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The Broadway Dental Practice

Inspection report

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Date of inspection visit: 9 September 2021

Date of publication: 08/10/2021

Overall summary

We undertook an announced focused follow up inspection of The Broadway Dental Practice on 9 September 2021. This review was carried out to follow up on the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a CQC specialist dental advisor.

We undertook a comprehensive inspection of The Broadway Dental Practice on 10 February 2020 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe or well led care and was in breach of regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook a desk- based review of The Broadway Dental Practice on 29 September 2020 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing well led care and was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can read our report of that inspection by selecting the 'all reports' link for The Broadway Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

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

Summary of findings

When one or more of the five questions are not met we require the service to make improvements and send us an action plan (requirement notice only). We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

Are services safe?

We found this practice was not providing safe care in accordance with the relevant regulations.

The provider had made insufficient improvements to put right the shortfalls and had not responded in full to the regulatory breaches we found at our inspection on 10 February 2020 and our desk-based review on 29 September 2020.

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

The provider had made insufficient improvements to put right the shortfalls and had not responded in full to the regulatory breaches we found at our inspection on 10 February 2020 and our desk-based review on 29 September 2020.

Background

The Broadway Dental Practice is in Catford in the London Borough of Lewisham and provides NHS and private dental care and treatment for adult and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice for a fee. Local transport services are available nearby.

The dental team includes two principal dentists, two associate dentists and one visiting dentist, two dental nurses, a trainee dental nurse and a practice manager (who is also a qualified dental nurse and can provide nursing cover). Reception duties are covered by the practice manager. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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 The Broadway Dental Practice is the one of the principal dentists.

The practice is open:

9.00 – 6.00pm Monday, Tuesday, Wednesday and Friday

9.00 – 8.00pm Thursdays

9.00 – 1.00pm Saturdays (one Saturday a month)

Our key findings were:

Summary of findings

- There were ineffective arrangements for dealing with medical emergencies
- There were ineffective arrangements to monitor and improve infection prevention and control procedures and processes
- There were ineffective systems to monitor staff training
- There were ineffective systems to ensure relevant information is available regarding each person employed
- There were ineffective governance arrangements for monitoring and improving quality and safety

We identified regulations the provider was not meeting. 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 specified information is available regarding each person employed. Ensure where appropriate, persons employed are registered with the relevant professional body
- 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 the duties.

Full details of the regulation 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 that this practice was not providing safe care and was not complying with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement notices and Requirement Notices section at the end of this report).

At our previous inspection on 10 February 2020 we judged the provider was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice.

The desk-based review conducted on 29 September 2020 the provider sent us documentary evidence that improvements had been made. However, when we inspected on 9 September 2021 we found that these improvements had not been implemented or maintained.

There were ineffective arrangements for managing medical emergencies:

- Staff did not carry out checks consistently to ensure emergency medicines and equipment were available, within the manufacturer's use by date and stored in accordance with the manufacturer's instructions.
- We observed that one of the medicines used to treat low blood glucose (Glucagon injection) was stored in a refrigerator. However, the refrigerator temperature was not checked daily to ensure that this medicine was stored in accordance with the manufacturer's instructions. This meant the provider could not be assured of the efficacy of this medicine if required in the event of a medical emergency.
- We asked to see the medicine used to treat seizures (Midazolam). Staff lacked awareness of the correct medicine format to be used in case of a medical emergency. Staff showed us Midazolam for intramuscular / intravenous injection. While the correct format of this medicine was available as both formats were stored together the provider could not be assured that this medicine would be administered in the recommended format in the event of a medical emergency.

There were ineffective arrangements to monitor the practice infection prevention and control procedures in accordance with the Department of Health publication "Health Technical Memorandum 01-05: Decontamination in primary care dental practices" (HTM-01-05):

- We observed staff were using bur brushes to clean some dental instruments. This is contrary to HTM-01-05 guidance.
- Cleaning efficacy tests (soil tests) were not being carried out for the ultrasonic bath equipment in accordance with the manufacturer's instructions.
- Staff did not check Instruments for the presence of debris with a light magnifier following cleaning and before sterilising in accordance with HTM-01-05 guidance.
- There were no records to show that the Eschmann autoclave had an annual maintenance service since May 2020.
- Staff reported an issue whereby the colour indicator on pouches does not always change when instruments are sterilised using the vacuum cycle on the autoclave. This issue had not been investigated by the provider or any action taken to ensure the sterilising equipment was working effectively.
- Staff also told us that the data loggers for the autoclaves were not reviewed to check for any faults.

There were ineffective arrangements for cleaning treatment rooms following aerosol generating procedures (AGPs). We noted that work surfaces in treatment rooms where aerosol generating procedures were carried out were cluttered with items such as documents and dental models making effective cleaning difficult to carry out. We observed part of the cleaning process following an AGP and items on workspaces were not moved as part of an effective cleaning process.

There were ineffective arrangements for monitoring information in relation to staff working at the practice:

Are services safe?

- The principal dentist told us that temporary agency dental nurses were employed to work at the practice to cover staff shortages. There were no records available in relation to identity, qualifications and skills or registration with the General Dental Council (GDC) for the temporary agency staff.
- Records in respect of permanent contracted staff were disorganised when we inspected on 10 February 2020 and 9 September 2021. There was a lack of systems for ensuring up to date records were maintained for staff. For example, up to date records in relation to GDC registration were not available for one dentist and up to date records in relation to indemnity insurance were not available for two dentists.

The provider had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breaches we found at our inspection on 10 February 2020 and the desk-based review on 29 September 2020.

Are services well-led?

Our findings

We found that this practice was not providing well led care and was not complying with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement notices and Requirement Notices section at the end of this report).

At our previous inspection on 10 February 2020 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice.

The desk-based review conducted on 29 September 2020 found that the provider had made some improvements. However there remained a lack of governance arrangements for monitoring and improving the service.

When we inspected on 9 September 2021 we found that these improvements had not been implemented.

There were ineffective systems and processes for monitoring and improving the service:

- Audits of dental radiographs were not carried out for all dentists. The results of audits which were carried out, were not analysed and used to improve quality.
- During this inspection we were shown two dental radiograph audit records dated 21 June 2021. These were in respect of dental radiographs taken by the principal dentist and the dentist partner. The audits did not include an analysis of the findings, any action plans for improvement arrangements for reviewing the findings from the audits.
- No audits had been carried out in respect of dental radiographs taken by the three other dentists who work at the practice.

Infection prevention and control audits were not reviewed, and areas identified for improvement acted on:

- During this inspection we were shown two infection prevention and control audits. The audit carried out in November 2020 identified a number of areas where improvements were needed. These included implementing a system for checking dental instruments, provision of wall mounting for soap dispensers and sharps bins and improving arrangements for disinfecting dental impressions and decluttering the dental treatment rooms. There was no action plan to in relation to addressing the findings from this audit.
- The most recent audit was carried out in June 2021. This audit identified that areas for improvement were still outstanding. Areas for improvement as identified in this audit included implementing a system for checking dental instruments, provision of wall mounting for soap dispensers and sharps bins.
- During our inspection we noted that clinical areas including the decontamination area and treatment rooms were cluttered.

There were ineffective arrangements monitor staff training, learning and development needs:

- There were no training records available for one dentist
- There were some appraisal documents dated from 2012 and 2013. There were no recent appraisal records for staff.
- We saw evidence that staff undertook training in safeguarding children. There were no training records in respect of safeguarding vulnerable adults.

The provider had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breaches we found at our inspection on 10 February 2020 and desk-based review 29 September 2020.

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 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered person had failed to take such action as is necessary and proportionate to ensure that persons employed continued to have the qualifications, competence, skills and experience necessary for the work to be performed by them. In particular:</p> <p>The provider has failed to establish an effective system to monitor staff training.</p> <ul style="list-style-type: none">• There were no training records available for one dentist.• There was a lack of systems for appraising staff performance and reviewing training needs. There were no recent appraisal records for staff.• There were no training records in respect of safeguarding vulnerable adults. <p>Regulation 18 (2)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:</p> <ul style="list-style-type: none">• There were no records available in relation to identity, qualifications and skills or registration with the General Dental Council (GDC) for the temporary agency staff. The registered person could not provide assurances that all checks were complete and satisfactory.• Records in respect of permanent contracted staff were disorganised. There was a lack of systems for ensuring

This section is primarily information for the provider

Requirement notices

up to date records were maintained for staff. For example, up to date records in relation to GDC registration were not available for one dentist and up to date records in relation to indemnity insurance were not available for two dentists.

Regulation 19 (3), (4)

Enforcement actions

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</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>Emergency medicines and equipment were not available in accordance with Resuscitation Council UK Guidelines 2021.</p> <ul style="list-style-type: none">• Staff did not carry out checks consistently to ensure emergency medicines and equipment were available, within the manufacturer's use by date and stored in accordance with the manufacturer's instructions.• One of the medicines use to treat low blood glucose (Glucagon injection) was not stored in accordance with the manufacturer's instructions.• Staff lacked awareness in respect of the correct format of medicine to use to treat seizures. <p>Risks in relation to the control and spread of infections had not been assessed and mitigated, in accordance with the Department of Health publication "Health Technical Memorandum 01-05: Decontamination in primary care dental practices".</p> <ul style="list-style-type: none">• Staff were using bur brushes to clean some dental instruments. This is contrary to HTM-01-05 guidance.• Cleaning efficacy tests (soil tests) were not being carried out for the ultrasonic bath equipment in accordance with the manufacturer's instructions.• Staff did not check Instruments for the presence of debris with a light magnifier following cleaning and before sterilising in accordance with HMT-01-05 guidance.

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- There were no records to show that the Eschmann autoclave had an annual maintenance service since May 2020.
- Issues reported about the sterilising equipment had not been investigated by the provider or any action taken to ensure the sterilising equipment was working effectively.
- The data loggers for the autoclaves were not reviewed to check for any faults.

There were ineffective arrangements for cleaning treatment rooms following aerosol generating procedures (AGPs).

Regulation 12 (1)

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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:

There were ineffective systems and processes for monitoring and improving the service:

- Audits of dental radiographs were not carried out for all dentists. The results of audits where carried out were not analysed and used to improve quality.
- The audits did not include an analysis of the findings, any action plans for improvement arrangements for reviewing the findings from the audits.

Infection prevention and control audits were not reviewed, and areas identified for improvement acted on:

- Infection prevention and control audits audit carried out in November 2020 and June 2021 identified a number of areas where improvements were needed. These included implementing a system for checking

Enforcement actions

dental instruments, provision of wall mounting for soap dispensers and sharps bins and improving arrangements for disinfecting dental impressions and decluttering the dental treatment rooms.

- There were no actions plan to in relation to addressing the findings from this audit.
- During our inspection we noted that clinical areas including the decontamination area and treatment rooms were cluttered. The findings from the infection prevention and control audits had not been acted on.

Regulation 17 (1)