

Arggen 1 Limited

Dentcare1 Boston

Inspection report

23 Pen Street
Boston
PE21 6TJ
Tel: 01205364993
www.dentcare1.com

Date of inspection visit: 9 December 2021
Date of publication: 06/01/2022

Overall summary

We undertook a focused inspection of Dentcare 1 Boston on 9 December 2021. 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 comprehensive inspection of Dentcare 1 Boston on 13 and 19 October 2021 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, effective or well-led care and was in breach of Regulation 12 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 Dentcare 1 Boston 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?

When one or more of the five questions are not met we require the service to make improvements and send us an action plan. 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.

Summary of findings

The provider had made some improvements to put right the shortfalls and had responded to the regulatory breaches we found at our inspection on 13 October 2021, but further improvements were required.

Are services effective?

We found this practice was providing effective care in accordance with the relevant regulations.

The provider had made some improvements to put right the shortfalls and had responded to the regulatory breaches we found at our inspection on 13 October 2021, but further improvements were required.

Are services well-led?

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

The provider had made some improvements to put right the shortfalls and had responded to the regulatory breaches we found at our inspection on 13 October 2021, but further improvements were required.

Background

Dentcare 1 Boston is in the Lincolnshire market town of Boston and provides private dental care and treatment for adults and children.

There is level access to the rear of 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 two dentists and two dental nurses. 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 Dentcare 1 Boston is the provider.

During the inspection we spoke with the registered manager and one dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday, Tuesday, Thursday and Friday from 9am to 5pm.

Our key findings were:

The provider had taken action to address the areas of highest risk identified. Specifically;

- All medicines, including those used in sedation procedures were stored securely and accurately labelled.
- Evidence of completion of recommended hours of continuous professional development training in sedation, including emergency scenarios, was seen for all staff involved in sedation.

Summary of findings

- Improvements were required to decontamination and storage of dental instruments.

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.

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



There were areas where the provider could make improvements. They should:

- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. In particular, ensure sharps boxes are labelled correctly and stored securely.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	Requirements notice 
Are services effective?	No action 
Are services well-led?	Requirements notice 

Are services safe?

Our findings

We found that this practice was not providing safe care. We have told the provider to take action (see full details of this action in the Requirement Notices 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 our previous inspection on 13 October 2021 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our enforcement notice. At the inspection on 9 December 2021 we found the practice had made the following improvements to comply with the regulations:

- The provider was able to present evidence of completion of recommended hours of continuous professional development training in sedation techniques, including how to manage emergency situations.
- Equipment for use in a medical emergency was available as recommended by the Resuscitation Council (UK) and the General Dental Council. A process for checking the availability of this equipment was in place.
- Evidence was provided of service, maintenance, pressure testing and validation of all equipment. The autoclave had a new seal and had been thoroughly cleaned and descaled.
- A process for assessing and monitoring the required fallow time for treatment rooms between patients, in order to reduce the risk and spread of airborne viruses and bacteria, was now in place.

The provider had also made further improvements:

- Staff had undertaken refresher training on safeguarding, infection prevention and control and decontamination of dental instruments.
- Signs were prominently displayed throughout the practice advising staff on how to identify which instruments and materials were single use only.
- A process for ensuring information required as part of safe recruitment practices was in place.
- Protocols and procedures for the use of X-ray equipment were in place and reflected The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017.

We identified the following ongoing concerns:

- Improvements were required to decontamination and storage of dental instruments. We noted a number of instruments, that had been through the decontamination process and were prepared as ready for use, were visibly soiled and others that were damaged and tarnished. A number of pouches used to store instruments were ripped and were not removed to be reprocessed. The provider informed us they intended to purchase new instruments to replace those that were damaged. We were not provided with evidence to confirm this either during or following our inspection.
- Medicines used to perform sedation were stored securely. We noted that a medicine used for reversal of sedation had exceeded its use by date. The provider informed us they would purchase a new one.
- Environmental cleaning had improved. The practice appeared visibly clean, new flooring had been installed, and a new head rest and inspection lamp purchased for the treatment rooms. During the inspection we noted that some areas were dusty, and some treatment trays, prepared and ready for use, had ill-fitting covers which had allowed dust to infiltrate and contaminate the instruments inside. One drawer contained visibly dirty equipment trays along with a small rock or piece of masonry.
- Sharps boxes were not stored appropriately whilst in use and were not labelled with date of opening. We noted sharps boxes were stored on a narrow ledge in the treatment room which caused them to tip forward when used.

Are services safe?

- Staff had access to personal protective equipment, and we were told, fit testing for correct use of FFP3 face masks had been completed. We were provided with evidence of the assessor's competence to carry out these tests following our inspection.
- We were unable to confirm the provider's processes for managing clinical waste safely, due to the locations closure since our previous inspection.

These improvements showed the provider had taken some action to comply with the regulation(s): when we inspected on 9 December 2021.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this practice was providing effective care.

At our previous inspection on 13 October 2021 we judged the practice was not providing effective care and was not complying with the relevant regulations. We told the provider to take action as described in our enforcement notice. At the inspection on 9 December 2021 we found the practice had made the following improvements to comply with the Regulations:

- The provider had implemented a process to monitor completion of continuous professional development for all staff.
- Both clinicians and one of the two nurses had completed training identified as recommended by the General Dental Council.

These improvements showed the provider had taken some action to comply with the regulation(s): when we inspected on 9 December 2021.

Are services well-led?

Our findings

We found that this practice was not providing well led care. We have told the provider to take action (see full details of this action in the Requirement Notices 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 our previous inspection on 13 October 2021 we judged the practice 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 enforcement notice. At the inspection on 9 December 2021 we found the practice had made the following improvements to comply with the Regulations:

- Governance and oversight systems were in place. The provider had worked with an external consultant to implement a new governance and oversight system that included templates and a schedule for checks and audits of the service to be carried out.

We identified the following ongoing concerns:

- As a result of an electrical issue ten days prior to our inspection, the provider had lost access to all patient care and treatment records. The provider did not have a back-up system in place to recover these files and ensure continuity of care and treatment. The provider advised the files would be restored following our inspection and that they intended to move to a new storage service that would provide a robust back up system. The provider had failed to notify CQC of this incident and we did not receive evidence or confirmation that care records were restored following our inspection.
- A system was in place for recording legionella checks. The risk assessment was reviewed, and further guidance given to staff, including templates for recording the completion of water temperatures and action taken if required. The provider informed us these tests had not been carried out at the time of our inspection due to ongoing building work. We noted that taps throughout the building were connected and would enable testing to be completed.
- Patient dental care records, including personal information, treatment plans and X-rays, were not stored securely. Records were still stored in an open, unlocked filing cabinet in an unlocked room that was regularly used by non-clinical contractors.
- We did not see evidence that governance and oversight systems were embedded or any completed checks or audits at the time of our inspection.

These improvements showed the provider had taken some action to comply with the regulation(s): when we inspected on 9 December 2021.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider did not have systems in place to ensure effective cleaning, decontamination and storage of dental instruments in line with Department of Health guidance, HTM 01-05. Instruments were visibly soiled and storage pouches ripped.• The provider did not undertake legionella checks of water temperature in line with Department of Health guidance, HTM 01-05. <p>Regulation 12(1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to ensure the registered person maintained securely such records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular:</p> <ul style="list-style-type: none">• Dental care records were not stored securely.• Evidence of the practice's waste handling protocols to ensure waste is segregated and disposed of was not provided.• Electronic records were not stored in a way which meant they could be recovered in event of loss.• Governance and oversight were in place but not implemented.• Audits were not completed and assessed at recommended intervals.

This section is primarily information for the provider

Requirement notices

Regulation 17 (1)