

Westerhope Limited

# The Dental Care Clinic

## Inspection Report

369 Stamfordham Road  
Westerhope  
Newcastle upon Tyne  
Tyne and Wear  
NE5 2LH

Tel: 0191 2869156

Website: [www.thedentalcareclinic.co.uk](http://www.thedentalcareclinic.co.uk)

Date of inspection visit: 28 May 2019

Date of publication: 17/07/2019

### Overall summary

We carried out this announced inspection on 28 May 2019 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 CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- 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 that this practice was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

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

##### **Are services caring?**

We found that this practice was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

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

##### **Are services well-led?**

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

##### **Background**

The Dental Care Clinic is in Newcastle upon Tyne and provides NHS and private treatment to adults and children.

There is level access to the practice and car parking spaces are available at the practice and near-by.

The dental team includes the principal dentist, ten associate dentists (one of whom is newly qualified and is undergoing vocational training), 14 dental nurses (seven of whom are trainees), a treatment co-ordinator and two dental hygienists. Reception duties are carried out by the

# Summary of findings

dental nurses and treatment co-ordinator. A practice manager and a deputy practice manager oversee the day to day running of the practice. The practice has eight treatment rooms over two floors.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission 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 The Dental Care Clinic was the practice manager.

On the day of inspection, we collected 32 CQC comment cards filled in by patients. These provided a positive view of the practice.

During the inspection we spoke with both practice managers, four dentists, four dental nurses and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Tuesday 8.30am to 7.20pm

Wednesday 8.30am to 5.10pm

Thursday 8.30am to 6.20pm

Friday 8.30am to 4.20pm

## Our key findings were:

- The practice appeared clean and well maintained.
- The provider should review their infection control procedures to ensure they follow national guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available apart from oxygen face masks. The provider should review the storage of medical drugs and dental anaesthetics to ensure they are stored securely and in accordance with manufacturer's recommendations.
- The practice had systems to help them manage risks. The provider should review their systems for assessing and controlling the risks associated with running their dental practice.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal

information. The practice had a closed-circuit television system on the premises; there was no policy or data protection impact assessment in place to support its use.

- The appointment system met patients' needs.
- The provider should review their practice leadership to ensure it promotes a culture of monitoring for continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.
- The system to monitor staff training needed review.

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.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular, their method for transporting of instruments and validation checks of equipment used in sterilisation.
- Review the practice's protocols for the use of closed-circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.
- Review the practice's responsibilities to assess and take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice did not follow national guidance for transporting of sterilised dental instruments or performing all required validation tests on the sterilisation equipment.

The practice had suitable arrangements for dealing with medical and other emergencies. Appropriate medicines and life-saving equipment were available apart from face masks of different sizes for the bag mask and valve equipment. These were ordered the following day. The glucagon injections were also not stored in accordance with manufacturer's recommendations.

The provider did not manage all risks identified on-site.

At the time of inspection, any issues we identified were thought to be a result of poor governance systems, but these were dealt with in a timely way to ensure safe care was prioritised.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent and professional. The dentists discussed treatment with patients, so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice was a training practice for newly qualified dentists.

The provider supported staff to complete training relevant to their roles. The systems to help monitor this were ineffective.

The staff were involved in quality improvement initiatives, including peer review, as part of its approach in providing high quality care.

No action



# Summary of findings

## Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from 32 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and patient.

They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. A CCTV system was in operation and appropriate signs were displayed to notify people of this. A CCTV policy was not present. A data protection impact assessment had not been completed in line with the new General Data Protection Regulation (GDPR) requirements.

Patients said staff treated them with dignity and respect.

No action



## Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. An assessment of this had not been documented. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously, valued comments from patients and responded to concerns and complaints constructively.

No action



## Are services well-led?

We found that 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 Requirement Notices section at the end of this report).

There was a defined management structure and staff felt supported and appreciated. The management team should review their governance systems and processes to ensure they are efficient.

The provider did not have effective systems to identify, respond to and review all risks identified on-site. For example, they did not risk assess two clinical employees whose immune statuses to Hepatitis B were unknown, they did not complete the recommended actions from the engineer's report for the practice's compressors and they did not implement the control measures recommended in the Legionella risk assessment.

Requirements notice



# Summary of findings

The system to track prescription pads was not effective and some hazardous substances were not risk assessed.

Risk assessments were also not undertaken for lone workers, the use of Disclosure and Barring Service checks from other employers or for undertaking domiciliary visits.

The fire risk assessment was brief and did not account for the 2nd floor of the premises.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. Staff training was not monitored efficiently. The systems to quality assure implant treatment, infection prevention and control procedures were ineffective.

# Are services safe?

## Our findings

### **Safety systems and processes, including staff recruitment, equipment & premises and Radiography (X-rays)**

The practice had systems to keep patients safe.

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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We were told all staff received safeguarding training; we checked four staff files and found there was no evidence of this for one dental professional. The practice managers had not recognised this prior to our inspection however assured us they would implement a more efficient method of monitoring training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

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. We looked at four staff recruitment records. These showed the practice followed their recruitment procedure apart from obtaining Disclosure and Barring Service (DBS) checks and carrying out qualification checks consistently.

We noted that clinical staff were qualified and registered with the GDC and had professional indemnity cover.

The practice facilities and equipment were maintained according to manufacturers' instructions, including electrical and gas appliances. The practice's air compressors were serviced and the engineer had stated that these compressors were not compatible with the recommendations from Health Technical Memorandum 2022 (HTM) Dental compressed air and vacuum systems, 2003. The provider had not acted upon this previously as they did not feel it was necessary. We received evidence to show two new compressors were installed the following week.

The practice's fire risk assessment was carried out by staff in February 2019. It was brief and did not include the 2nd floor of the building. Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. Fire drills were carried out annually but documentation was brief. We spoke to the practice manager who confirmed two fire officers had visited the premises two years ago.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff assured us they completed continuing professional development (CPD) in respect of dental radiography. Following the inspection, we were told by the provider that the practice team attends radiography training annually.

### **Risks to patients**

The provider should review the practice's health and safety policies, procedures and risk assessments to help manage potential risk. The practice had current employer's liability insurance.

## Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had inconsistent evidence that all clinical staff had protection against the Hepatitis B virus.

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

Emergency equipment and medicines were available as described in recognised guidance apart from four out of five air masks for the self-inflating bags which were ordered the following day. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. There were two glucagon injections (used for diabetic emergencies). One was kept in the fridge but the temperature was not monitored and the other was stored at room temperature without altering the expiry date to ensure it was stored according to manufacturer's guidance. The provider assured us they would introduce a system to monitor the temperature of the fridge and reduce the expiry date accordingly.

A dental nurse worked with the dentists when they treated patients in line with GDC standards for the dental team.

The provider had safety data sheets for hazardous substances and had systems to ensure they were stored appropriately. They had not carried out risk assessments for all substances as recommended by the Control of Substances Hazardous to Health (COSHH) regulations 2002.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff assured us they had completed infection prevention and control training.

During the inspection we observed transporting of sterilised dental instruments in pouches without the use of a secure container as recommended by HTM01-05.

The records showed equipment used by staff for cleaning and sterilising instruments were validated, however staff

were unaware whether or not the steriliser required the recommended weekly and quarterly tests in addition. The practice manager assured us they would seek manufacturer's advice in relation to this.

There were expired dental materials in three of the surgeries we inspected. The practice managers discussed their stock rotation and expiry date system and assured us they would review this to make it more effective.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Dental unit water line management was in place. Some recommendations had not been actioned -the water tank did not have monthly temperature tests carried out, and staff involved in legionella control measures had not undergone training.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual. The practice cleaner would occasionally work alone and a lone-working risk assessment was not undertaken to ensure their safety.

The practice had policies in place to ensure clinical waste was segregated and disposed of appropriately in line with guidance. We noted that gypsum dental study models were given to patients to retain without information of appropriate disposal.

We reviewed all documents with regards to waste collection and segregation and found all other clinical waste was collected and disposed of appropriately.

The practice carried out infection prevention and control audits twice a year.

### **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 a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were legible, kept securely and complied with GDPR.

# Are services safe?

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

## **Safe and appropriate use of medicines**

The practice had reliable systems for appropriate and safe handling of medicines. We noted the local anaesthetic ampules were not stored securely though were in an area monitored by CCTV. This was discussed with the practice manager who assured us this would be acted upon immediately. Following the inspection, the provider confirmed all ampules were now stored securely.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

A prescription log was in place and the provider explained their system to monitor these. This system would not identify if a prescription was stolen and we discussed with the practice manager the need for a more efficient system.

The dentists were aware of current guidance with regards to prescribing medicines.

## **Track record on safety and Lessons learned and improvements**

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been one safety incident which was dealt with appropriately and shared with the entire team for learning.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted to improve safety in the practice.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

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

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

The practice was a foundation training practice where newly qualified dentists work in approved practices with educational supervisors. There were systems in place for the foundation dentist to be supported and mentored.

The provider had appointed a dentist specifically to provide dental care in domiciliary settings, such as care homes or in people's residence. They did not take into account guidelines as set out by the British Society for Disability and Oral Health when providing this. A risk assessment was not carried out for undertaking domiciliary treatment, or for transporting oxygen by the car. An oxygen safety data sheet and transport emergency (TREM) card were not carried to show a combustible substance was being transported. Dentists were supported by a dental nurse and had knowledge of assessing patients' mental capacity; they did not have assessment forms for this. We were told sharps (including needles) that were used during domiciliary visits were transported back to the dental practice in an instrument container along with used dental instruments. They were not disposed of in an appropriate sharps box immediately following use.

The practice offered dental implants. These were placed by a visiting specialist who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance. There was no audit process in place in relation to dental implants.

Orthodontic treatment was also carried out by the principal dentist. No staff were available to discuss this on the day of inspection.

### Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dental professionals described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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 may 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. The staff were aware of the need to consider this when treating young people under 16 years of age.

# Are services effective?

(for example, treatment is effective)

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

## **Monitoring care and treatment**

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check that the dentists/clinicians recorded the necessary information.

## **Effective staffing**

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

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. The process to monitor this was not effective.

Staff discussed their training needs at appraisals and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

## **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Patients commented positively that staff were kind, caring and helpful. We saw that staff treated patients respectfully and appropriately. They were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Information folders, patient survey results and thank you cards were available for patients to read.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

A closed-circuit television system (CCTV) was in operation and appropriate signs were displayed to notify people of this. The practice had no policy for this and the provider had not undertaken a data protection impact assessment in line with GDPR requirements.

### Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standards and the requirements under the Equality Act

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. This included use of models and X-ray images.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

For example, the practice met the needs of more vulnerable members of society such as patients with dental phobia by arranging appointment times convenient to the patient and scheduling an extended treatment slot. Staff were also aware of the support required by vulnerable groups.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. Although there was no documentation of this assessment, it was clear that staff had assessed the needs of all groups of patients in accordance with the Equality Act 2010.

- Access to the premises was step-free.
- The practice had ground floor surgeries and accessible toilet.
- The reception desk had an area of reduced height for those who may require it, such as those in wheelchairs.
- Magnifying glasses were available for those who would benefit.

Staff telephoned all patients the day before their appointment to make sure they could get to the practice.

### Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, and included it in their information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The staff took part in an emergency on-call arrangement with 111 out of hour's service.

The practices' information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. This information was not present on the practice's website and the practice manager assured us they would review this. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager and provider were responsible for dealing with these. Staff would tell the practice manager about any informal comments or concerns straight away so patients received a quick response.

They aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments and compliments the practice received within the last 12 months. These were responded to appropriately.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The principal dentist was responsible for the overall leadership for the practice.

They were not knowledgeable about all issues and priorities relating to the quality and future of services.

The systems to identify, assess and respond to risk were not effective:

- The provider had not completed all the actions recommended by their legionella risk assessor. We also noted water temperatures from the monthly testing of outlets had not reached recommended temperatures and this was not responded to. The practice managers assured us they would review their Legionella control systems.
- The practice's air compressors were serviced in 2014, 2017 and 2019. The certificates from 2014 and 2019 both stated that these compressors were not compatible with the recommendations from Health Technical Memorandum 2022 (HTM) Dental compressed air and vacuum systems, 2003. The provider had not acted upon this previously as they did not feel it was necessary. HTM 2022 recommends air compressors to be of a certain standard to ensure safety to dental staff and patients. We requested an action plan from the provider to demonstrate to us what they were going to do about this. This was sent promptly and the provider had purchased two air compressors compliant with HTM 2022.
- Some hazardous substances were not risk assessed. There was also no effective system in place to review and update the safety data sheets in the COSHH file. We discussed this with the practice manager who confirmed this would be addressed.
- The fire risk assessment did not include the 2nd floor of the premises. This floor, which was accessed only by staff, had a storage room with filing cabinets containing papers and other rarely used items. A fire alarm was fitted to the room. There were no fire extinguishers on the 2nd floor.

- They did not have evidence that two members of staff had immune protection to Hepatitis B exposure. A risk assessment was not carried out for these staff to perform clinical work where the risk of was unknown.
- Recruitment processes were not carried out consistently, in obtaining DBS checks and carrying out appropriate qualification checks for prospective employee. The DBS check for one member of staff was checked on-line however there was no evidence to support this. For a second member of staff they had used a DBS check from a previous employer and a risk assessment was not in place to support this. The provider ensured staff were registered with the General Dental Council (GDC) and so did not check qualification certificates prior to employment.
- They did not have efficient systems to in place to review the practice's infection prevention and control procedures, ensure their medical emergency drugs were in accordance with national guidance and stored according to manufacturers' instructions. They also did not assess the risk to lone-workers.
- The prescription pads' tracking system was not effective and local anaesthetic storage was not secure.

The provider and managerial staff understood the issues identified on the inspection day and took prompt measures to addressing any which were high priority. The practice managers assumed responsibility to ensure all issues would be reviewed, rectified and systems would be created to ensure they did not recur in future.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Culture

The practice had a culture of high-quality sustainable care.

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

The practice focused on the needs of patients.

# Are services well-led?

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of the requirements of the duty of candour.

Staff were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

## **Governance and management**

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice managers were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The processes for managing risks, issues and performance should be reviewed.

## **Appropriate and accurate information**

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice 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**

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys to obtain staff and patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes for continuous improvement. Processes within the practice included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. The provider had not recognised the need to review their dental implant procedures.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. There was no efficient method to monitor staff training, such as a training matrix. We were told staff were up-to-date in all training, but there was no evidence to support this for some staff in safeguarding, infection control and radiography.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at The Dental Care Clinic were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>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 relating to the health, safety and welfare of service users and others who may be at risk.</p> <p><b>In particular</b></p> <ul style="list-style-type: none"><li>• The registered person did not have an effective system to ensure their medical emergency drugs were in accordance with the British National Formulary (BNF) and Resuscitation Council (UK).</li><li>• The registered person did not have appropriate systems to ensure the actions recommended by the Legionella risk assessment and compressor servicing reports were completed.</li><li>• The registered person did not have an effective method to monitor staff training adequately. Particularly for safeguarding, infection prevention and control, and dental radiography.</li><li>• The registered person did have an efficient prescription pads' tracking system in line with national guidance.</li><li>• The registered person did not have suitable risk assessments for all hazardous substances on-site, in line with The Control of Substances Hazardous to Health Regulations, 2002.</li><li>• The registered person did not have appropriate systems in place to carry out effective quality assurance processes in dental implant provision and infection prevention and control.</li></ul>



This section is primarily information for the provider

## Requirement notices

- The registered person failed to complete adequate risk assessments for clinical employees whose immune status to Hepatitis B could not be confirmed, fire risk to the entire premises and lone-workers.
- The registered person failed to ensure oral care in domiciliary settings was provided in accordance with guidance from the British Society for Disability and Oral Health.

### **Regulation 17 (1)**

## Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

## Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Persons employed for the purposes of carrying on a regulated activity must be fit and proper persons.

- The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular, they did not carry out DBS checks consistently for all new employees.
- The registered person's recruitment procedures did not ensure that potential employees had the necessary qualifications, competence, skills and experience before starting work. In particular, they did not seek evidence of qualifications in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### **Regulation 19 (1)**