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The Courtyard Clinic

Inspection report

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Date of inspection visit: 17 May 2022
Date of publication: 16/06/2022

Overall summary

We carried out this announced focused inspection on 17 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 was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Most of the recommended emergency equipment and medicines were available and checked in accordance with national guidance. The provider sent us evidence that the missing and expired items had been ordered and replaced immediately following our inspection.
- There was no system in place to ensure regular audits of antimicrobial prescribing, infection prevention and control or X-rays were undertaken.
- 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.

Summary of findings

- There was scope to ensure clinical staff recorded patients care and treatment in line with current guidelines.
- The practice had some systems to help them manage risk to patients and staff but there were shortfalls in the assessment and mitigation of risks in relation to sharps, sepsis, the control of substances hazardous to health and lone working.
- 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

Courtyard Dental Clinic is in Danbury, Chelmsford, Essex 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 are available at the rear the practice. The practice has made reasonable adjustments to support patients with additional needs with level access, wide entrance doors, a knee break dental chair and a fully accessible toilet with grip rails and a call bell.

The dental team includes two dentists, one dental nurse, and one dental hygienist. The practice has one treatment room.

During the inspection we spoke with one dentist and the dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Mondays, Tuesdays, Wednesdays and Fridays from 9am to 4pm.

Thursdays from 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.

Full details of the regulation the provider was not meeting is at the end of this report.

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

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.

The practice had infection control procedures which reflected published guidance. 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.

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.

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 equipment was safe to use and maintained and serviced according to manufacturers' instructions. We noted that residual water and air leak checks were not undertaken on the vacuum autoclave. Other tests to show that the vacuum autoclave was operating effectively were undertaken daily. We noted the results of the tests were recorded internally on the machine, but there was no system in place to evidence this by means of physical recording or a data logger. Following the inspection, the provider confirmed they would be putting systems in place to resolve this.

The practice ensured the facilities were maintained in accordance with regulations. We noted portable appliance testing had been undertaken and the five yearly electrical fixed wire testing was scheduled for review on 19 May 2022.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective. However, the practice did not have a business recovery plan in place in the event of any emergency.

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 had implemented systems to assess, monitor and manage risks to patient and staff safety. However, we noted the practice were not using a system of safer sharps, there was no sharps risk assessment in place and the sharps bin in the treatment room was neither dated nor signed. There were no systems in place to ensure staff had sepsis awareness and no lone worker risk assessment for the cleaner working alone in the practice. Following the inspection, we were assured the practice had put systems in place to introduce a system of safer sharps with a needle block and sharps risk assessment. They confirmed that the sharps bin had been signed and dated. The practice confirmed staff would undertake sepsis training and information for both staff and patients would be available in the practice. In addition, we were told lone worker risk assessments would be put in place where appropriate.

Emergency equipment and medicines were available and checked in accordance with national guidance. Most of the recommended emergency equipment and medicines were available. Checks of these were not completed in line with national guidance, as they were undertaken monthly rather than weekly with no daily oversight of the automated external

Are services safe?

device (AED) and oxygen. We noted the paediatric self-inflating bag and all sizes of clear face masks including 0.1.2.3, 4 were missing. The paediatric pads for the Automated external defibrillator (AED) were past their expiry date. There was no body fluid spills kit and items such as bandages and plasters in the first aid kit were past their expiry date. The provider sent us evidence these items had been ordered immediately following our inspection.

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

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. We noted these did not include all substances retained in the practice including household cleaning items. Following the inspection, the provider confirmed these would be put in place.

Information to deliver safe care and treatment

Dental care records we saw were legible, 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. However, there was no system in place to ensure referrals were logged and checked. Following the inspection, the provider confirmed a system had been put in place.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. We noted not all labelling of dispensed medicines contained the practice details. The provider confirmed during the inspection that in future labels with the practice address would be added to any dispensed medicines. There was scope to ensure the clinicians followed the guidelines for antibiotic prescribing for endocarditis (a life-threatening inflammation of the inner lining of the heart's chambers and valves).

Antimicrobial prescribing audits were not undertaken.

Track record on safety, and lessons learned and improvements

The practice did not have a process for reviewing and investigating incidents and accidents. There was no system in place or book for recording accidents and no process for documenting other incidents or near misses. The practice did not have a system for receiving and acting on safety alerts. Immediately following the inspection, the provider confirmed systems would be introduced.

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. However, we noted there was scope to ensure the clinicians were following the recommended guidance for staging, grading of periodontal disease and documenting these in-patient dental care records.

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. However, this was not always clearly documented in patients dental care and treatment records.

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

The practice kept dental care records, and the dentists assessed patients' treatment needs in line with recognised guidance. There was scope to ensure these were detailed in line with recognised guidance.

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 noted the practice had not carried out radiography audits six-monthly in line with current guidance and legislation. There was scope to ensure documented evidence that the dentists justified, graded and reported on the radiographs they took.

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. There was no process in place to ensure referrals were followed up to confirm they were acted on in a timely manner.

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 provider was already aware of some of the issues identified during this inspection. They understood the challenges and had discussed plans to address them. A dental software system had been implemented within recent weeks and systems, policies and procedures were being introduced. The provider took prompt action to resolve some of the issues identified during the inspection.

The information and evidence presented during the inspection process was clear and well documented.

Culture

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

Staff told us they discussed their training needs at induction and one to one meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. We did not see any records to support this. We were told that as the team was so small many discussions were ad hoc and rarely documented.

Staff were new to the practice and therefore annual appraisals had not been undertaken. The provider confirmed these would be introduced.

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

Governance and management

The dentist had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

We identified a number of shortfalls in the practice's governance arrangements including the lack of audits and risk assessments. There was no business recovery or continuity plan in place and no systems for recording accidents or documenting and discussion of other incidents or near misses.

Improvements were required to ensure risks associated with lone working for the cleaner and control of substances hazardous for health for cleaning products were identified and mitigated.

Checks of medical emergency medicines and equipment were not effective or in line with recommended guidance as not all items of medical emergency equipment were available at the time of the inspection.

We found there were not always effective processes for managing performance. For example, we found the provider had not always followed national guidance in relation to the completion of clinical care records.

There was no system in place to monitor referrals of patients.

There was no system in place for documenting any action required or taken to address any relevant patient safety alerts.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Are services well-led?

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 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 practice had some quality assurance processes to encourage learning and continuous improvement. However, there was no evidence that radiography, infection prevention and control or antimicrobial prescribing audits were undertaken. Record keeping audits were not effective to ensure all information was documented in line with guidance. We did not see records of any resulting action plans and improvements from audits completed.

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	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. 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: There was no effective governance and oversight in place to ensure that all tasks were being carried out to the required standard. There were ineffective systems for tracking patient referrals. There were no means of identifying which patients had been referred or for identifying significant dates in the referral process. Quality assurance including audits of infection prevention and control and radiography were not undertaken. There was no system in place for documenting any action required or taken to address any relevant patient safety alerts or incidents and accidents within the practice. There was no system in place to ensure these were shared with other staff.

This section is primarily information for the provider

Requirement notices

Risk assessments in relation to safety issues were either incomplete or had not been undertaken. There were no sharps or lone worker risk assessments, risk assessments for substances that are hazardous to health did not include all the items used in the practice.

There were ineffective systems in place to ensure that appropriate emergency medicines and equipment were available to respond to medical emergencies. There were ineffective systems in place for checking the availability of medical emergency medicines and equipment to identify missing or expired items.

Dispensed medicines did not contain the appropriate practice information, such as the name and address of the practice.

The registered person had systems in place that operated 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. In particular:

Patients' dental assessments were not always recorded in accordance with nationally recognised evidence-based guidance.

Regulation 17 (1)