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The Holmer Green Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 25 October 2021 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 provider 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 asked the following three questions:

• 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:

Are services safe?

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

Are services effective?

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

Summary of findings

Are services well-led?

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

Background

The Holmer Green Dental Practice is in High Wycombe and provides private dental care and treatment for adults and children.

There is step free access to the practice, via a ramp for people who use wheelchairs and those with pushchairs. Car parking spaces are available on the road outside the practice.

The dental team includes one dentist, one dental nurse, one dental hygienist and one receptionist. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we obtained the views of six patients.

During the inspection we spoke with the principal dentist, nurse and the receptionist.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday 8.00am – 2.30pm
- Tuesday 8.30am – 4.30pm
- Wednesday 8.30am – 4.30pm
- Thursday 8.00am – 2.30pm
- Friday 8.30am – 4.30pm

Our key findings were:

- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The provider's infection control procedures were not operated effectively
- Appropriate medicines and life-saving equipment were not available.
- The provider did not operate effective systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider's staff recruitment procedures were not operated effectively.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider did not have effective leadership and a culture of continuous improvement.

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

Summary of findings

- 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 recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed and specified information is available regarding each person employed.

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:

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.

The provider accepted the clinical and managerial shortfalls that we raised and took immediate action the day of our inspection to begin to address these.

Where evidence is sent that shows the relevant issues have been acted on, we have stated this in our report but we cannot say that the practice is compliant for that key question as this would not be an accurate reflection of what was found on the day of our inspection.

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

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse.

We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support

The provider had an infection prevention and control policy and procedures, but these were not operated effectively.

Staff did not follow guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. We found that:

- Infection control annual statement was not available.
- The brush used in decontamination was not long handled.
- Spare rubber gloves were not available nor was there a system in place to change gloves on a weekly basis.
- Manual cleaning validation logs were not kept.
- An instrument inspection magnifying light was not available.
- Hand cream was not available at the handwash sink.
- The autoclave validation log book was incomplete. Since our inspection we have been sent evidence to confirm this shortfall has been addressed
- Infection Control audit actions were not completed.
- Lint-free instrument drying cloths were not available.

Staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

A Legionella risk assessment was carried out by the provider in order to establish any potential risks and implement measures to either eliminate or control risks. Recommendations in the assessment had not been actioned and records of water testing and dental unit water line management were not available. Since our inspection we have been sent evidence to confirm this shortfall has been addressed

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance, but these were not followed. Clinical waste bins in surgeries were not foot operated.

The principal dentist carried out infection prevention and control audits. The latest audit showed the practice was meeting the required standards.

The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.

Are services safe?

The dentist used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway.

Recruitment procedures were not operated effectively to ensure only fit and proper persons were employed and specified information was available regarding each person employed.

We looked at one staff recruitment record to confirm checks were carried out, but the following evidence was not available:

- A full employment history.
- Proof of identity.
- Eligibility to work in the UK.
- Health assessment.
- Hep B vaccination effectiveness test result.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff did not ensure facilities and equipment were safe, and that equipment was maintained appropriately:

- A cupboard in the patient toilet was used to house the dental suction unit. This was water-damaged and dirty. Access by patients was not restricted as doors were not lockable.
- A windowsill in the kitchen was rotten.
- The laminate flooring in the ground floor corridor was incomplete in places.
- General debris filled the garage where the clinical waste was stored.
- Damp was present on one wall of the staff toilet.
- Surgery two work top veneer was missing from one side.

Since our inspection we have been sent evidence to confirm the following shortfalls have been addressed.

- The paper towel dispenser in surgery one was missing.
- Dental impressions and materials were stored in staff food fridge.
- Out of date dental materials and biofilm treatment was stored in the fridge used to store Glucagon.
- Out of date dental materials were seen in both surgeries and stockroom.
- Paper towels were stored on shelves in cupboards in the patient toilet. Cupboards were not air tight. Access by patients was not restricted as doors were not lockable.
- Colour-coded mop heads were not stored correctly.

Fire safety management was not effective. Weekly smoke detector testing was not carried out. There was no automatic emergency lighting available inside the practice or on the fire escape route outside the rear of the building.

The practice did not have arrangements to ensure the safety of the X-ray equipment:

- Local rules were not updated to reflect IR(ME)R17.
- Evidence of registration with the HSE was not available.
- The practice's radiation protection advisor contract was not available.

Since our inspection we have been sent evidence to confirm these shortfalls have been addressed.

Completed continuing professional development in respect of dental radiography for the dentist was not available.

The provider carried out radiography audits on X-rays they took.

Are services safe?

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment.

Sharps risk management was not effective:

- A sharps risk assessment referred to safer sharps being used. This was not the case.
- A sharps bin was in use and dated June 2021. Bins should be replaced after three months or when the contents reach the fill line.

Since our inspection we have been sent evidence to confirm these shortfalls have been addressed.

Staff had completed sepsis awareness training. Sepsis prompts for staff were displayed in the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care

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

Emergency equipment and medicines were not available as described in recognised guidance.

- The practice did not have an *Automated External Defibrillator* (*AED*) available.
- The fridge used to store Glucagon was not temperature monitored.
- Facemasks, airways and tubing had passed their expiry dates.

Since our inspection we have been sent evidence to confirm these shortfalls have been addressed.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team. A risk assessment was not in place for when the dental hygienist therapist worked without chairside support.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice occasionally used locum and agency staff. We were told that these staff received a verbal induction to ensure they were familiar with the practice's procedures, but records were not kept.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

We noted the practice had a small stock of antibiotics which were stored securely in the practice. We were told these were no longer being used and the practice was in the process of returning them to the pharmacy.

Are services safe?

Not all the local anaesthetic ampules stored in treatment rooms were in their original blister packs to protect them from contamination. Since our inspection we have been sent evidence to confirm this shortfall has been addressed.

The dentist was aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were not carried out which meant the dentist could not demonstrate they were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had systems in place for reviewing and investigating when things went wrong.

In the previous 12 months there had been no safety incidents.

The provider did not have a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Reasonable adjustments were not in place to meet the needs of disabled people in line with requirements of the Equality Act 2010:

- A hearing loop was not available.
- Vision aids (magnifying glass/reading glasses) were not available at reception.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentist where applicable, discussed smoking, alcohol consumption and diet with patients during appointments but referrals to cessation services were not made.

The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice.

Consent to care and treatment

Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

The dentist understood the importance of obtaining consent to treatment, but we found this was not routinely recorded in patients' records.

Monitoring care and treatment

Are services effective?

(for example, treatment is effective)

Clinicians did not routinely record all the necessary information. We looked at a sample of patient notes, and we found missing information which included, medical history updates, periodontal risk assessment, alcohol and smoking consumption. The provider assured us they would review their electronic note taking templates to address this shortfall as soon as practicably possible.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

The hygienist did not receive formal appraisals.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment. The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Referrals to the hygienist were not recorded appropriately.

Referrals to secondary care providers were not centrally monitored by staff at the practice to ensure they were received and actioned in a timely manner.

Since our inspection we have been sent evidence to confirm these shortfalls have been addressed.

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.

Leadership capacity and capability

We found improvements were needed to ensure the management and oversight of procedures that supported the delivery of care was effective.

The provider, who was also the principal dentist did not have administrative support to ensure the processes were followed effectively. They worked in isolation. We spoke about the benefit of peer support from other local dental professionals.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff, with the exception of the hygienist discussed their training needs at annual appraisals and informal meetings. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

We saw the provider had systems in place to deal with staff poor performance.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the day to day management and clinical leadership of the practice.

We saw there were clear processes for managing risks, issues and performance but these were not followed which resulted in poor risk management at the practice. The management of radiography. fire safety, legionella, staff recruitment, infection control, medical emergencies, equipment and premises required urgent improvement.

Appropriate and accurate information

The provider 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 involved patients, the public and staff to support the service.

The provider used patient surveys and encouraged verbal comments to obtain staff and patients' views about the service. As a result of patient feedback, the practice replaced the chairs in the waiting area.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Records of meeting outcomes were not recorded.

Are services well-led?

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. However, these were ineffective as they did not highlight the issues we saw.

We wish to note that where improvements are required it is appropriate to

re-audit in a timely manner to ensure that the improvements have been maintained.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 12** **Ensure care and treatment is provided in a safe way to patients** How the regulation was not being met: The registered persons 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:** • The brush used in decontamination was not long handled. • Spare rubber gloves were not available nor was there a system in place to change gloves on a weekly basis. • Manual cleaning validation logs were not kept. • An instrument inspection magnifying light was not available. • Hand cream was not available at the handwash sink. • The autoclave validation log book was incomplete. • The autoclave validation data logger was never removed and reviewed. • Lint-free instrument drying cloths were not available. • Clinical waste bins in surgeries were not foot operated. • A cupboard in the patient toilet was used to house the dental suction unit. This was water-damaged and dirty. Access by patients was not restricted as doors were not lockable. • A windowsill in the kitchen was rotten. • The laminate flooring in the ground floor corridor was incomplete in places. • General debris filled the garage where the clinical waste was stored. • Damp was present on one wall of the staff toilet.

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Requirement notices

- Dental impressions and materials were stored in staff food fridge.
- Out of date dental materials and biofilm treatment was stored in the fridge used to store Glucagon.
- Out of date dental materials were seen in both surgeries and stockroom.
- Paper towels were stored on shelves in cupboards in the patient toilet. Cupboards were not air tight. Access by patients was not restricted as doors were not lockable.
- Colour-coded mop heads were not stored correctly.
- Surgery two work top veneer was missing from one side.
- The paper towel dispenser in surgery one was missing.
- Local rules were not updated to reflect IR(ME)R17.
- Evidence of registration with the HSE was not available.
- The practice's radiation protection advisor contract was not available.
- Completed continuing professional development in respect of dental radiography for the dentist was not available.
- A sharps risk assessment referred to safer sharps being used. This was not the case.
- A sharps bin was in use and dated June 2021. Bins should be replaced after three months or when the contents reach the fill line.
- The fridge used to store Glucagon was not temperature monitored.
- Facemasks, airways and tubing had passed their expiry dates.
- Not all the local anaesthetic ampules stored in treatment rooms were in their original blister packs to protect them from contamination.

Regulation 12 (1)(2)

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 systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks

This section is primarily information for the provider

Requirement notices

relating to the health, safety and welfare of service users and others who may be at risk.

In particular:

- There was no system in place for receiving and acting on safety alerts.
- Infection Control audit actions were not completed.
- Recommendations in the Legionella risk assessment had not been actioned and records of water testing and dental unit water line management were not available.
- Antimicrobial prescribing audits were not carried out
- The practice did not have an AED defibrillator available.
- A hearing loop was not available.
- Vision aids (magnifying glass/reading glasses) were not available at reception.
- X-rays taken were not routinely recorded in patient care records.
- Clinicians did not routinely record the necessary treatment information in patients care records. Missing information included, medical history updates, consent, periodontal risk assessment, alcohol and smoking consumption.
- The hygienist did not receive formal appraisals.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed 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:** We checked one staff recruitment file and found the following evidence was missing: • A full employment history. • Proof of identity. • Health assessment. • Eligibility to work in the UK. • Hep B vaccination effectiveness test result.

This section is primarily information for the provider

Requirement notices

Regulation 19(1) & (2)