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# Corbets Tey Dental Practice

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 5 May 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 findings were:

- The dental clinic appeared to be visibly clean and well-maintained.
- 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; however, this was not consistently followed when recruiting new members of staff.
- The practice had infection control procedures which reflected published guidance.
- Improvements were needed in relation to the practice governance arrangements.
- Appropriate medicines and life-saving equipment were available; however, improvements were needed to the current quality assurance process.
- There were arrangements to assess and mitigate risks of fire at the practice, however, the provider did not maintain records to demonstrate fire drills were carried out.

# Summary of findings

- Dental care records we looked at were not completed in line with national guidance.

## Background

Corbets Tey Dental Practice is in Upminster in the London Borough of Havering. They provide mainly NHS and some private dental care and treatment for adults and children.

The practice operates from a high street property which was converted to accommodate a dental practice. The practice is located on the first floor of the building via a flight of stairs which leads from the ground floor. This means there is no level access to the practice for people who use wheelchairs and those with pushchairs. The practice has good links to local transportation service including London Overground Rail. It does not have a car park, however, there is enough permit free parking on surrounding streets.

The dental team includes the principal dentist, a dental nurse and a receptionist. The practice has two treatment rooms.

During the inspection we spoke with the whole team. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Friday from 9am to 6pm. Outside of these hours, patients are directed to NHS 111 for emergency care and treatment.

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 regulations the provider was not meeting are at the end of this report.**

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

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.
- Take action to ensure the clinicians carry out patient assessments and ensure they are in compliance with current legislation and take into account relevant nationally recognised evidence-based guidance.

# 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. Policies were accessible to all staff.

The practice had infection control procedures which reflected published guidance.

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 observed the practice to be visibly clean and tidy and we saw that cleaning schedules were maintained.

The practice had a recruitment policy which reflected the relevant legislation to help them employ suitable staff; however, this was not always followed, for example, we found that they had not undertaken adequate checks for a member of staff. We found that the provider failed to gain satisfactory evidence of conduct in previous employments, full employment history and right to work information. This was rectified immediately after the inspection.

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

The practice ensured equipment was maintained in accordance with regulations. For example, the autoclave was maintained and serviced according to manufacturer's instructions. However, service records were not available to view on the day for the compressor, dental chair and suction.

The provider had ensured electrical items had received evidence the portable appliance testing which showed that electrical equipment and appliances were in good working order. However, we saw no evidence that the five-year fixed electrical testing and emergency lighting had been inspected and tested in line with legislation to check whether they were in a satisfactory condition for continued use.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective. However, the provider did not maintain records to demonstrate they undertook regular fire drills.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

### **Risks to patients**

The practice systems to assess, monitor and manage risks to patient and staff safety needed improving.

Emergency equipment and medicines were available and checked in accordance with national guidance. However, we found that the checking process was ineffective. This was because staff had failed to identify that the oxygen cylinder was past its use by date. In addition, we saw that they stored the Glucagon injection (medicine used to treat episodes of low blood sugar in an emergency) at room temperature instead of in a fridge. Whilst such practice was acceptable, they had not adjusted/reduced the expiration date in line with manufacturer's guidance. These were rectified immediately.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year, however, this had lapsed. We saw evidence this was scheduled to take place in June 2022.

# Are services safe?

The practice kept copies of safety data sheets for substances that are hazardous to health, however, they had not carried out risk assessments to identify potential risks and minimise harm to staff.

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

Records were kept securely and complied with General Data Protection Regulation requirements. However, improvements could be made to ensure the clinician maintained comprehensive dental care records in line with recognised standards.

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

## **Safe and appropriate use of medicines**

Excepting emergency drugs, no other medicines were held on the premises. Prescription forms were stored securely, and procedures were in place to monitor prescriptions issued by the practice.

Clinical staff demonstrated knowledge on pericoronitis guidance and dental recalls dependant on patients' oral health risk category. However, the provider told us they routinely prescribed prophylactic antibiotics for those patients diagnosed with endocarditis; this was not in line with guidance published by National Institute of Clinical Excellence.

At the time of the inspection, the practice was auditing their antimicrobial prescribing.

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

The practice had implemented systems for reviewing and investigating incidents and accidents.

Staff we spoke with on the day understood their duty to raise concerns and report incidents and near misses. Staff told us there had been no incidents in the last year; we checked the incident/accident book to confirm this.

The practice had a system for receiving and acting on safety alerts and management ensured relevant safety alerts were cascaded to the team.

# 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 system to keep dental professionals up to date with current evidence-based practice, however, there were instances when this was not followed.

Although we saw examples of dental care records which were in line with standards, there were gaps, in that, we found inconsistencies and not all clinical notes reflected essential requirement standards.

Dental care records we looked at showed there was a lack of consistency in obtaining patient's consent to care and treatment. For example, the clinician was failing to document treatment options offered to patients including their advantages and disadvantages and their social history, for example, smoking cessation. We also found instances where clinical staff had failed to record that they had risk assessed patients periodontal, oral cancer, tooth wear and caries statuses.

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

The practice provided preventive care and supported patients to ensure better oral health, however, improvements were required to how information was documented in patients dental care record.

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

The provider did not have a consent policy and we found this information was not consistently documented in dental care records we reviewed. However, all staff we spoke with demonstrated good understanding of informed consent. The provider told us the consent process seriously and that they have already taken steps to improve.

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

### **Monitoring care and treatment**

Not all clinical staff kept detailed dental care records in line with recognised guidance. Furthermore, the provider could not evidence that they routinely audited dental care records.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits in line with current guidance and legislation.

### **Effective staffing**

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

We were told newly appointed staff had received an induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

### **Co-ordinating care and treatment**

Staff told us they 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 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**

There was a lack of leadership and oversight at the practice. We found that systems and processes were not effectively embedded among staff. The issues and omissions highlighted during the inspection pointed towards ineffective leadership. The provider told us they have been trying to recruit associate dentists but, had found this process extremely difficult that as a result, had impacted the upkeep of administrative and management duties.

They told us that a new dental nurse would be recruited to allow the experienced staff member to focus on the compliance side of the practice. We spoke to this member of staff who demonstrated that they had the skills and knowledge to lead the practice. The provider was responsive to feedback on the day and took steps to action any shortcomings found during the inspection.

### **Culture**

The provider told us the practice ethos was built on delivering quality care. Staff also stated they felt respected, supported and valued and that they could raise concerns without fear of reprisal.

Appraisals were not formalised, however, staff told us that because they were a small team, conversations were ongoing.

Excepting basic life support, we saw that staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

The practice governance and management arrangement were ineffective. For example:

The practice did not have an effective system for checking emergency lifesaving equipment to ensure they were in date.

The provider had not ensured policies and procedures were in place to govern day to day activities.

The provider failed to carry out risk assessments for dental materials and products and substances considered harmful to health.

The provider was failing to consistently record consent for care and treatment in line with legislation and guidance.

Dental care records were not comprehensively written to include the necessary information as per guidance.

The provider had not ensured the inspection of the building electrical installation and wiring and emergency lighting in accordance with legislation. The provider told us monthly safety checks were completed for the emergency lighting, however, we saw no documentation to confirm this.

Although the provider had a recruitment policy, they had failed to undertake a proper recruitment check for one of the team members.

### **Appropriate and accurate information**

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

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

# Are services well-led?

The provider described the system used to gather and analyse feedback from patients and told us they were committed to acting on feedback.

On the day of the inspection, we reviewed all 20 friends and family test comment cards left by patients in the suggestion box and all commented on the good standard of care and treatment they received at the practice.



## 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>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>How the Regulation was not being met:</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 ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• Dental care records were not comprehensively written to include the necessary information as per guidance.</li><li>• The provider was failing to consistently record consent for care and treatment in line with legislation and guidance.</li></ul> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular:</p> <ul style="list-style-type: none"><li>• The provider had limited policies and procedures in place to govern day to day activities.</li></ul> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p>

## Requirement notices

- The provider had limited system to ensure servicing of equipment was undertaken in line with manufacturer's guidance.
- The provider had not ensured the inspection of the building electrical installation and wiring and emergency lighting in accordance with legislation.
- The provider failed to carry out risk assessments for dental materials and products and substances considered harmful to health.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- The provider did not carry out thorough recruitment checks for the most recent recruited staff member.

Regulation 17 (1)