Dumbledore Dental Care Limited

South Cliff Dental Group - Dover

Inspection report

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Overall summary

We undertook a follow up focused inspection of South Cliff Dental Group – Dover on 12 April 2023. This inspection was carried out to review 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 advisor.

We had previously undertaken a comprehensive inspection of South Cliff Dental Group – Dover on 16 November 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, 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 South Cliff Dental Group – Dover on our website www.cqc.org.uk.

When 1 or more of the 5 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 area(s) where improvement was required.

As part of this inspection we asked:

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

Our findings were:

Are services safe?

Summary of findings

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

The provider had made some changes. However there were new shortfalls identified and continuing regulatory breaches we found at our inspection on 16 November 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 some changes. However, there were insufficient improvements to put right the shortfalls and they had not responded to some of the regulatory breaches we found at our inspection on 16 November 2022.

Background

The provider has 28 practices and this report is about South Cliff Dental Group – Dover.

South Cliff Dental Group - Dover is in Dover 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. However. We noted some restrictions for level access. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice could make further reasonable adjustments to support patients with specific needs.

The dental team includes 4 dentists, 4 trainee dental nurses, 1 dental hygienist, a practice manager who is also a registered dental nurse and 2 receptionists. The practice has 4 treatment rooms.

During the inspection we spoke with 2 trainee dental nurses 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 to Friday 8.30am to 5pm

Saturday 9am to 5pm

The practice is closed between 1pm and 2pm for lunch

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

- Ensure care and treatment is provided in a safe way for patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

Summary of findings

- Implement audits for the prescribing of antibiotic medicines. Taking into account the guidance provided by The College of General Dentistry.

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 well-led?	**Enforcement 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.

At the inspection on 12 April 2023 we found the practice had made the following improvements to comply with the regulation(s):

- We saw portable appliance testing had been conducted for electrical appliances used in the practice
- Fire safety was improved, a fire drill had been conducted. The expired fire extinguishers had been replaced. Engineer checks of the fire alarm and the emergency lighting had been completed and where three of the emergency lights had been faulty, we saw they had been replaced.
- Local anaesthetic cartridges were no longer prematurely removed from their blister packs
- We saw the compressor had been serviced by an engineer
- The practice were in receipt of the Medicines and Healthcare Regulatory Agency (MHRA) safety alerts.
- We had received retrospective notifications from the practice regarding incidents where the police had been called.
- We saw all staff had completed training for basic life support and the use of the Automated External Defibrillator (AED).

At the inspection on 12 April 2023 we found the practice had continuing breaches with the regulation(s) which had been identified at the inspection on 16 November 2022.

- Two chairs which were used in the treatment rooms were worn. This poses a risk of infection as the surfaces cannot be cleaned effectively and can harbour bacteria. We were shown a repair tracker with the chairs marked for repair or replacement during our inspection on 16 November 2022. This had not been actioned and the chairs were still in use at the inspection on 12 April 2023.
- Staff had implemented logs to record the weekly checks of the fire alarm and monthly checks of the emergency lighting following the inspection on 16 November 2022. However, the logs had not been completed in March or April. Therefore, you cannot be assured the fire alarm and emergency lighting were in good working order should a fire occur.

At the inspection on 12 April 2023 we found the practice had additional breaches with the regulation(s).

- Clinical waste was stored in a cupboard in the practice. The cupboard was overflowing with bags of clinical waste. The door to the cupboard was restricted due to the amount of clinical waste bags within. Staff told us clinical waste was collected every four weeks. However, this was insufficient as not all of the waste bags generated are collected. This means the bins within the cupboard are not fully emptied. This does not allow for complete disinfection of the bins or the cupboard on a regular basis and poses a risk of infection. The cupboard could not be secured and therefore was accessible to the public. We found an open bag of clinical waste on the floor of the decontamination room.
- The door to the cupboard in the housing the clinical waste bin in the decontamination room was hanging off its hinges. This exposed the waste and was a potential injury and infection control hazard. The door was hanging so to prevent access to the cupboard holding the emergency medicines and equipment.
- We saw the weekly check sheet for the monitoring of the medical emergency medicines and equipment which had been completed to indicate the medicines and equipment were fit to use. The check sheet had failed to identify expired items. Adrenalin ampules had expired in January 2023. Aspirin and Glucogel had expired in February 2023. The pads for the AED had expired in February 2023 and one of the oropharyngeal airways had expired in March 2023. No alternatives were available.
- We saw that the maintenance of the water distiller had not been completed. The last maintenance recorded was 02 February 2023. This poses a risk of limescale accumulation and in turn bacterial contamination of the water used in the dental unit water lines.

Are services safe?

- We saw that dip slides to measure bacterial accumulation of the dental unit water lines had last been conducted on 17 January 2023.
- We saw that hot and cold water temperature monitoring had not been completed regularly as stated in the legionella risk assessment. The last logs completed were dated February 2023. The hot water was consistently below the required 50 degrees Celsius. No remedial action was taken to rectify this.
- We saw the log for the enzymatic detergent had not been completed since February 2023.
- We saw two dirty and rusted trays in use for the autoclave
- The log for the replacing of the heavy duty gloves and long handled brushes had not been completed since 07 March 2023. Staff when questioned were not sure if or when these items had been replaced.

Are services well-led?

Our findings

We found that this practice was not providing well-led care and was not complying with the relevant regulations. We have told the provider to take action

At the inspection on 12 April 2023 we found the practice had made the following improvements to comply with the regulation(s):

- The local rules for the intra oral X-ray unit in treatment room 1 had been updated with the required information.
- We looked at the most recent patient record audit which was much improved
- We saw the safeguarding adults and children policy had been updated to include the relevant information.

At the inspection on 12 April 2023 we found the practice had continuing breaches with the regulation(s) which had been identified at the inspection on 16 November 2022.

- The six monthly radiographic quality assurance audit was incomplete.
- The disability access audit had not been reviewed and updated with a number of issues identified at the inspection on 16 November 2022.
- We saw the business continuity plan still referenced the Primary Care Trust (PCT) which no longer exists. Staff told us the contact details for some of the people / businesses recorded were ones they no longer used.
- We saw the significant event policy had not been reviewed and updated
- Feedback from patients and staff was not sought. The practice did not have systems in place to gain staff views and issues for improvements; we did not see evidence that showed the provider listened to staff if they raised concerns.