Dentalcare (Southern) Ltd

Dentalcare Brackley

Inspection report

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Date of inspection visit: 26 July 2022
Date of publication: 06/09/2022

Overall summary

We carried out this announced focused inspection on 26 July 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 not clean or well-maintained.
- The practice infection control procedures did not reflect published guidance.
- Staff had not received training in how to deal with medical emergencies. Appropriate medicines and life-saving equipment were not always available.
- The practice systems to help them manage risk to patients and staff were not robust or effective. Specifically, fire safety and legionella management.
- Safeguarding processes were in place. Staff did not always demonstrate an understanding of their responsibilities for safeguarding vulnerable adults and children.
- Staff recruitment procedures did not reflect current legislation.
- Patients' care and treatment was not always provided in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.

Summary of findings

- The appointment system took account of patients' needs.
- Effective leadership and a culture of continuous improvement were not in place.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.

Background

The provider has 14 practices and this report is about Dentalcare Brackley.

Dentalcare Brackley is in Brackley, Northamptonshire and provides NHS and 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. A car parking space for people with disabilities can be reserved at rear of the practice. The practice has made some reasonable adjustments to support patients with additional needs.

The dental team includes four dentists, three trainee dental nurses, one dental hygienist, two receptionists and a practice manager. The practice has four treatment rooms.

During the inspection we spoke with one dentist, two dental nurses, two receptionists, the providers business development manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Saturday from 8am to 6.30pm.

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.

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 effective?	**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 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.

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

The practice had safeguarding processes we found staff were unaware of their responsibilities for safeguarding vulnerable adults and children. Evidence to confirm that all staff had undertaken appropriate training in safeguarding vulnerable adults and children was not available.

The practice did not have infection control procedures which reflected current published guidance. We found treatment rooms were visibly dirty and records of cleaning were not accurate.

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. We noted instruments that had been through the decontamination process were not always stored in a sterile manner and equipment to ensure effective decontamination of instruments was not always used.

We found that staff had not completed training in decontamination and infection prevention and control as recommended. Two of three staff responsible for decontamination of instruments had not received any training on how to do this effectively.

Records were not available to demonstrate that the equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice did not have adequate procedures to reduce the risk of Legionella or other bacteria developing in water systems.

Evidence to show that recommendations made in the Legionella risk assessment had been actioned were not available and records were not available to demonstrate that water testing management was carried out.

The practice did not have procedures in place to ensure clinical waste was stored appropriately in line with guidance.

Systems were not in place to ensure the practice was kept clean. We observed the practice was not always visibly clean and that cleaning equipment was not stored appropriately.

The practice did not have a recruitment policy and procedure in accordance with relevant legislation. Recruitment checks were not always carried out, in accordance with relevant legislation to help them employ suitable staff, including agency and locum staff. We could not find evidence that required pre employment checks were always completed. For example, references, proof of identification, employment history and disclosure barring service (DBS) checks, were not available.

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. Facilities were not always maintained in accordance with regulations.

The practice did not have arrangements to ensure the safety of the X-ray equipment. The required radiation protection information was unavailable.

For example, local rules were out of date and did not include all the required information. Equipment was not registered with the Health and Safety Executive and evidence to confirm staff using x-ray equipment had undertaken sufficient training was not available.

Are services safe?

Risks to patients

The practice systems to assess, monitor and manage risks to patient and staff safety were not effective. In particular relating to fire safety. We found that recommended regular checks of the alarm system, fire escapes and extinguishers, emergency lighting and fire drills were not carried out. We did not see any records to confirm these checks had ever been carried out.

Additionally, sharps safety, sepsis awareness and lone working risk assessments were not always updated and did not include relevant detail or reflect risks observed during our inspection. For example, the lone working policy did not include reference to clinical staff working alone or contact details to seek assistance if required. The sharps risk assessment did not reflect current procedures at the practice.

Emergency equipment and medicines were not available and checked in accordance with national guidance. In particular,midazolam a drug used to treat people with seizures was not available as per guidance. Oropharyngeal airways, size 0 and 4 had exceeded their use by date. Oxygen face masks with reservoir and tubing for adult and child and paediatric pads for the defibrillator were not available. Eye wash was out of date and we did not see any evidence of logs to demonstrate monitoring of this equipment was completed.

Not all staff had evidence to confirm they had completed training in emergency resuscitation and basic life support every year. We found that three of the five staff training records we viewed did not evidence training had been completed.

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, 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.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines, but we found these were not always applied. Antimicrobial prescribing audits were not carried out by all clinicians. We saw prescription pads were not monitored as described in current guidance.

Track record on safety, and lessons learned and improvements

The practice had not implemented systems for reviewing and investigating when things went wrong. In particular we found accident book counterfoils recording dates for five incidents involving six members of staff in the 12 months prior to our inspection. No record of what type of incident or any learning from these was recorded.

Are services effective?

(for example, treatment is effective)

Our findings

We found this practice was not providing effective 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.

Effective needs assessment, care and treatment

The practice did not have systems in place to ensure dental professionals were up to date with current evidence-based practice. In particular, we did not see records that confirmed all clinical staff had completed the required amount of continuous professional development (CPD). One clinical member of staff had no evidence of completion of any CPD.

We did not see evidence that the dentists carrying out orthodontic or implant treatment had completed training to confirm their competence to do so.

Helping patients to live healthier lives

We found that recording of gum health checks and assessments of gum health for children, were not completed by two of the six clinicians.

Consent to care and treatment

Dental care records we looked at showed there was a lack of consistency in staff obtaining patient's consent to care and treatment. In particular, for patients undergoing orthodontic and implant treatment.

Records were not available to demonstrate staff undertook training in patient consent and mental capacity.

Monitoring care and treatment

There were inconsistencies in the information recorded within the dental care records we looked at. For example, consent, gum health checks and treatment options were not always recorded.

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 following current guidance and legislation.

The practice had not carried out radiography audits for all clinicians at six-monthly intervals as required in current guidance and legislation. We found that only one of six clinicians had completed any radiography audits.

Effective staffing

Evidence was not available to demonstrate staff had the skills, knowledge and experience to carry out their roles. In particular; staff responsible for decontamination of instruments had not completed decontamination training. Not all staff had completed training in safeguarding awareness, fire safety or basic life support.

Newly appointed staff had a structured induction. We did not find and were not supplied with evidence to confirm that the practice had systems in place to ensure clinical staff had completed CPD as required for their registration with the General Dental Council. In particular, evidence of completion of radiography training or qualifications in implantology and orthodontics, for staff carrying out these tasks, was not available.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

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 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.

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered.

Leadership capacity and capability

The practice did not demonstrate a transparent and open culture in relation to people's safety. The practice manager and Business development manager were both newly appointed and were aware of issues that required improvement and had begun the process of implementing new ways of working. Our inspection highlighted multiple areas that required improvement and the leadership team were responsive to our feedback. However, we did not receive information or assurances following our inspection that action had been taken and information unavailable on the day of inspection was not submitted afterwards.

There was a lack of leadership and oversight at the practice. In particular, the practice manager covered two practices some distance apart so was unable to offer robust oversight at both.

Systems and processes were not embedded among staff. For example, monitoring of decontamination processes, cleaning schedules, availability of emergency equipment, completion of required training and monitoring of fire safety were not completed.

The information and evidence presented during the inspection process was disorganised and poorly documented. For example, the provider was in the process of moving some systems to a new governance software package. We found that information for areas such as policies, recruitment checks and staff training were stored in different systems and files with no coherent structure. Staff could not readily or reliably access information requested during our inspection.

We saw the practice had ineffective processes to support and develop staff with additional roles and responsibilities. We did not see any additional roles or responsibilities undertaken or encouraged by the provider.

Culture

The practice did not demonstrate a culture of high-quality sustainable care.

The practice did not have systems in place to adequately support staff.

The practice did not have arrangements for staff to discuss their training needs during annual appraisals, at one to one meetings or during clinical supervision.

We saw no evidence of completed staff appraisals.

Governance and management

The practice did not have effective governance and management arrangements.

There was no evidence the practice's policies, protocols and procedures were reviewed on a regular basis.

The practice did not have clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Are services well-led?

We did not see and were not provided with, evidence that the practice used quality and operational information, for example surveys, audits or external body reviews to ensure and improve performance.

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 the public via online reviews and surveys. The practice manager had begun a process of analysis of this information, but no action plans were yet established.

There was no evidence the practice gathered feedback from staff through meetings, surveys, and informal discussions.

Continuous improvement and innovation

The practice did not have systems and processes in place for learning, continuous improvement and innovation. We found evidence of accidents and incidents that were not recorded accurately or analysed to identify themes, trends or learning points.

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

The practice had not undertaken audits of radiographs and infection prevention and control in accordance with current guidance and legislation.

There was no evidence staff kept records of the results of these audits and any resulting action plans and improvements.

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.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out and the registered person had not done all that was reasonably practicable to mitigate these risks. In particular: • Systems to ensure safe care and treatment was provided were not in place. • Fire risk assessments and safety checks were not carried out. The registered person had not ensured equipment such as fire escapes, emergency lighting and smoke alarms were properly maintained and regularly tested. • Prescription pads were not effectively monitored. • Decontamination processes did not follow guidance. Recommended cleaning equipment was not used or available and records of cleaning were not kept. Staff had not received appropriate decontamination training. • Equipment to manage medical emergencies was not always available as described in guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Enforcement actions

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.

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:

- Systems or processes to enable governance and oversight of the service and to assess, monitor and mitigate risks were not operating effectively.
- A system to monitor completion of CPD for clinical staff was not in place.
- There were limited systems for monitoring and improving quality. For example, audit activity was not always completed at recommended intervals and did not result in improvement to the service.
- Staff had not received training, to an appropriate level, in the safeguarding of children and vulnerable adults, decontamination, basic life support and fire safety, consent, Mental capacity act, orthodontics or implantology.
- Systems to ensure premises and equipment were safe and maintained were not in place.
- An effective system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences was not in place.