation for the hand-held unit. For example, there was no written examination protocol, no risk assessment, and the local rules did not include information pertaining to this unit.

Are services safe?

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice had not yet carried out a radiography audit. Current guidance and legislation recommends this is completed on an annual basis.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were ineffective systems to assess, monitor and manage risks to patient safety.

Whilst the practice's health and safety policy was up to date, the practice health and safety risk assessment was not practice specific and there were no action plans to mitigate the risks identified.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. The practice had not undertaken a sharps risk assessment.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We noted, however, that the practice had not ensured the effectiveness of the vaccination was checked in relation to one member of the dental team.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS).

Emergency equipment and medicines was not available as described in recognised guidance. We found, cannulas that were past their use by date of 2001 and the syringes to administer adrenaline were not sterile as they were not in the original package.

We noted that Glucagon was stored in the fridge, however the practice was not consistently monitoring the fridge temperature therefore the efficacy of the Glucagon could not be assured.

Additionally, eye protection and a self-inflating bag with reservoir for children were missing; the latter was ordered immediately on the day of the inspection.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. A risk assessment was in place for when the dental hygienist worked without chairside support.

The practice did not have suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice occasionally used locum and agency staff. We were told that these staff received an induction to ensure that they were familiar with the practice's procedures. However, when asked we were not provided with any evidence of this.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking and sterilising instruments in line with HTM01-05. However, we found some instruments which were not pouched, dated and signed as recommended, therefore, the sterility of these instruments was unknown. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice did not have effective procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A Legionella risk assessment had not been carried out by a competent person. Following the inspection, we received evidence that the provider had arranged for a suitable risk assessment to be carried out by a competent company.

Water temperatures were not being recorded in line with the practice's policy.

We saw cleaning schedules for the premises. Some areas of the practice did not appear clean when we inspected.

Are services safe?

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

The practice carried out an infection prevention and control audit in November; this was incomplete and did not have an associated action plan to address any shortfalls identified.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care

records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements, (formerly known as the Data Protection Act).

Track record on safety and lessons learned and improvements

The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been one safety incident. There was no evidence that this incident had been discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

We did not see evidence that there was a system for receiving and acting on safety alerts. The practice immediately made the necessary arrangements to receive patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans with dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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 containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The practice had not audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

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

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council, although we were not able to confirm this for one member of the team whose CPD file was not available.

Staff discussed their training needs at one to one meetings. Appraisals had not yet taken place as the provider took over in January 2018 and some of the staff had recently been employed, however the practice manager assured us that staff appraisals would be carried out imminently.

Co-ordinating care and treatment

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

The principal dentist confirmed they had not yet referred any patients to specialists in primary and secondary care.

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. Improvements could be made to ensure a better understanding of local referral pathways.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were respectful, professional and kind.

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

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. If a patient asked for more privacy they

would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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 be involved in decisions about their care and were aware of the requirements under the Equality Act.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example videos, X-ray images and an intra-oral camera. The intra-oral cameras and microscope with a camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 on the importance of emotional support needed by patients when delivering care.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had made reasonable adjustments for patients with disabilities. These included step free access and a hearing loop.

A Disability Access audit had been completed.

Staff telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, and included it in their information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The staff took part in an emergency on-call arrangement with other local practices.

The practices' answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice's website and waiting room had information on how to make a complaint.

The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received since the provider took over in January 2018. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had the capacity and skills to deliver high-quality, sustainable care. We noted, however, the principal dentist was only present three days per week. Consequently, there was a lack of sufficient clinical and managerial oversight at the practice to ensure that there were adequate systems in place to assess, monitor and improve the quality and safety of services.

Vision and strategy

Culture

The practice had a culture of high-quality sustainable care.

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

The practice focused on the needs of patients.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had an ineffective system of clinical governance in place which included risk assessments, policies, protocols and procedures. Some risk assessments such as a sharps risk assessment, Legionella, Control of Substances Hazardous to Health (COSHH) had not been undertaken.

Policies and procedures were not always up to date or personalised to the practice, for example, general health and safety policies.

There were ineffective processes for managing risks. Where risks were identified, for example, risks associated with fire safety and infection prevention and control procedures, actions had not been taken to mitigate those risks.

Appropriate and accurate information

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

Systems and processes supported the confidentiality of people using the service

Engagement with patients, the public, staff and external partners

The practice recently starting using patient surveys to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, to extend the practice's hours.

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 did not have quality assurance processes to encourage learning and continuous improvement. The practice had carried out an audit of infection prevention and control, however this was incomplete and did not have an associated action plan.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. The practice provided support and encouragement for them to do so.

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>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <p>The premises being used to care for and treat service users was not being used in a safe way. In particular:</p> <ul style="list-style-type: none">• There was lack of fire resistant doors, emergency lighting, fire alarms and staff training.• The fire risk assessment undertaken was not practice specific.• Portable electric heaters were being used throughout the practice without suitable fire risk and health and safety risk assessment. <p>The equipment being used to care for and treat service users was not safe for use. In particular:</p> <ul style="list-style-type: none">• Routine functional checks of hand-held dental X-ray equipment were not made and/or the results recorded. The equipment was also past its annual service check. <p>There were insufficient quantities of equipment to ensure the safety of service users and to meet their needs. In particular:</p> <ul style="list-style-type: none">• Intra-venous cannulas were past their use by date of 2001.• Syringes were not in their original packaging therefore not sterile.• Personal Protective equipment such as aprons and eye protection was not available. <p>There was additional evidence that safe care and treatment was not being provided. In particular:</p>

Requirement notices

- There were ineffective arrangements for ensuring that people were protected against vaccine preventable infectious diseases. There were limited arrangements to ensure the effectiveness of vaccination of all clinical staff.

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and 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:

There were limited systems and processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.

In particular:

- There was a lack of clinical and managerial oversight at the practice to ensure that there were adequate systems in place to assess, monitor and improve the quality and safety of services.
- There were limited arrangements in place to ensure that the practice policies and procedures were practice specific and took into account current legislation and guidelines.
- There were ineffective systems for ensuring that audits and risk assessments such as those for infection control, Legionella, COSHH, where they were carried out, were accurate and complete and that these were used to monitor and improve the quality and safety of services provided.