

Opaleye And Middlefell Limited

Gloucester Dental Care

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 16 October 2023 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by two specialist dental advisors.

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 practice had infection control procedures which reflected published guidance, but improvements were needed.
- Staff knew how to deal with medical emergencies.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation, but improvements were needed.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Improvement was needed to ensure staff took care to protect patients' privacy and personal information.

Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- The practice had systems to manage risks for patients, staff, equipment, and the premises but improvements were needed to ensure processes were effective.
- 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.
- There was effective a culture of continuous improvement.
- Staff felt involved, supported, and worked as a team.
- Patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.

Background

Gloucester Dental Care is in Gloucester and provides NHS and private dental care and treatment for adults and children.

There is step free access, via a lift, to the practice for people who use wheelchairs and those with pushchairs.

The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 12 dentists, 3 dental nurses, 3 student dental nurses, 3 cover nurses, 1 dental hygienist, 2 decontamination nurses, a practice manager and 4 receptionists.

The practice has 8 treatment rooms.

During the inspection we spoke with 5 dentists, 2 dental nurses, 1 receptionist and the practice manager. Two external management consultants supported the practice manager during our visit.

We looked at practice policies, procedures, and other records to assess how the service is managed.

The practice is open:

- 8.30am to 5.00pm Monday - Saturday

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 are at the end of this report.

There were areas where the provider could make improvements.

They should:

- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

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?	No 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 providing safe care in accordance with the relevant regulations.

Safety systems and processes, including staff recruitment, equipment, 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, but improvements were needed. In particular:

- We found torn pouched sterilised instruments stored in the 'clean' decontamination room.
- Relevant validation checks were not carried out on the vacuum autoclave.
- We found 'out of date' pouched sterilised instruments in the 'clean' decontamination room.
- A pouched sterilised dental instrument that had not been cleaned effectively was found in the 'clean' decontamination room.
- Colour coded cleaning equipment was not separated when stored which increased the risk of cross infection.

We have since received evidence which confirms these shortfalls have been addressed.

Treatment room 2,4,5,6 and 7's worktops and treatment room 6's drawer fronts were incomplete which posed an infection prevention and control risk. We have since been advised that this shortfall is currently being addressed.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems but improvements were needed. Specifically:

- A legionella risk assessment identified that limescale was present on taps in the practice. The action plan stated this issue had been addressed but limescale was visible on the tap in the 'dirty' decontamination room. We have since received evidence which confirms this shortfall has been addressed.

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

The practice was not visibly clean and there was not an effective cleaning schedule to ensure the practice was kept clean. We observed:

- The 'dirty' decontamination room window ledge was visibly dirty.
- Plaster and paint dust was visible on surfaces and equipment in the 'clean' decontamination room.
- Dust and cobwebs were visible in the patient toilet.
- Evidence of oversight of cleaning standard checks was not available.
- A feminine hygiene product (sanitary) bin was not available in the accessible toilet.

We have since received evidence which confirms these shortfalls have been addressed.

Recruitment checks had not been carried out, in accordance with relevant legislation to help them employ suitable staff, including agency and locum staff.

We reviewed 5 staff recruitment records and found that:

- Evidence of eligibility to work in the UK was not available for 1 staff member.
- A full employment history was not available for 2 staff.

We have since received evidence which confirms these shortfalls have been addressed.

Are services safe?

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

One staff member's level of immunity to the hepatitis B virus was unknown. There was no evidence of action taken by the practice in relation to this. We have since received evidence which confirms this shortfall has been addressed.

Staff were unaware of the servicing and maintenance frequency of the combined patient chair and drill unit in treatment room 8. We have since received evidence which confirms this shortfall has been addressed.

The provider did not have effective fire safety management procedures. In particular:

- Evidence to confirm the actions required to be carried out following an unsatisfactory electrical installation test result was not available.
- Actions resulting from a fire safety risk assessment, carried out in October 2022, remained outstanding.
- Weekly fire alarm tests did not specify which manual call point was activated.
- Monthly emergency light tests did not specify which lights were tested.
- Fire drill records were not available.
- Emergency lighting service records were not available.
- Six monthly fire alarm inspection records were not available.

We have since received evidence which confirms these shortfalls have been addressed.

The practice had arrangements to ensure the safety of the X-ray equipment; however, we noted the area used to house the dental cone beam computed tomography (CBCT) x-ray equipment was not monitored by staff which placed it at risk of unauthorised interference. We have since received evidence which confirms this shortfall has been addressed.

Risks to patients and staff

The practice had systems to manage risks for patients, staff, equipment, and the premises but improvements were needed to ensure processes were effective. In particular:

- The sharps bin in the decontamination room was not labelled.
- Sharps handling protocols did not match the sharps policy or sharps risk assessment.
- A patient evacuation sledge was available for use when the lift failed or could not be used in a fire evacuation. It is a requirement by law that there are enough trained operators to meet emergency use of the chair and to ensure the chair is maintained in full working order. We were told that none of the staff were trained to use the sledge.
- Electrical socket covers were seen in position in plug sockets. The use of these was against Department of Health safety guidelines issued in 2016.
- Window blind adjustment looped cords were not tethered to window frames in the waiting area which may pose a risk of choking to young children.
- The cleaner worked out of hours. A lone worker risk assessment for this person had not been carried out.

We have since received evidence which confirms these shortfalls have been addressed.

Emergency equipment and medicines were available but checks and security of glucagon, a medicine used to treat low blood glucose levels, required improvement:

- Glucagon was stored in a fridge. The fridge's temperature was not monitored effectively.
- The unlocked fridge was located in a public area of the practice. This area was unsecured by staff which placed it at risk of unauthorised interference.

We have since received evidence which confirms these shortfalls have been addressed.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Are services safe?

Control of Substances to Health (COSHH) safety data sheets and risk assessments were available in the manager's office. Storage was not ordered way which may prevent easy access in an emergency. We have since received evidence which confirms this shortfall has been addressed.

COSHH safety data sheets were not available to the out of hours cleaner. We have since received evidence which confirms this shortfall has been addressed.

Information to deliver safe care and treatment

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

Security of electronic patient care records required improvement. In particular, a computer in the dental cone beam computed tomography CBCT room did not follow information governance codes of practice and lock when not in use. We have since received evidence which confirms this shortfall has been addressed.

A General Data Protection Regulation (GDPR) compliant accident book was not available. We have since received evidence which confirms this shortfall has been addressed.

Safe and appropriate use of medicines

Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

Dental implants

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.

involvement in local schemes

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

Consent to care and treatment

Staff understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

During our visit we noted that parental consent was not obtained for the dental treatment of a child accompanied by a grandparent. The manager assured us they would address this as a matter of urgency. We have since received evidence which confirms this shortfall has been addressed.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

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.

We saw evidence the dentists justified, graded, and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

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.

On the day of inspection, we spoke with 6 patients who all said they would recommend the practice to friends and family. They told us staff were kind and involved them in decisions about their care.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant protocols were not in place. In particular:

- A CCTV privacy impact assessment was available, but data storage details were incorrectly recorded.
- Information for patients was not available to explain the purpose of recording images.
- The name and contact details of those operating the surveillance scheme were not displayed.

We have since received evidence which confirms these shortfalls have been addressed.

- The door to treatment room 8 was damaged which prevented it from being closed.
- Glass partitioning on all of the 8 treatment room doors was clear which meant they did not fully protect patients' privacy and dignity.

We have since received evidence which confirms these shortfalls have been addressed.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

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

The dentists explained the methods they used to help patients understand their treatment options. These included for example photographs, study models and X-ray images.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including a wheelchair accessible toilet, hearing loop and vision aids for patients with access requirements.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. However, we noted areas which required improvement. In particular:

- We saw a sign at the front door of the practice which prohibited all dogs which could be perceived that assistance dogs were also prohibited.
- The wheelchair accessible toilet mirror and towel dispenser were both out of reach to a wheelchair user (too high).
- The patient reception counter displayed information for ambulant patients. A lower counter was available for wheelchair users but did not include the same information.

We have since received evidence which confirms these shortfalls have been addressed.

Timely access to services

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

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 website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients.

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.

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 Notice section at the end of this report).

We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

We found improvements were needed to ensure the management and oversight of procedures that supported the delivery of care was effective.

Culture

Staff stated they felt supported and valued.

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

Governance and management

The provider had a system of clinical governance in place which included policies, protocols, and procedures but systems were not followed.

The management of fire safety, legionella, disability access, sharps and infection control required improvement.

We have since received evidence which confirms these shortfalls have been addressed.

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 protecting patients' personal information. The management of closed-circuit television (CCTV) and unmonitored computers required improvement. We have since received evidence which confirms these shortfalls have been addressed.

Engagement with patients, the public and staff

Staff gathered feedback from patients, the public 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

The practice carried out audits of patient care records, disability access, radiographs, and antimicrobial prescribing.

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
Surgical procedures Treatment of disease, disorder or injury Diagnostic and screening procedures	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. 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: Infection Prevention and Control • The 'dirty' decontamination room window ledge was visibly dirty. • Plaster and paint dust was visible on surfaces and equipment in the 'clean' decontamination room. • We found torn pouched sterilised instruments stored in the 'clean' decontamination room. • Colour coded cleaning equipment was not separated when stored which increased the risk of cross infection. • We found 'out of date' pouched sterilised instruments in the decontamination room. • Dust and cobwebs were present in the patient toilet. • Evidence of oversight of cleaning standard checks was not available. • Surgeries 2,4,5,6 and 7's worktops and surgery 6's drawer fronts were incomplete which posed an infection control risk.

Requirement notices

- A pouched sterilised dental instrument that had not been cleaned effectively was found in the 'clean' decontamination room.
- Relevant validation checks were not carried out on the vacuum autoclave.
- A feminine hygiene product (sanitary) bin was not available in the accessible toilet.

Fire Safety

- Evidence to confirm the actions required to be carried out following an unsatisfactory electrical installation test result was not available.
- Actions resulting from a fire safety risk assessment, carried out in October 2022, remained outstanding.
- Weekly fire alarm tests did not specify which manual call point was activated.
- Monthly emergency light tests did not specify which lights were tested.
- Fire drill records were not available.
- Emergency lighting service records were not available.
- Six monthly fire alarm inspection records were not available.

Equipment

- Staff were unaware of the servicing and maintenance frequency of the combined patient chair and drill unit in treatment room 8.

Risks to patients and staff

- Glucagon was stored in a fridge. The fridge's temperature was not monitored effectively.
- The unlocked fridge was located in a public area of the practice. This area was not monitored by staff which placed it at risk of unauthorised interference.
- The sharps bin in the decontamination room was not labelled.
- Sharps handling protocols seen did not match the sharps policy or sharps risk assessment.
- A patient evacuation chair was available for use when the lift failed or could not be used in a fire evacuation. It is a requirement by law that there are enough trained

Requirement notices

operators to meet emergency use of the chair and to ensure the chair is maintained in full working order. We were told that none of the staff were trained to use the chair.

- Electrical socket covers were seen in the practice. The use of these was against Department of Health safety guidelines issued in 2016.
- Window blind adjustment looped cords were not tethered to window frames and may pose a risk of choking to young children in the waiting area.
- Control of Substances to Health (COSHH) safety data sheets were not available to the out of hours cleaner.
- The cleaner worked out of hours. A lone worker risk assessment for this person had not been carried out.
- The area used to house the dental cone beam computed tomography (CBCT) x-ray equipment was not monitored by staff which placed it at risk of unauthorised interference.

General Data Protection Regulation (GDPR)

- A computer in the dental cone beam computed tomography (CBCT) room, room did not follow information governance codes of practice and lock when not in use.
- A General Data Protection Regulation (GDPR) compliant accident book was not available.

Privacy and Dignity

- A CCTV privacy impact assessment was available, but data storage details were incorrectly recorded.
- Information for patients was not available to explain the purpose of recording images.
- The name and contact details of those operating the surveillance scheme were not displayed.
- The door to surgery 8 was damaged which prevented it from being closed completely.
- Glass partitioning on all the treatment room doors was clear which meant they did not fully protect patients' privacy and dignity.

Equality Act

- We saw a sign at the front door of the practice which prohibited all dogs.

This section is primarily information for the provider

Requirement notices

- The accessible toilet mirror and towel dispenser were both out of reach to a wheelchair user.
- The patient reception counter displayed information for ambulant patients. A lower counter was available for wheelchair users but did not include the same information.

Recruitment

- Evidence of eligibility to work in the UK was not available for 1 staff member.
- A full employment history was not available for 2 staff.

Legionella

- A legionella risk assessment identified that limescale was present on taps in the practice. The action plan stated this issue had been addressed but limescale was visible on tap the 'dirty' decontamination room.