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Your DentalCare - Bexhill-On-Sea Practice

Inspection report

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Overall summary

We undertook a follow up focused inspection of Your Dentalcare Bexhill-on-Sea on 31 May 2022. This inspection was carried out to review in detail 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 CQC inspector who was supported by a specialist dental adviser.

We undertook a focused inspection of Your Dentalcare Bexhill-on-Sea on 25 January 2022 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 and well led care and was in breach of regulations 12, Safe care and treatment and 17, Good governance 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 Your Dentalcare Bexhill-on-Sea dental practice on our website www.cqc.org.uk.

As part of this inspection we asked:

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

Our findings were:

Are services safe?

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

Summary of findings

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 25 January 2022.

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 to the regulatory breaches we found at our inspection on 25 January 2022.

Background

The provider has two practices and this report is about Your Dentalcare Bexhill-on-Sea.

Your Dentalcare Bexhill-on-Sea is in Bexhill-on-Sea and provides NHS and private dental care and treatment for adults and children.

There is stepped access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes a dentist, a trainee dental nurse, a general practice manager for both practices and a practice manager. The practice has two treatment rooms. One of the treatment rooms is decommissioned.

During the inspection we spoke with the practice manager as the practice was closed to patients on the day of the inspection. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 9am to 5pm

We identified regulations the provider was not meeting. They must:

- Care and treatment must be provided in a safe way for service users
- 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

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No 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 Actions section at the end of this report).

At the inspection on 31 May 2022 we found the practice had made some improvements to comply with the regulation:

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 did not have infection control procedures which reflected current published guidance

The decontamination of instruments was in part carried out in accordance with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) guidance.

Re-processed instruments were not stored in line with HTM 01-05. We found that pouched instruments were not documented consistently. We found some were marked with the date of processing, some were marked with the date of expiry and some did not have any information recorded.

There were areas where improvements had been made. For example, oil for the lubrication of handpieces had been marked as clean and dirty and we were shown the process for the lubrication of handpieces to ensure they would not be recontaminated. We saw the process for keeping instruments moist whilst awaiting manual scrubbing. A protocol had been introduced to ensure impressions and dental prosthesis were disinfected effectively before sending and on return from the laboratory.

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

Recommendations made in the Legionella risk assessment had not been actioned.

Records were available to demonstrate that water testing and dental unit water line management were carried out. However, water temperature logs had been completed for April 2022. The hot water consistently did not reach 50 degrees Celsius and five of the nine cold water outlets were above 20 degrees Celsius. No remedial action had been taken to rectify this.

We saw that the shower in the basement was not flushed regularly as indicated in the legionella risk assessment.

We observed the practice was not visibly clean

Systems were not in place to ensure the practice was kept clean. We saw that the practice in general was visibly dirty in a number of areas. The treatment room in use was visibly dusty and had dirty areas. The dental chair was clean, but the base of the chair was marked with debris and dust. The spittoon and sinks in the treatment room had significant limescale deposits which do not allow effective cleaning and can harbour bacteria. We saw areas of paint flaking off the wall in the treatment room in use.

The decontamination room was visibly dirty, the worktop had not been cleaned. There were large areas of paint flaking off the walls, which does not allow effective cleaning and can harbour bacteria. There was an area of black mould by the rear door. The floor was visibly dirty, and a ceiling tile was missing above the autoclave.

We saw dusty areas throughout the practice and an area of black mould in the patient toilet, which was visible at the last inspection in January 2022. Ceiling tiles in the decommissioned treatment room and waiting area were heavily stained.

Are services safe?

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.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions.

The practice did not ensure the facilities were 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 and Radiation Protection File.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice did not have adequate systems to minimise the risk that could be caused from substances that are hazardous to health. In particular, there were risk assessments for the cleaning products used in the practice. We asked to see the risk assessments for dental materials used in the practice. The risk assessments we reviewed were dated 2011 and related to products that are no longer available to buy.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were in the process of being carried out.

Are services effective?

(for example, treatment is effective)

Our findings

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

At the inspection on 31 May 2022 we found the practice had made the following improvements to comply with the regulations:

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

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 (MCA).

Effective staffing

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Are services well-led?

Our findings

We found that this practice was not providing well-led care / was not complying 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).

Leadership capacity and capability

The provider did not demonstrate a transparent and open culture in relation to people's safety. In particular, areas of the practice had not been maintained sufficiently and this provided a barrier to effective cleaning and hygiene. No auditing of processes and systems had taken place. Where risk assessments had been conducted, they had failed to identify issues and gaps in processes.

Systems and processes were not embedded among staff.

The inspection highlighted some issues or omissions. For example, water temperature logs had been completed for April 2022. The hot water consistently did not reach 50 degrees Celsius and five of the nine cold water outlets were above 20 degrees Celsius. No remedial action had been taken to rectify this. A practice risk assessment had recorded that all COSHH assessments were complete and up to date, that the local rules were current and contained the correct information and that the building and premises were well maintained and in good repair. These statements were not accurate.

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

Culture

Staff told us they were due to discuss their training needs during annual appraisal. They also told us of informal meetings where they discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

The practice did not have effective governance and management arrangements. In particular, risk assessments did not identify potential risks and audits were not routinely completed to ensure systems and processes were working effectively.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. We were told these would be reviewed on a regular basis going forward.

Appropriate and accurate information

The practice did not use quality and operational information, for example NHS BSA performance information, surveys, audits and external body reviews to ensure and improve performance.

Engagement with patients, the public, staff and external partners

There was no evidence staff gathered feedback from patients, the public and external partners.

Continuous improvement and innovation

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

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

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014, Safe care and treatment.
Treatment of disease, disorder or injury	Care and treatment must be provided in a safe way for service users. Assessments of the risks to the health and safety of service users receiving care or treatment were not being carried out. In particular: <ul style="list-style-type: none">• Actions on the legionella risk assessment had been conducted for water temperature monitoring but had failed to identify that both the hot and cold water was consistently outside of the safe parameter temperatures. The shower in the basement of the building was not being flushed as part of the monthly tasks.• COSHH assessments were available for the cleaning products used in the practice but were not available for dental materials. The assessments available were dated 2011 and had not been updated also there were assessments for products that were no longer available. The premises being used to care for and treat service users was not being used in a safe way. In particular: <ul style="list-style-type: none">• Premises were not maintained to a sufficient standard which would allow effective cleaning.• A ceiling tile was missing in the decontamination room and others in treatment room one and the waiting room were heavily stained. There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:

Enforcement actions

- Environmental cleaning was not effective and there were areas of visible dust, dirt and debris throughout the practice. We saw dusty windowsills in treatment room two and the base of the dental chair was dirty and dusty. The spittoon and sinks had substantial limescale build up. The decontamination room was dirty, there was visible dirt on the worktop, floor and walls. There was an area of black mould by the rear door and in the patient toilet. No cleaning schedules were available.

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 HSCA (RA) Regulations 2014. Good governance.

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:

- The infection control audit we reviewed had failed to identify issues and gaps in the infection control processes.
- Audits for the quality of radiographic images had not been conducted
- Local rules for both X-ray units referred to out of date legislation and the use of E speed film which the practice does not use.

The acceptance test for both X-ray units stated the entrance dose was too low. We were not assured this had been addressed.