

A and L Clinics Limited

Lower Brook Dental Surgery

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 6 October 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 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:

- The dental clinic was visibly clean and well-maintained.
- The practice infection control procedures did not reflect published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available. However, regular checks were not undertaken in line with guidance and these were not documented.
- The practice systems to help them manage risk to patients and staff were not robust or effective. Specifically, decontamination and legionella management.

Summary of findings

- 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.
- Patient dental care records did not comply with recommended guidance.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

Lower Brook Dental Surgery is in Ipswich, Suffolk 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. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice is located in a listed building and has made reasonable adjustments to support patients with additional needs.

The dental team includes 3 dentists, 1 visiting dentist, 4 dental nurses including 1 trainee dental nurse, 1 dental hygienist, 1 receptionist, 1 support staff and 1 practice manager. The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist, 3 dental nurses 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 Thursday from 9am to 5.30pm.

Friday from 9am to 5pm.

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 protocols for conscious sedation, taking into account the guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015. In particular review the necessity of a second oxygen cylinder where appropriate for the practice's circumstances.
- Implement an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

Summary of findings

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular; ensure a Service Level Agreement is in place for in-coming referring patients for the Cone-beam computed tomography (CBCT) machine and ensure rectangular collimation is available for X-ray equipment in all 3 treatment rooms.

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 and 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, however decontamination processes did not reflect published guidance. We found there were no system in place to ensure manual cleaning processes were effective. In particular, that heavy duty gloves and brushes were changed regularly in line with guidance, solutions for the ultra-sonic bath and for manual cleaning were measured, and the water used for cleaning was at the appropriate temperature as there were no thermometer or temperature logs. We found there were no records that protein residue tests for the ultra-sonic bath or effectiveness tests for the autoclave were completed. We found unpouched individual burs and out of date materials in treatment rooms, we also found other pouched instruments that were out of their sterilising date and X-ray holders that were not individually pouched. In addition, we found multiple single use items that had been sterilised and were pouched for re-use.

The practice had introduced additional procedures in relation to COVID-19 in accordance with 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. However, we found there was no recorded named lead or deputy and no training in legionella had been undertaken. There were no logs for flushing of infrequently used water taps. In addition, we found that where hot water taps temperatures had been recorded these were consistently below the recommended guidance of 55 degrees Celsius, in some cases under 20 degrees Celsius. These records dated back to October 2021 with no action taken to mitigate the risk of legionella growing in the hot water system.

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. Although there were no documented cleaning schedules to ensure the practice was kept clean. We discussed this with the practice manager who confirmed these would be put in place.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

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

The practice ensured most equipment was safe to use and maintained and serviced according to manufacturers' instructions. However, we found the ultra-sonic bath had not been serviced.

The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Including Cone-beam computed tomography (CBCT). We saw rectangular collimation (a system which reduces unnecessary radiation exposure during oral x-rays) was not available in 2 of the 3 treatment rooms.

Risks to patients

Are services safe?

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness and lone working. We noted two sharps bins were past their use by date.

Emergency equipment and medicines were available. However, these were not checked as frequently as recommended in national guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training with airway management for staff providing treatment to patients under sedation was also completed.

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

Information to deliver safe care and treatment

Dental care records we saw were legible and were kept securely and complied with General Data Protection Regulation requirements.

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

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating 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.

The practice offered conscious sedation for patients. We noted there was only 1 oxygen cylinder as opposed to the recommended 2 for sedation treatments. We found consent and assessments for sedation were given on the day of treatment and not prior to the day of treatment. Records we looked at did not contain the American Society of Anaesthesiologists (ASA) classification, and there were no pre-sedation checklists seen in the patient records we reviewed.

We found records of consent and assessments for implants were inconsistent. There was a lack of detail regarding site and tooth rotation, costs, alternatives and failure possibilities.

Helping patients to live healthier lives

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

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

Dental care records we looked at showed there was a lack of consistency in staff obtaining patient's consent to care and treatment. In particular, for patients undergoing sedation and implant treatment. We noted in those dental care records we reviewed there was no justification for CBCT X-rays when used.

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.

Monitoring care and treatment

There were inconsistencies in the information recorded within the dental care records we looked at. For example, consent, gum health checks and treatment options were not always recorded.

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 graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation.

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.

Are services effective?

(for example, treatment is effective)

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

The practice was a referral clinic for CBCT X-rays, staff monitored and ensured the dentists were aware of all incoming referrals. However, there was no service level agreement for these referrals.

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.

Patients we spoke with told us they were always treated with respect, they said staff were compassionate and understanding.

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

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

Relevant policies and protocols were in place.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

Staff gave patients clear information to help them make informed choices about their treatment.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included, for example, photographs, study models, videos 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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

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.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff 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

The practice demonstrated a transparent and open culture in relation to people's safety. The practice manager and deputy manager were both relatively newly appointed and were aware of issues that required improvement and had begun the process of implementing new ways of working. Our inspection highlighted multiple areas that required improvement and the leadership team were responsive to our feedback.

Not all systems and processes were embedded among staff. For example, monitoring of decontamination processes, oversight of Legionella risk assessment actions, cleaning schedules, oversight of emergency medicines and equipment checks. Not all the dental care records we reviewed were in line with recommended guidance, in particular those for patients undergoing sedation and implant treatments.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

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

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

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. The practice funded staff access to training systems.

Governance and management

Staff had clear responsibilities roles and systems of accountability to support good governance and management.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were some processes for managing risks, issues and performance. However, there was scope to ensure these included improved oversight of Legionella, decontamination and medical emergency equipment and medicines checks.

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 these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes. These included audits of dental care records, disability access, radiographs and infection prevention and control. However, there was scope to ensure the practice team had oversight of the resulting action plans and recommended improvements of these audits, to ensure learning and continuous 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
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 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. How the Regulation was not being met; 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: • Systems or processes to enable governance and oversight of the service and to assess, monitor and mitigate risks were not operating effectively. • There were limited systems for monitoring risk assessment action plans and ensuring improvement was put in place. For example; Legionella hot water checks were undertaken but no action was taken where these were not in line with guidance. There was no named nominated legionella lead or deputy and no legionella training was undertaken. • Systems to ensure decontamination processes were in line with recommended guidance were not in place. Regulation 17 (1)