

Mr. Kamran Khan

# Darwen Dental Care

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 19 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 maintained.
- The practice had infection control procedures in place, including for the processing of dental instruments; this did not mirror best practice guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available. Not all staff had received training in this area.
- The practice had systems to help them manage risk to patients and staff. Some systems were not reviewed, updated, or did not reflect recognised best practice.

# 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.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- 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.
- A number of areas related to continuous improvement, audit, management of NHS prescriptions and completion of patient records would benefit from greater focus.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- There was a system in place to ensure complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

## Background

Darwen Dental Care is in Darwen, Lancashire and provides NHS dental care for children and private treatment for adults and children.

There is a small step to access the practice; there is a ground floor treatment room for people who use some types of mobility aid but is not wheelchair accessible due to the limited width of the passageway leading to this room. Car parking spaces, including dedicated parking for disabled people, are available near the practice in free to use car parks. The practice has made some adjustments to support patients with additional needs, for example, by provision of a handrail to aid those with walking difficulties.

The dental team includes the principal dentist and two dental nurses, one of whom was a trainee. The practice has two treatment rooms.

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

The practice is open: Monday to Thursday 9am to 1pm, 2pm to 5.30pm and Friday from 9am to 1pm.

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.

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

- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' In particular that the processing of dental instruments in the treatment room does not take place when patients are receiving care and treatment.

# Summary of findings

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.

# Summary of findings

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

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>Requirements notice</b> ✗

# 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 in place, including for the processing of dental instruments. This work was carried out in the principal dentist's treatment room on the first floor, in a designated work-space. The provider could not show us any plans in place to move this area of work to a dedicated instrument decontamination room, which is in accordance with best practice guidance, referred to in "Health Technical Memorandum 01-05: Decontamination in primary care dental practices." We also noted that instrument processing in this room was carried out whilst patients were being treated.

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, with the exception of the dental unit water lines (DUWL). The DUWL were not being operated in accordance with manufacturer instructions; the water bottles were being removed at night when this system is a 'closed' system, meaning that water bottles are not routinely removed from chairs.

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. When we checked Local Rules for using X-ray equipment, we observed that there was no named Radiation Protection Supervisor, as required. We noted that the isolation switch for the X-ray equipment was on the wall under the bracket for the X-ray set, meaning if the equipment needed to be isolated when in use, staff would have to move into the area affected by X-ray, contrary to guidance. We drew this to the attention of the provider on the inspection day.

### **Risks to patients**

# Are services safe?

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working. We observed that the posters and policy providing sharp's safety information for staff to refer to, was out of date in that the contact details for occupational health, in the event of a needlestick injury, were not up to date. The provider confirmed they had acted on this and updated these details, following our inspection.

Emergency equipment and medicines were available and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. However, one recently recruited staff member had not had access to on-line training, whilst they were waiting for the annual medical emergency training event that all staff took part in. The impact of this was that if the more senior nurse was on leave, it would leave just one person available to deal with a medical emergency, which is contrary to recognised guidance.

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, were kept securely and complied with General Data Protection Regulation requirements. We discussed how these could be further improved by recording all information following periodontal checks, diagnosis and treatment options.

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. For antimicrobial prescribing, we saw audits were not being carried out. The provider confirmed that this would be introduced immediately.

## **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; we saw that these were received by the principal dentist by email. However, updates on clinical management for the practice were not being received, for example, the changes to provider of occupational health services and contact details for this, and the move to audit of use of antibiotics. We drew this to the attention of the provider on the inspection day.

# 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. Our inspection highlighted areas where the provider was not following latest updates, and we drew this to the attention of the provider during inspection. For example, we found dental dam was not routinely used during endodontic treatment. No other forms of airway protection were offered or used. This was not recorded in patient clinical records.

### **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**

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

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. This was not fully documented in patient records.

### **Monitoring care and treatment**

The practice kept dental care records in line with recognised guidance. We discussed with the provider how these could be further developed.

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 six-monthly; X-ray imaging was produced using wet film. Audit in place did not fully check and grade the image quality, in a way that would drive improvements.

### **Effective staffing**

Staff had the skills and experience to carry out their roles, but full consideration had not been given to the skill mix of staff and how periods of leave could effect this. For example, one staff member had not been trained in medical emergencies, which meant if the lead dental nurse was on leave, the principal dentist would not have a suitably trained staff member with them to manage such an emergency.

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.

# 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 said staff were compassionate and understanding.

Patients feedback indicated staff were kind and helpful if patients said they were in pain, discomfort or distressed.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality.

The practice patient clinical records were created manually and held in paper form. Staff stored all records securely.

### **Involving people in decisions about care and treatment**

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

Staff told us they gave patients clear information to help them make informed choices about their treatment. We discussed how this should be better recorded in patient care records.

The practice's notice board and information leaflets provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options available. These included for example photographs 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 tried to 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 had systems and processes in place to respond to concerns and complaints appropriately. Any feedback provided by patients was discussed with staff to share learning and improve the service. At the time of our inspection, no complaints had been received by the practice.

# 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**

The provider demonstrated a transparent and open culture in relation to people's safety.

Leadership did not place sufficient emphasis on continually striving to improve. Systems and processes in place did not identify those areas where improvements were required.

The information and evidence presented during the inspection process was not always up to date and did not take account of updates to guidance for dental practice.

We saw the practice had processes to support and develop staff with additional roles and responsibilities, but access to guidance and any updates was not always shared or available to staff.

### **Culture**

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

Staff discussed their training needs during annual appraisals and one to one meetings or practice meetings. However, arrangements to ensure staff training was up-to-date, and that all updates to guidance had been received, shared and discussed, were not sufficient.

### **Governance and management**

Staff had clear responsibilities and roles support 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. However, these were not always up to date; where updates on guidance had been issued, this had not always been identified and shared with staff, in order to update or change working practices. We saw there were processes for managing risks, issues and performance but when we discussed these, we found they did not always meet the needs of the practice. For example, our inspection highlighted:

- That improvements to the system for security of NHS prescription pads in the practice are required to ensure there are systems in place to track and monitor their use.
- The location of the isolation switch for X-ray equipment had not been fully risk assessed and required review; there was no named Radiation Protection Supervisor in Local Rules.
- Audit for grading of wet film images from radiography required improvement to take account of processing methods, to aid continuous improvement.
- Oversight of infection control audit required improvement; this had failed to identify that dental unit water lines were not being managed in line with manufacturers guidance.
- That sharps information posters and policies on safer sharps use require updating to display the correct contact details for occupational health services.
- That audit of dental care records is introduced to ensure that all required information is present to the standard required, in order to drive improvements.
- That systems for receipt of updates and revision to guidance on management of primary dental care are revisited, to ensure these updates are always received by the practice and shared with all staff.

# Are services well-led?

- Systems for planning staff training were not effective. Arrangements in place at present mean that when the senior nurse is on leave, there are not two persons present at the practice who are trained in medical emergencies.

## **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 and a demonstrated commitment to acting on feedback.

The practice 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 practice had some systems and processes for learning and continuous improvement. Our findings on inspection showed these fell short of those required.

## 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>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 system for security of NHS prescription pads in the practice did not follow NHS Business Services Authority requirements and did not ensure these can be tracked and traced, if required.</li><li>• Systems to monitor safety in the practice were not effective. The location of the isolation switch for X-ray equipment had not been fully risk assessed and required review; there was no named Radiation Protection Supervisor in Local Rules.</li><li>• Some audit at the practice was not effective; infection control audit had not identified that dental unit water lines were not being managed in line with manufacturer instructions.</li><li>• Systems and processes in place did not prompt use of patient safety devices, for example, dental dam. Where this was declined by a patient, this was not recorded. Other airway protection devices were not offered; this was not recorded in patient records.</li><li>• Systems and processes to ensure the most up to date information was available for staff were not effective. Information posters and policies on safer sharps use did not display the correct contact details for occupational health services, which staff would require in the event of sharps and needlestick injury.</li><li>• Systems to ensure staff with the appropriate training to deal with a medical emergency, were not effective. We saw that a trainee nurse had not received training on basic life support and medical emergencies. This meant there could be occasions when GDC standards for dealing with medical emergencies could not be met.</li></ul>

This section is primarily information for the provider

## Requirement notices

- Systems for receipt of updates and revision to guidance on management of primary dental care were not fully effective. Staff were unaware of the requirements on NHS prescription security.

Regulation 17(1)