

Dr. Narinder Sehra

Acorn Dental Care

Inspection report

82 Moorbridge Road
Maidenhead
SL6 8BW
Tel: 01628778877
www.acorndentalcare.co.uk

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Overall summary

We carried out this unannounced focused inspection on 9 April 2024 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 advisor.

To get to the heart of patients' experiences of care and treatment, we asked the following question:

- Is it safe?

This question formed the framework for the area we looked at during the inspection.

Our findings were:

- The dental clinic appeared clean and well-maintained.
- The provider's infection control procedures were not operated effectively.
- The provider did not operate effective systems to help them manage risk to patients and staff.
- Immediate improvement was needed to ensure emergency equipment was available and able to locate quickly in a medical emergency.
- 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.

Background

Acorn Dental Care is in Maidenhead and provides private dental care and treatment for adults and children.

Summary of findings

There is step free access to the practice, at the rear of the building, for wheelchair users and those with pushchairs.

Car parking spaces, including dedicated parking for disabled people, are available at the rear of the practice.

The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 2 trainee dental nurses, 2 dental hygienists and 1 nurse who is also the practice administrator.

The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist, a trainee dental nurse and the practice manager.

We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

- Monday 8am – 5pm
- Tuesday 8am – 5pm
- Wednesday 8am – 5pm
- Thursday 8am – 5pm
- Friday 8am – 5pm

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

- Take action to ensure that all clinical staff have a risk assessment carried out to identify and mitigate risks associated with clinical services during their Hepatitis B vaccination process.

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 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 Requirement Notice 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, 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 effective infection prevention and control procedures which reflected current published guidance. We found:

- Manual scrubbing was not carried out in line with national infection prevention and control guidance.
- A thermometer for measuring the temperature of the manual cleaning water was unavailable.
- Instruments were not inspected for debris after being manually cleaned before being placed in the steriliser.
- The decontamination glove change log was last completed on 12 March 2024.
- The decontamination nurse was not wearing the correct personal protective equipment (PPE) when manually scrubbing dental instruments.
- We found 'undated' pouched sterilised instruments in every treatment room.
- We found clean dental treatment equipment stored in the 'dirty' area of every treatment room.
- The autoclave data logger date and time was incorrect.
- The decontamination room worktop surfaces were cluttered with non-decontamination specific materials and equipment.
- Treatment room daily checklists had not been completed since the beginning of March 2024.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance

There was not an effective cleaning process in place to ensure the practice was kept clean. Specifically:

- Two of the 3 treatment rooms had remnants of surgical drapes stuck to walls.
- Cleaning schedules had not been completed since 4 March 2024.
- Colour coded cleaning equipment was not separated when stored which increased the risk of cross infection.
- Evidence of oversight of cleaning standard checks was not available since 4 March 2024.

Recruitment checks had not been conducted, in accordance with relevant legislation to help them employ suitable staff.

We reviewed 1 staff recruitment record and evidence presented to us found they did not have:

- A health assessment conducted.
- A disclosure and barring (DBS) check.
- Evidence to confirm their conduct in their previous employment (reference) had been obtained.
- A second reference in accordance with the requirement of the practices' recruitment policy.
- A written record of their induction.

Clinical staff were qualified and registered with the General Dental Council and had evidence of professional indemnity cover.

Are services safe?

The practice did not ensure equipment was safe to use and maintained and serviced according to manufacturers' instructions.

- Annual gas boiler servicing was overdue.
- Annual air conditioning servicing records were not available.

Practice management could not demonstrate ongoing competence in fire safety management. Specifically:

- The annual staff fire drill was overdue.
- Six monthly fire alarm inspection records were not available.
- Annual fire extinguisher servicing was overdue.
- Weekly fire alarm tests had not been carried out since March 2024.

Risks to staff and patients

The practice had not effectively implemented systems to assess, monitor and manage risks to patient and staff safety. Specifically:

- Sharps bins were present on the floors of every treatment room.

Improvements were needed to ensure that emergency equipment and medicines were available and checked in accordance with national guidance.

We found areas that required attention:

- Out of date medicines present included glyceryl trinitrate (GTN) and glucagon.
- Midazolam was not available.
- Adrenaline was not available.
- Both in and out of date pads were present in the defibrillator kit.
- A razor was not available.
- The practice carried out sedation treatment. A second oxygen cylinder was not available. We were told it had been collected to be refilled but it had not been returned.

A new clinical staff member was employed since our last inspection in August 2023.

At the time of this visit, they had received 1 of the 3 vaccinations required to protect them against the Hepatitis B virus. A risk assessment had not been carried out to identify and mitigate risks associated with clinical services during the vaccination process.

Evidence was not available to confirm that the dental laboratory used by the practice, was registered with the Medicines and Healthcare products Regulatory Agency (MHRA).

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

Paper patient care records 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.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents.

Are services safe?

The practice had a system for receiving and acting on safety alerts.

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 17 HSCA (RA) Regulations 2014 Good governance 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: Infection Control • Manual scrubbing was not carried out in line with national infection prevention and control guidance. • A thermometer for measuring the temperature of the manual cleaning water was unavailable. • Instruments were not inspected for debris after being manually cleaned before being placed in the steriliser. • The decontamination glove change log was last completed on 12 March 2024. • The decontamination nurse was not wearing the correct personal protective equipment (PPE) when manually scrubbing dental instruments. • We found 'undated' pouched sterilised instruments in every treatment room. • We found clean dental treatment equipment stored in the 'dirty' area of every treatment room. • The autoclave data logger date and time was incorrect. • The decontamination room worktop surfaces were cluttered with non-decontamination specific materials and equipment. • Treatment room daily checklists had not been completed since the beginning of March 2024. Premises and equipment • Two of the 3 treatment rooms had remnants of surgical drapes stuck to walls. • Cleaning schedules had not been completed since 4 March 2024.

Requirement notices

- Colour coded cleaning equipment was not separated when stored which increased the risk of cross infection.
- Evidence of oversight of cleaning standard checks was not available since 4 March 2024.
- Annual gas boiler servicing was overdue.
- Annual air conditioning servicing records were not available.

Recruitment

We reviewed 1 staff recruitment record and evidence presented to us found they did not have:

- A health assessment conducted.
- A disclosure and barring (DBS) check.
- Evidence to confirm conduct in their previous employment (reference) had been obtained.
- A written record of their induction.

Medical emergencies

- Out of date medicines included glyceryl trinitrate (GTN) and glucagon.
- Midazolam was not available.
- Adrenaline was not available.
- Both in and out of date pads were present in the defibrillator kit.
- A razor was not available.
- The practice carried out sedation treatment. A second oxygen cylinder was not available. We were told it had been collected to be refilled but it had not been returned.

Fire Safety

- The annual staff fire drill was overdue.
- Six monthly fire alarm inspection records were not available.
- Annual fire extinguisher servicing was overdue.
- Weekly fire alarm tests had not been carried out since March 2024.

Risks to staff and patients

- Sharps bins were present on the floors of every treatment room.

This section is primarily information for the provider

Requirement notices

Medicines and Healthcare products Regulatory Agency (MHRA)

- Evidence was not available to confirm that the dental laboratory used by the practice, was registered with the Medicines and Healthcare products Regulatory Agency (MHRA).