

Dr Jenefar Kabir

# Fresh Dental Smile Clinic Rawcliffe York

## Inspection report

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### Overall summary

We carried out this unannounced focused inspection on 28 February 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. In response to information of concern received, 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.

In response to the concerns raised we asked the following two questions:

- Is it safe?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental practice appeared to be visibly clean and well-maintained.
- Infection prevention and control procedures did not reflect published guidance.
- Systems to ensure patients could be treated in an emergency were not effective.
- Systems to help staff manage risk to patients and staff were not effective.
- Systems were in place to ensure facilities and dental equipment were being appropriately serviced.
- Legionella management was in line with published guidance.
- Systems to ensure good governance in the longer term were not effective.
- Staff recruitment procedures did not fully reflect current legislation.

# Summary of findings

- Improvement was needed to ensure effective leadership, oversight and management.
- Systems to support a culture of continuous improvement were not in place.
- Information governance arrangements in respect to staff personnel records were insufficient.

## Background

Fresh Dental Smiles Clinic is in Rawcliffe, York and provides private dental care and treatment for adults and a small number of children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the practice.

The dental team includes the principal dentist and two associate dentists, four dental nurses (two of whom are trainee dental nurses), one dental hygiene therapist and two receptionists. The practice has three treatment rooms. The practice has a visiting clinician and an on-site clinical dental technician.

During the inspection we spoke with the principal dentist, two dental nurses and the reception staff. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 9am – 7pm

Tuesday – Friday 9am – 5pm

We identified regulations the provider was not complying with. They must:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

**Full details of the regulations the provider is not meeting are at the end of this report.**

# Summary of findings

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

We asked the following question(s).

**Are services safe?**

**Enforcement action**



**Are services well-led?**

**Enforcement action**



# Are services safe?

## Our findings

We found this practice was not providing safe 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 and Enforcement actions 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.

We are considering enforcement action in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

The practice's infection prevention and control procedures did not reflect current published guidance. The decontamination of instruments was not carried out in accordance with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) guidance.

There was no system in place for disinfecting dental impressions, this was not in line with published guidance.

Single use items were being reused; this was not in line with published guidance.

We were told appropriate COVID-19 mask fit testing had been undertaken for all staff in order to safely treat patients on the respiratory pathway; no evidence was presented to support this on the inspection day. We received some supporting evidence after the inspection day but not for all relevant staff.

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 stored appropriately in line with guidance. We found clinical waste was not being segregated according to guidance and legislation to ensure safe disposal.

The practice had a recruitment policy and procedure to help them employ suitable staff. We found some staff checks had not been carried out in accordance with relevant legislation. We received some supporting evidence after the inspection day but not for all relevant staff.

Records to show continuing professional development (CPD) for the carrying out of conscious sedation in line with the Intercollegiate Advisory Committee for Sedation in Dentistry were not in place on the inspection day. Evidence sent after the inspection confirmed appropriate CPD had taken place.

The practice ensured dental equipment was serviced by an external company according to manufacturers' instructions. The practice had ensured facilities, such as firefighting equipment, gas servicing and electrical wiring were being maintained in accordance with current regulations.

The practice had failed to assess and reduce risks associated with the use of X-rays in respect to not using devices on the X-ray machines to reduce exposure. Evidence sent after the inspection confirmed this had been addressed.

### **Risks to patients**

Safer sharps protocols for the safe removal and disposal of used needles were not in place. Staff were using forceps to remove used needles; this was not in line with current legislation.

Emergency equipment and medicines were not available and checked in accordance with Resuscitation Council UK guidance. For example:

- There was no clear face masks.
- Two sizes of Guedel airways were not present.

# Are services safe?

The size of the two medical oxygen cylinders did not reflect the current requirements of the Resuscitation Council UK. Evidence sent to us after the inspection from the medical oxygen supplier confirmed the cylinders would supply sufficient oxygen if needed in an emergency. The practice had not sought assurances of this until prompted by the inspection.

# 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 Enforcement Actions 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.

We are considering enforcement action in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

### **Leadership capacity and capability**

There was a lack of leadership and oversight at the practice to effectively support the team. We were concerned that the systems and processes we reviewed were not fully understood by staff, nor were they effectively managed or completed in line with guidance and legislation.

- Infection prevention and control processes and the instrument decontamination process at the practice were not fully understood or being completed in line with guidance. This had not been identified by the practice.
- The practice did not have an effective system in place for risk assessing, handling and disposing of used needles.
- Systems to ensure the contents of the emergency medical kit accurately reflected published guidance to be able to assist during a medical emergency was not effective. This had not been identified by the practice.
- Systems to ensure the clinical waste management process accurately reflected guidance and legislation were not effective.
- Quality assurance systems were not effective; where audits were being completed, these did not reflect what we found on the inspection day.
- Some staff members were unaware they were following incorrect procedures.

The inspection highlighted several issues or omissions, for example:

- Equipment required to ensure effective instrument cleaning and decontamination as recommended in published guidance was not in place.
- Reprocessing of single use items
- Staff were cleaning instruments with inadequate equipment and materials, and we found personal protection equipment was insufficient in some areas.
- Systems were not in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.
- Dental materials and cleaning products were available for use after the marked expiry date.
- Patient records reviewed confirmed consent for sedation treatments was not gained prior to the sedation appointment.

The information and evidence presented during the inspection process was disorganised and poorly documented. For example:

- Procedures to help employ suitable staff were not effective and did not reflect relevant legislation.

We saw the practice had ineffective processes to support and develop staff with additional roles and responsibilities. For example, systems to demonstrate that dental nurses involved in the carrying out of conscious sedation were trained by an accredited provider, and experienced were not in place. Evidence sent after the inspection day confirmed this had taken place since the inspection.

### **Governance and management**

Management and oversight of staff training, mentoring and support was lacking at the practice.

# Are services well-led?

We found staff were inexperienced and demonstrated lack of knowledge in some areas, which could compromise the safe running of the practice. For example, staff told us they were unsure of the instrument decontamination process.

Systems to ensure staff personnel records remained confidential were not in place.

## **Continuous improvement and innovation**

The practice did not have appropriate quality assurance processes to encourage learning and continuous improvement.

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Surgical procedures	The registered person had failed to ensure that persons employed who are registered with a health care or social care regulator, were enabled to provide evidence to the regulator in question demonstrating, where it is possible to do so, that they continued to meet the professional standards which are a condition of their ability to practise or a requirement of their role. In particular:
Treatment of disease, disorder or injury	<ul style="list-style-type: none"><li>• The registered person failed to demonstrate continuing professional development for the carrying out of conscious sedation in line with the Intercollegiate Advisory Committee for Sedation in Dentistry.</li></ul> <p>The registered person failed to ensure that persons employed were enabled, where appropriate, to obtain further qualifications appropriate to the work they performed.</p> <ul style="list-style-type: none"><li>• Evidence to demonstrate that dental nurses involved in the carrying out of conscious sedation were trained and experienced by an accredited provider in line with the Intercollegiate Advisory Committee for Sedation in Dentistry was not in place.</li></ul>



This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>The registered person 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:</p> <p>The registered person had not taken account of the medical emergency equipment requirements recommended by the Resuscitation Council UK.</p> <p>The registered person was aware of the Department of Health publication “Health Technical Memorandum 01-05: Decontamination in primary care dental practices” but had not taken account of or implemented the guidance.</p> <p>The registered person was aware of the Department of Health publication Safe management and disposal of healthcare waste, HTM 07-01: but had not taken account of, or implemented the guidance.</p> <p>Regulation 12 (1)</p>

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>Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care</p>

## Enforcement actions

The registered person had an ineffective system in place to ensure the recommended emergency medical equipment was present and in line with current guidance.

The registered person had failed to identify that infection prevention and control, instrument decontamination procedures and clinical waste processes were not operating in line with current guidance and legislation.

The registered person had an ineffective stock rotation system in place.

The registered person had failed to assess and mitigate risk associated with not using rectangular collimators.

The registered person had ineffective quality assurance processes in place.

The registered person failed to have an effective system in place for handling and disposing of used needles.

The registered person had recruitment procedures which were ineffective.

The registered person had an ineffective patient consent process in place, in respect to the provision of dental sedation treatments.

Regulation 17(1)