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# Blue Cross Dental Care

## Inspection report

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### Overall summary

We carried out this announced focussed inspection on 4 August 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.

As part of this inspection we asked:

- 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 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.

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

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

# Summary of findings

## Background

Blue Cross Dental Care is in Watford, Hertfordshire and is situated in a parade of shops in the town centre. The practice provides NHS and a small amount of private dental care and treatment for adults and children. As well as providing general dentistry it is one of four dental practices in the area to hold an NHS contract to provide minor oral surgery to patients on referral.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking including parking for people with disabilities, is available near the practice.

The dental team includes four dentists, two qualified and two trainee dental nurses, one dental hygienist, and a practice manager. The practice has four treatment rooms one of which is on the ground floor.

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.

During the inspection we spoke with two dentists, two dental nurses, one dental hygienist, and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 9.00am to 5.30pm.

## Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had limited systems to help them manage risk to patients and staff.
- There was no system to ensure that regular audits of radiography, antibiotic prescribing and infection control were undertaken at recommended intervals for all clinicians and used to improve the quality of the service.
- The provider did not have effective staff recruitment procedures as not all staff had a recent Disclosing and Barring Service (DBS) check at the point of employment.
- The provider did not keep records to demonstrate that all staff had received training in safeguarding for vulnerable adults and children or infection prevention and control.

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.**

# Summary of findings

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

- Take action to ensure all clinicians are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.
- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Take action to ensure audits of antimicrobial prescribing and record keeping are undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Implement an effective system for responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.

# Summary of findings

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

We asked the following question(s).

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

# Are services safe?

## Our findings

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

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

Staff had clear 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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The contact details of the local safeguarding teams were included in the policy. We saw evidence that all the dentists and the hygienist had received safeguarding training to level 2. The provider told us that the dental nurses and practice manager received in-house training for safeguarding, although we did not see any records to demonstrate this. We spoke with the practice manager who was able to describe and had awareness of the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy in place.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider followed procedures in line with 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 saw that effective operating standards and measures had been implemented to reduce the spread of Covid-19. However, we noted that the practice's infection prevention and control policy needed to be updated to reflect current guidance.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately. The lead dental nurse had responsibility for infection control at the practice and had completed infection prevention and control training.

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.

Dental unit water line management was undertaken in line with recommended guidance to reduce the possibility of Legionella or other bacteria developing in the water systems. A Legionella risk assessment had been completed on 5 March 2021. The practice was in a leased premises which meant that some of the recommended actions were the landlord's responsibility. The provider was unaware and had not sought assurances that actions identified in the report under the responsibility of the landlord such as the maintenance of the hot water system to provide hot water to the correct temperature and the flushing of infrequently used water outlets had been completed.

Water temperature testing of the water outlets inside the surgery, to ensure the effective management of Legionella bacteria, had not been undertaken.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

# Are services safe?

The provider told us that they had completed audits of infection prevention and control procedures in September and December 2020, but the results were not available and so could not be used effectively to drive improvement.

The dentists used dental dam 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, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff. All ten staff had a Disclosure and Barring Service (DBS) check in place to ensure they were suitable to work, but only four were obtained at the time of commencing employment with the provider. We also noted that satisfactory evidence of conduct in previous employment (references) for the dentists were not recorded.

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

We found equipment was maintained according to recognised guidance and manufacturers' instruction. This included the testing of portable electrical appliances. However, the provider did not seek assurance that a five-year fixed wire test certificate was in place for the practice. Immediately after the inspection the principal dentist took steps to arrange a visit by a registered electrical contractor to carry out a fixed electrical installation test.

A fire risk assessment had been carried out in line with the legal requirements, but the recommendations had not been actioned, for example, a fire evacuation plan for people for disabilities had not been completed. We saw there were fire extinguishers and fire detection systems throughout the building which were regularly tested, and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider had carried out a radiography audit of the radiographs they had undertaken. There was scope to extend this to all clinicians at the practice and improve the quality to include documented action points.

The X-ray units were fitted with rectangular collimators to reduce patient exposure.

The dentists completed continuing professional development in respect of dental radiography.

Chemical processing was used to develop X-ray films and we saw that the chemicals used were stored appropriately and changed regularly.

## **Risks to patients**

The provider had not adequately implemented systems to assess, monitor and manage risks to patient safety.

The practice had a range of policies which described how it aimed to provide safe care for patients and staff. Assessments had been completed for staff, including a member of staff who was pregnant, for risks associated with the Covid-19 pandemic. However, the practice did not have records of risk assessments for sharp instruments and health and safety in the practice. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. Sharps' bins were sited safely and labelled correctly.

# Are services safe?

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, although the effectiveness of the vaccination was not always checked. Following the inspection, the principal dentist stated that he had requested antibody titre levels for Hepatitis B from all clinical staff.

Not all staff had knowledge of the recognition, diagnosis and early management of sepsis.

Following our feedback on the day of inspection a sepsis information poster was displayed in the waiting area. This helped staff to recognise the signs of sepsis and make 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. In addition to this, staff undertook medical emergency simulations to keep their training and skills up to date.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

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

## **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 written and typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, 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**

Some medicines were dispensed privately and the practice's name and address were recorded on the container label of the dispensed medicines. All stock seen was in date, however, some improvements could be made to the processes for stock control at the practice. The fridge's temperature, where some medicines were held, was not monitored to ensure it operated within the correct temperature range.

We saw staff stored and kept records of NHS prescriptions as described in current guidance although they did not have a system in place to easily identify lost or missing prescriptions. The principal dentist told us after the inspection that a log had been created.

The dentists were aware of current guidance with regards to prescribing medicines and the principal dentist told us they had recently commenced an antimicrobial prescribing audit for the practice.

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

The practice had a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and incident reporting policy in place. We were told that there had been no recorded incidents since 2016 or incident recording forms at the practice. We were told that an accident book would be used to record any incidents that took place, any resulting actions taken, and any learning identified.

The provider had a system for receiving safety alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) but needed to improve how they were shared with the team and acted upon if required.

# 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 clinicians 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.

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

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental care products on display and provided patients with a range of leaflets about oral health and dental treatments, although these had been temporarily removed due to Covid-19 restrictions.

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

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

### **Consent to care and treatment**

Staff 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 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 were looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. 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 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. Interpreting services were available for patients who did not speak or understand English.

### **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.



# Are services effective?

(for example, treatment is effective)

The provider did not complete any record keeping audits in line with Faculty of General Dental Practice (FGDP) guidance and to encourage learning and continuous improvement.

## **Effective staffing**

We confirmed the clinicians completed the continuous professional development required for their registration with the General Dental Council and records we checked showed they had undertaken appropriate training for their role.

A dental nurse worked with the dentists when they treated patients, although this was not the case for the hygienist who worked without chairside support. A risk assessment had not been completed for this. This was not in line with General Dental Council Standards for the Dental Team.

Staffing levels had not been unduly affected by the Covid-19 pandemic and staff told us they had enough time to do their job and did not feel rushed.

Staff new to the practice had a period of induction although this was not documented. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

## **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 for treatment the practice did not provide.

The practice was a referral clinic for minor oral surgery and we saw staff monitored and ensured the dentists were aware of all incoming referrals daily. Staff monitored referrals through an electronic referral and tracking system to ensure they were responded to promptly.

# 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 Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

The principal dentist took responsibility for the clinical leadership and overall governance for the practice. It was clear from our discussion with them that emphasis was placed on providing good quality patient care and dealing with the demands of the high numbers of referrals for minor oral surgery. This demand for patient care had significantly increased as a result of the Covid-19 pandemic.

### **Leadership capacity and capability**

We identified a number of areas which indicated that governance procedures needed to be strengthened. For example, the risks associated with recruitment of staff were not identified and mitigated. Training and induction records were not complete. Audits had not been undertaken at regular intervals for all clinicians and the outcomes used for improvement. Not all incidents were recorded and seen as opportunities for learning.

The principal dentist was receptive to the feedback provided during the inspection, acknowledged the shortfalls identified and demonstrated a willingness to implement change. Immediately after the inspection the principal dentist sent evidence of some actions already taken to address the shortfalls we had identified. This indicated to us a commitment to improve the service.

### **Culture**

The practice had a culture of high-quality sustainable care and staff demonstrated a transparent and open culture in relation to people's safety. Staff were responsive to our findings, and it was clear they were keen to remedy the shortfalls we had identified.

Staff stated they felt respected, supported and valued. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients and one of the dentists dedicated their time at the practice to providing private treatment.

Although the practice did not have a specific Duty of Candour policy in place, openness and honesty were demonstrated when responding to the complaints we reviewed.

Staff could raise concerns and had confidence that these would be addressed.

### **Governance and management**

There were some processes for managing risks, issues and performance. The practice had policies and procedures to support the management of the service and to protect patients and staff. Recent assessments for staff to address the risks associated with the Covid-19 pandemic had been completed. There were monthly practice meetings that were used to monitor aspects of the service, evidence of which we viewed. However, there was no evidence that the meetings were used as an opportunity for discussion of incidents or near misses at the practice or learning.

The practice had a policy which detailed its complaints' procedure, and details of how to complain were available in the waiting area. We viewed the last complaint received and noted it had been investigated and responded to in a timely, empathetic and professional way.

# Are services well-led?

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service and with the principal dentist, the recruitment of staff. Staff knew the management arrangements and their roles and responsibilities.

## **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS Business Services Authority (BSA) performance information, was used to ensure and improve performance. Performance information was combined with the views of patients.

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**

The practice used the NHS Friends and Family Test to gather feedback from patients about the service. This is a national programme to allow patients to provide feedback on NHS services they have used. Although due to the pandemic this had been temporarily suspended.

Patients were also encouraged to complete on-line reviews and at the time of our inspection had scored 3.7 stars out of 5 based on 41 reviews.

The provider gathered feedback from staff through monthly staff meetings, 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**

The provider had some quality assurance processes to encourage learning and continuous improvement. There were audits of radiographs although there was scope to extend these to all clinicians and improve the quality to include documented action points and learning.

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

## 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><b>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p> <p><b>How the regulation was not being met:</b></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>• There was no effective system to ensure that recommendations from the fire and Legionella risk assessment had been actioned.</li><li>• There was no effective system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.</li><li>• There was no effective system for ensuring that staff were fully protected against the Hepatitis B virus.</li><li>• The fridge temperature where medicines were being stored was not being monitored.</li><li>• Not all specified information as laid out in Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding each person employed was available.</li></ul>

This section is primarily information for the provider

## Requirement notices

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 improve the quality and safety of the services being provided. In particular:

- There was no system to ensure that regular audits of radiography, and infection control were undertaken at recommended intervals to improve the quality of the service.

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