

Community Dental Services CIC Head Office

Inspection report

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Norwich
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Are services safe?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

We carried out an announced focused inspection of healthcare services provided by Community Dental Services CIC at HMP Norwich on 26 and 27 July 2021.

Following our last joint inspection with Her Majesty's Inspectorate of Prisons (HMIP) in October 2019, we found that the quality of healthcare provided by Community Dental Services CIC at this location required improvement. We issued a *Requirement Notice in relation to Regulation 12, Safe care and treatment and Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014*.

The purpose of this focused inspection was to determine if the healthcare services carried out by the provider were meeting the legal requirements of the Requirement Notices that we issued in February 2020 and to find out if patients were receiving safe care and treatment. At this inspection we found that improvements had been made and the provider was not found to be in breach of the regulations.

We do not currently rate services provided in prisons.

At this inspection we found:

- Both dental clinics were clean, tidy and dust free.
- Staff followed the standard operating procedures for decontamination processes and the effectiveness of the equipment was appropriately checked.
- All equipment had been serviced and maintenance logs were complete.
- Staff carried out comprehensive dental tool checks.
- Managers carried out audits to help ensure staff were carrying out the decontamination process and had good aseptic techniques.
- Staff recorded and maintained weekly logs for all clinic decontamination processes, cleaning and checking of equipment.
- Managers had carried out a decontamination audit which resulted in 100% compliance.

Our inspection team

Our inspection team was led by a CQC health and justice inspector.

Before this inspection we reviewed a range of information that we held about the service including the action plan we had received from the provider, clinical audits, equipment servicing reports, staff decontamination audits, dental instrument audits and infection prevention control logs.

During the inspection we asked the provider to share further information with us. We spoke with dental staff, NHSE/I commissioners and sampled a range of records and evidence that related to governance.

Background to Community Dental Services CIC Head Office

HMP/YOI Norwich is a complex local prison, located in central Norwich and serving East Anglia. Comprising three adjacent but separate sites, the establishment includes: the local reception prison site, holding convicted and remand category B and category C prisoners; the local discharge unit (LDU), a training facility holding category C prisoners; and an open resettlement facility, Britannia House, holding category D prisoners. While this level of complexity brings with it considerable management challenges, this combination of facilities offer potential opportunities to help prisoners progress through their sentence to the point of resettlement into the local community. The prison is operated by Her Majesty's Prison and Probation Service.

Community Dental Services CIC are commissioned to provide a range of NHS treatments including dental therapy to promote good oral health. The provider is registered with the CQC to provide the following regulated activities at the location: Treatment of disease, disorder or injury, Diagnostic and screening procedures, and Surgical Procedures.

As a condition of registration, the provider must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at HMP Norwich is the practice manager.

Our last joint inspection with HMIP was in October 2019. The joint inspection report can be found at: <https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/hmp-yoi-norwich/>

Are services safe?

Infection control

We found that this practice was providing safe care and was complying with the relevant regulations.

At our previous inspection in October 2019 we judged the practice was not providing safe care and was not complying with the relevant regulations. The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:

- Not all areas of the dental suite were cleaned thoroughly.

The equipment being used to care for and treat service users was not used in a safe way. In particular:

- Staff were not following the providers standard operating procedures.
- There was no log of equipment maintenance or servicing to help ensure dental equipment was safe and suitable for use.
- No service records were available for the ultrasonic baths or the washer-disinfector.
- A label showed that the autoclaves were last serviced in May 2017.
- Staff did not have access to all equipment necessary to test dental equipment effectively or as per national guidance.

We told the provider to take action as described in our requirement notice. At the inspection on 26 and 27 July 2021, we found the practice had made the following improvements to comply with the regulation(s):

- We found both of the dental clinic rooms were clean, tidy and dust free, and there were wipe down keyboard covers, so staff could easily clean all surfaces and equipment. We saw cleaning logs for both clinics and cupboards were organised.
- Staff had access to and were following all of the Standard Operating Procedures (SOP) that assisted and directed them with cleaning and infection prevention and control standards. We saw staff had read and understood these procedures. Staff were able to describe the end to end decontamination process, the system of zoning in the decontamination room, the management of water lines and showed us how they packaged dental tools in accordance with current guidelines.
- There was a clear log of service certificates for the maintenance of equipment. Managers had sent us the autoclave servicing report for 2019-2020, showing that the equipment was safe and suitable for use. Due to the prison being in COVID-19 lock down status during most of 2020–2021, engineers were not permitted on site to complete the servicing report for 2020-2021. Managers had arranged for this to take place next month. Staff had completed daily checks to help ensure the autoclave reached the temperature, and the time cycle suitable for decontamination.
- Staff completed a surgery log before the start of each clinic which outlined what needed to be done and when. Staff talked us through the process to check the effectiveness of the cleaning. These processes helped ensure staff that the ultrasonic bath continued to operate within its design parameters and was safe to use. Staff had kept a log of all these tests and had access to equipment necessary for testing the dental equipment.
- Since the previous inspection, managers had the washer-disinfector serviced which showed some repair was needed should it be used. The provider had decided not to use this equipment and had a suitable alternative.

The provider had also made further improvements:

- Staff told us they were able to seek advice from colleagues and report any equipment faults or issues with cleaning to their managers, who responded promptly. Staff had access to phone numbers for other colleagues who worked in prisons who could also offer some advice and assist with any equipment issues.
- Managers had developed a comprehensive checklist of the daily tasks that must be completed. This was displayed on the clinic room walls. Staff said they found this helpful as an easy point of reference.

Are services safe?

These improvements showed the provider had taken action to comply with the regulation(s): 12 and 17 when we inspected on 26 and 27 July 2021.

Are services well-led?

Management lead through learning and improvement

We found that this practice was providing well-led care and was complying with the relevant regulations.

At our previous inspection in October 2019 we judged the practice was not providing well-led care and was not complying with the relevant regulations. There were no systems or processes that enabled 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. In particular,

- Ensuring the integrity of dental instruments.
- There was no weekly documented decontamination audit for the two clinic rooms.
- There was no system to help ensure staff were carrying out the decontamination process or aseptic technique safely and in accordance with the providers standard operating procedure and national guidance.
- Staff did not complete any clinical audits for decontamination or for the equipment used.
- Managers had not carried out the annual decontamination audit which was due by September 2019.

We told the provider to take action as described in our requirement notice. At the inspection on 26 and 27 July 2021, we found the practice had made the following improvements to comply with the regulation(s):

- The provider sent us a detailed action plan in October 2019, which outlined how managers audited and actioned any risks to the overall service, its staff and patients. Managers had designed logbooks so that staff could record their daily, weekly and monthly checks. Staff scanned all the logs onto the computer system and managers audited these logbooks monthly. Staff were up to date with mandatory training for the decontamination processes, and further face to face training was booked.
- The provider's action plan was reviewed monthly and included actions from a range of locations. There were no outstanding actions for the services at HMP Norwich. Managers attended quarterly operations meetings where they raised significant issues to the wider clinical team for action.
- Managers set objectives all staff must meet in line with their induction and training. Managers reviewed progress toward these objectives, such as checking staff have adequate time at the start of the day to carry out the dental surgery tasks, and that staff followed all guidance in line with the department of health for dental surgeries. They also checked staff followed and knew how to access all standard operating procedures and completed the required documentation Managers had assessed 100% of staff against these objectives.
- We were assured staff were checking the integrity of dental instruments. We were sent a copy of the instrument audit check lists dated from April 2021 to July 2021. On inspection we reviewed the logs for three months, which showed all staff checked and validated the dental instruments at each clinic. At the time of inspection there was a new process in place, in which staff had a typed log of all the instruments and the drawers they were in, which made it quicker for staff to carry out checks. Staff explained that they signed and sent the checklist to the security department daily.
- In November 2019, managers put in place a process to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users, by assessing staff competency for the use of the required equipment and tools necessary for carrying out their role. These logs evidenced all staff were signed off when competent with the use of the equipment.
- Managers completed annual audits to help ensure staff were carrying out the decontamination processes and aseptic technique safely and in accordance with their standard operating procedure. We reviewed the recent audit, managers carried out a uniform audit on staff during a clinic and staff met cleanliness standards. Managers also checked staff were confident with using aseptic techniques before, during and after any procedures.
- Since the last inspection managers had carried out the annual decontamination audit. We reviewed the decontamination log which confirmed the clinics met 100% compliance.

Are services well-led?

- Managers said they spent time with staff to help ensure they were using appropriate techniques. They had arranged for peer support from other staff in the organisation, so that staff could share good practice and offer each other guidance. Since the last inspection they had split the two sites, with one dental nurse taking responsibility for each clinic. This helped staff to have more protected time to carry out their administration role. Managers said they cascaded audit results to the wider teams which helped ensure all staff continued to identify key areas for improvement and good practice.
- At the time of inspection, managers were reviewing and updating the decontamination SOP. They explained that changes would include staff logging the date, patient and instrument batch number on a record sheet so that instruments can be tracked back to when it was decontaminated. Staff were already trialling this process and had come up with some good ideas. This will create a more effective audit trail.

These improvements showed the provider had taken action to comply with the regulation(s): 12 and 17 when we inspected on 26 and 27 July 2021.