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# Eurodental Oxford

## Inspection report

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### Overall summary

We carried out this announced inspection on 8 November 2021 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 Care Quality Commission, (CQC), inspector who was supported by two specialist dental advisers.

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 well-led?

These questions form the framework for the areas we look at during the inspection.

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services well-led?**

# Summary of findings

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

## Background

Euro Dental Surgery is in Headington, Oxford and provides NHS and private dental care and treatment for adults and children.

The practice is based on the first floor above a fast food business. Patients who find stairs a barrier are advised to seek dental treatment elsewhere. Car parking, including dedicated parking for disabled people, is available near the practice.

The dental team includes two dentists, one dental hygienist, one dental hygienist who is also a trainee dental nurse, a second trainee dental nurse, two receptionists and a practice manager. The practice manager offers remote business support to the provider and does not routinely attend the practice.

The practice has two treatment rooms.

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.

During the inspection we spoke with two dentists and one trainee dental nurse, a 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 8.30am to 7.30pm
- Tuesday 8.30am to 5.30pm
- Wednesday 8.30am to 7.30pm
- Thursday 8.30am to 5.30pm
- Friday 8.30am to 5.30pm
- Saturday 9.00am to 2.00pm

The practice closes for lunch between 1.00pm and 2.00pm

## Our key findings were:

- The practice appeared to be visibly clean.
- The provider had infection control procedures which generally reflected published guidance, but improvements were needed.
- Staff knew how to deal with emergencies.
- Appropriate medicines and life-saving equipment were available, but improvements were needed to ensure that all emergency equipment was in date.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider's staff recruitment procedures were not operated effectively.
- The clinical staff provided patients' care and treatment in line with current guidelines.

# Summary of findings

- The provider had systems to help them manage risk to patients and staff. Specifically, risks associated with radiation, fire and protection from blood borne viruses.
- The provider had information governance arrangements and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.

## **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.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed and specified information is available regarding each person employed.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

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

# Are services safe?

## Our findings

We found 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)**

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The provider confirmed that all staff had received appropriate level two safeguarding training at appropriate intervals. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider 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, (HTM 01-05), published by the Department of Health and Social Care.

Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05.

We found that instruments were allowed to dry whilst awaiting decontamination. Where immediate cleaning is not possible, water immersion or the use of a foam spray or gel intended to maintain a moist or humid environment are recommended in aiding subsequent decontamination.

The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. *The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.*

The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.

The dentist's stool covering was ripped in treatment room two. Colour-coded mop heads were not stored correctly. Since our inspection we have been sent evidence to confirm this shortfall has been addressed.

Local anaesthetic ampules were stored in treatment room drawers. These were not stored in their original packaging (blister packs). Since our inspection we have been sent evidence to confirm this shortfall has been addressed.

The seal between the flooring and the skirting boards was incomplete in both treatment rooms.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

# Are services safe?

When we inspected, we saw the practice was visibly clean. The practice experienced water leak damage to one of its treatment rooms the week prior to our visit. This room was taken out of service while repairs were being arranged.

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

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. This was incorrect as the audit did not identify the issues we found during our visit.

The provider had a whistle-blowing policy. Staff told us they felt confident that they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

Recruitment procedures were not operated effectively to ensure only fit and proper persons were employed and specified information was available regarding each person employed.

We looked at three staff recruitment records and found that none had written evidence of conduct in previous employment (references). We were told by the provider that references had not been requested which indicated they did not follow their own recruitment policy and procedures.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice was based on the first floor of a three-storey building. We were told the landlord of the building was responsible for the emergency lighting and fire detection on the staircase outside the practice.

The practice did not keep records of the testing and servicing of the fire detection equipment and emergency lighting present in the common area of the building which, we were told was carried out by the landlord.

We noted the absence of emergency lighting in the practice. Since our inspection we have been sent evidence to confirm this shortfall is being addressed.

The practice did not have arrangements to ensure the safety of the X-ray equipment:

- Notification of ionisation radiation work (taking X-rays) to the Health and Safety Executive (HSE) was not available. The practice manager registered the practice with the HSE during our visit.
- The X-ray machine in treatment room two was in a poor state of repair. We saw that this had been identified by the X-ray servicing company when they inspected the machine in January 2021.
- The X-ray in treatment room two did not have a rectangular collimator fitted to reduce the amount of radiation a patient is exposed to when having an X-ray taken.

Since our inspection we have been sent evidence to confirm these shortfalls have been addressed.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year.

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

# Are services safe?

## Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated for each clinical member of staff.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, but the effectiveness of the vaccinations was not checked. Since our inspection we have been advised that blood tests are being arranged to check the effectiveness of the vaccinations.

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

Emergency medicines were mostly available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. However, we noted that the oxygen facemasks were out of date. Since our inspection we have been sent evidence to confirm this shortfall has been addressed.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

A trainee dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team. A risk assessment was not in place for when the dental hygienist therapist worked without chairside support.

## 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 dental care records with clinicians to confirm our findings and observed that individual records were typed 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 requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

## Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines.

Prescription pads in the practice were stored securely but their serial numbers were not fully logged. Since our inspection we have been sent evidence to confirm this shortfall has been addressed.

Antimicrobial prescribing audits were carried out.

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

The provider systems in place for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues.

In the previous 12 months there had been no safety incidents.

# Are services safe?

The provider had a system for receiving and acting on safety alerts. The provider told us they were shared with the team and acted upon if required.

# 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**

We saw the 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 practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists discussed smoking, alcohol consumption and diet with patients during appointments.

Staff directed patients to local schemes, such as smoking cessation, when appropriate.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

### **Consent to care and treatment**

Staff 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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. 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 might 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 may give consent for themselves in certain circumstances. 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. Interpreter services were available for patients who did not speak or understand English.

### **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 provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

# Are services effective?

(for example, treatment is effective)

## **Effective staffing**

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

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the 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 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 act (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 discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

We saw the provider had systems in place to deal with staff poor performance.

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

### **Governance and management**

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff, but systems were not routinely followed. For example, the system used for checking emergency equipment had not identified that oxygen facemasks were out of date and prescription pads in the practice were stored securely but numbers were not fully logged

The management and oversight of radiography, fire safety, infection control, medical emergency equipment and premises required improvement. For example, the infection control audit had not identified that the dentist's stool covering in treatment room two was ripped and that colour-coded mop heads were not stored correctly.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

The provider had information governance arrangements, which included policies. Information was kept securely. Staff were aware of the importance of these in protecting patients' personal information.

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

Staff involved patients, the public, staff and external partners to support the service.

The provider used patient surveys to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on.

The provider 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 provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, antibiotic prescribing, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

# Are services well-led?

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

## 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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p><b>Regulation 17</b></p> <p><b>Good Governance</b></p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had systems or processes in place that 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 dentist's stool covering in treatment room two was ripped<sup>1</sup>.</li><li>• Colour-coded mop heads were not stored correctly.</li><li>• Local anaesthetic ampoules were stored in both treatment room drawers. These were not stored in their original packaging (blister packs).</li><li>• The seal between the flooring and the skirting boards was incomplete in both treatment rooms.</li></ul> <p>Notification of ionisation radiation work (taking X-rays) to the Health Service Executive was not available.</p> <ul style="list-style-type: none"><li>• The X-ray machine in treatment room two was in a poor state of repair. We saw that this had been identified by the X-ray servicing company when they inspected the machine in January 2021.</li><li>• The X-ray in treatment room two did not have a rectangular collimator fitted to reduce the amount of radiation a patient is exposed to when having an X-ray taken.</li></ul>

## Requirement notices

- The practice did not keep records of the testing and servicing of the fire detection equipment and emergency lighting carried out by the landlord.
- We noted the absence of emergency lighting in the practice.
- The provider had a system in place to ensure clinical staff had received appropriate vaccinations to protect them against the Hepatitis B virus, but the effectiveness of the vaccinations were not checked.
- Oxygen facemasks in the emergency equipment bag were out of date.
- A risk assessment was not in place for when the dental hygienist therapist worked without chairside support.
- Records of staff inductions were not routinely kept.
- Prescription pads in the practice were stored securely but numbers were not fully logged.

### Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person did not ensure that recruitment procedures were operated effectively to ensure only fit and proper persons are employed and specified information is available regarding each person employed.

In particular:

Recruitment checks were not monitored to ensure they were completed or stored appropriately.

We looked at six staff recruitment records:

None had a record of their conduct in previous employment (references).