

Rethrodent Limited

Rozsa Dental Clinic

Inspection report

30 Market Place
Henley-on-thames
RG9 2AH
Tel: 07690076050

Date of inspection visit: 2 March 2022
Date of publication: 19/04/2022

Overall summary

We carried out this announced focused inspection on 2 March 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 usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- 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 key findings were:

- The practice was clean and well-maintained.
- The provider's infection control procedures were not operated effectively
- Appropriate life-saving equipment was not available.
- The provider did not operate effective systems to help them manage risk to patients and staff.
- 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 clinician provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider did not have a culture of continuous improvement.
- The provider's information governance arrangements were not operated effectively.

Summary of findings

Background

Rozsa Dental Clinic is in Henley-on-Thames and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. On street car parking, including dedicated parking for disabled people, is available near the practice.

The dental team includes two dentists, two specialists, one hygienist, one sedationist, one dental nurse, one trainee dental nurse and a receptionist. The practice has one treatment room.

During the inspection we spoke with the principal dentist, a dental nurse and a receptionist.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Tuesday 8.30am to 9.30pm
- Wednesday 9am to 6pm
- Thursday 10am to 8pm
- Friday 9am to 6pm
- Saturday 9am to 6pm
- Sunday 9am to 6pm

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 persons employed in the provision of the regulated activity receive the appropriate training necessary to enable them to carry out the duties.
- 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.

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

- Implement a system to ensure the testing of fire detection equipment takes into account current national guidance and ensure that all equipment is well maintained.
- Implement protocols regarding the prescribing and recording of antibiotic medicines taking into account guidance provided by the Faculty of General Dental Practice in respect of antimicrobial prescribing.

Where evidence is sent that shows the relevant issues have been acted on, we have stated this in our report but we cannot say that the practice is compliant for that key question as this would not be an accurate reflection of what was found on the day of our inspection.

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)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

Some of the practice's infection control procedures did not reflect current published guidance:

- Instruments were not kept moist after use prior to decontamination.
- Evidence was not available to confirm two staff had completed training in infection prevention and control.
- A recent infection prevention and control audit did not fully reflect current practice.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

The practice had policies and procedures 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.

Records were not available to demonstrate that the provider carried out appropriate recruitment checks, in accordance with relevant legislation to help them employ suitable staff.

We looked at eight staff recruitment folders and found that:

- Three did not have evidence of their employment history.
- Two did not have evidence of employment references.

Clinical staff were registered with the General Dental Council.

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

- The annual electrical mechanical safety check was unavailable. Since our inspection we have been sent evidence to show this shortfall has been addressed.

Improvement was needed to ensure the fire alarm was serviced at the correct intervals of six monthly, in line with the British Standard BS 5839.

Risks to patients

The practice had not fully implemented systems to assess, monitor and manage risks to patient and staff safety. In particular relating to sharps safety:

- A sharps risk assessment did not reflect current practice.
- A needle stick injury poster did not contain emergency contact details for the occupational health department.

Emergency equipment and medicines were not managed in accordance with national guidance. In particular:

- A child's self-inflating bag and mask was unavailable.
- Medical emergency medicines and equipment log did not reflect stock in the bag.

Are services safe?

One member of staff did not know how to respond to a medical emergency. Specifically, they did not know the location of the Automated external defibrillator (AED).

The practice was unable to provide evidence that basic life support training with airway management for staff supporting the sedationist had been completed.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health however the safe storage of cleaning products in the basement was not effective.

Information to deliver safe care and treatment

Records were not kept securely and did not comply with General Data Protection Regulation requirements. We were told the visiting sedationist removed all records relating to a sedation they carried out for a patient. The practice was not left with a copy which meant they could not evidence that sedation was carried out appropriately.

A pre-General Data Protection Regulation (GDPR) accident book was in use. Since our visit we have been sent evidence to confirm a GDPR accident book has been ordered.

The practice did not have adequate systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice did not have systems for appropriate and safe handling of medicines:

- Antimicrobial prescribing audits were not carried out.
- Dispensed medicines were not labelled appropriately.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating when things went wrong.

The practice did not have 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 did not have systems in place to ensure dental professionals were up to date with current evidence-based practice. In particular, the principal dentist was unaware of current antibiotic prescribing guidelines.

Sedation

The practice offered conscious sedation for patients. This was provided by a visiting sedationist.

There was no evidence the practice staff had:

- Carried out relevant patient checks before, during and after treatment. Since our inspection we have received evidence that notes were made but the records were illegible.
- Appropriate emergency equipment and medicines.
- Received appropriate training in sedation and medical emergencies.

Dental implants

A visiting clinician provided dental implant treatment.

We saw a quantity of 'single use' items used for this treatment sterilised and pouched for possible reuse.

Helping patients to live healthier lives

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

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

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

There were inconsistencies in the information recorded within the dental care records we looked at. For example, we noted an incomplete dental care record for a patient who received implant treatment.

Patient dental care record audits were carried out.

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 the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits following current guidance and legislation.

Effective staffing

The practice carried out a structured induction for newly appointed staff.

Are services effective?

(for example, treatment is effective)

The practice did not have systems in place to ensure clinical staff had completed their continuing professional development (CPD) as required for their registration with the General Dental Council. In particular, evidence of fire safety, infection control training was missing for the visiting oral surgeon and sedationist.

Co-ordinating care and treatment

The practice did not have protocols in place to refer 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 take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

There was a lack of oversight at the practice. In particular the principal dentist agreed they had not managed to attend to both clinical and managerial duties. They told us of their intention to recruit a practice administrator but Covid 19 had hindered this.

Systems and processes were not embedded among staff. For example, the receptionist was unaware of the location of the defibrillator.

The inspection highlighted some issues which included, health and safety, fire, sharps, infection control, staff recruitment and training and medicines risk management.

Culture

The practice did not demonstrate a culture of high-quality sustainable care. In particular, the provider could not demonstrate that all of the current dentistry specific standards were followed.

Staff stated they felt respected, supported and valued.

Staff discussed their training needs at an annual appraisal. They also discussed general wellbeing and aims for future professional development.

Governance and management

The provider did not have effective governance and management arrangements. In particular, there was no evidence the policies, protocols and procedures were reviewed on a regular basis.

Appropriate and accurate information

The practice had ineffective information governance arrangements.

Staff did not demonstrate an awareness of the importance of protecting patients' personal information. In particular:

- A visiting sedationist removed patient records from the practice.

Engagement with patients, the public, staff and external partners

The provider involved patients and staff to support the service.

The provider gathered feedback from staff through meetings and informal discussions.

Continuous improvement and innovation

The provider did not have systems and processes in place for learning continuous improvement and innovation. For example:

Are services well-led?

- Staff were unaware that antibiotic prescribing guidelines had changed.
- A privacy impact assessment had not been carried out for the provision of CCTV.
- Antimicrobial audits were not available.
- A disability access audit was not available.

This section is primarily information for the provider

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>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.</p> <p>In particular: Recruitment checks were not monitored to ensure they were completed or stored appropriately.</p> <p>We looked at eight staff recruitment folders and found that:</p> <ul style="list-style-type: none">• Three did not have evidence of their employment history.• Two did not have evidence of employment references.
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>Regulation 17 Good Governance</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>

Requirement notices

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:

Equipment

- Ultrasonic bath servicing records were not available.
- Dental suction servicing records were not available.
- X-ray electrical and mechanical annual safety check records were not available.

Emergency Medicines and Equipment

- A child self-inflating bag and mask was not available.
- The medical emergency medicines and equipment log did not reflect stock in the bag.

Data Protection

- Patient notes were removed from the practice by a visiting sedationist.
- A pre-General Data Protection Regulation (GDPR) accident book was in use and completed pages were not removed and stored securely.

Infection Control

- Instruments were not kept moist after use prior to decontamination.
- A recent infection prevention and control audit did not reflect current practice.

Sharps

- A sharps risk assessment did not reflect current practice.
- A needle stick injury poster did not contain emergency contact details for the occupational health department.

This section is primarily information for the provider

Requirement notices

COSHH

- Cleaning products in the basement were not stored securely.

Information to deliver safe care and treatment

- The practice did not have a system for receiving and acting on safety alerts.
- The practice did not have adequate systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Implants

- Re processed single-use implant components had been sterilised and stored for possible re-use.

Medicines

- Dispensed medicines were not labelled appropriately.

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person did not ensure persons employed in the provision of the regulated activity received the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

In particular:

Training was not monitored. Records showed:

- Seven out of nine staff had carried out fire safety training.
- Seven out of nine staff had carried out the appropriate level of safeguarding vulnerable adults training.
- Eight out of nine staff had carried out infection control training.
- One dentist out of three had carried out five hours of IRMER (radiography) training in the previous five years.
- Basic life support training with airway management for staff supporting the sedationist was not available.

This section is primarily information for the provider

Requirement notices

- The principal dentist referred patients for CBCT scanning with having undertaken appropriate training.