Swanwick Dental Practice Limited

Swanwick Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 7 October 2021 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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

• Is it safe?

• Is it effective?

• Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services well-led?

Summary of findings

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

Background

Swanwick Dental Practice is in Alfreton, Derby and provides 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. Car parking spaces are available near the practice.

The dental team includes one dentist and two dental nurses. The practice has two treatment rooms, one is currently out of service.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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 Swanwick Dental Practice is the principal dentist.

During the inspection we spoke with the principal dentist/provider and both dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Thursday 8:30am to 5:30pm

Tuesday 9am to 7pm

Wednesday and Friday 8:30am to 1pm

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The practice infection control procedures did not reflect published guidance.
- Systems to ensure patients could be treated in an emergency were not effective.
- Systems to help them manage risk to patients and staff were not effective.
- Staff knew their responsibilities for safeguarding vulnerable adults and children, processes in place to support this were not effective.
- Not all staff recruitment procedures reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines; knowledge of nationally recognised guidance and clinical evidence-based practice was limited in some areas.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Systems to ensure good governance in the longer term were not effective.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Improvement was needed to ensure effective leadership, oversight and management.
- Systems to support a culture of continuous improvement were not in place.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.

Summary of findings

- The provider dealt with complaints positively and efficiently.
- Information governance arrangements in respect to closed circuit television required attention.

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

- Ensure care and treatment is provided in a safe way to patients

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

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

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

- Take action to ensure equipment used for the placement of dental implants is serviced and maintained in line with manufacturer's instructions.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**Requirements notice** 
Are services effective?	**No action** 
Are services well-led?	**Enforcement action** 

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 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 impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had a basic safeguarding policy in place which did not reflect intercollegiate guidance for vulnerable adults and children.

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

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.

We reviewed the providers infection prevention and control policy and procedures. We found some procedures were not operating in line with guidance, namely The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. For example:

- Dental instruments were not transported for cleaning securely.
- Distilled water used in the decontamination process was not changed regularly as described in guidance.
- The water used for cleaning used instruments was not temperature monitored.
- The use of personal protective equipment was not consistently worn during the instrument cleaning process.

The provider had not completed an infection prevention and control audit to ensure the practice was meeting the required standards.

The provider sent written confirmation and visual evidence to demonstrate where improvements had been made after the inspection.

Staff had completed infection prevention and control (IPC) training; we discussed the option of refresher training in this area to ensure IPC procedures are fully understood and followed in line with guidance.

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

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.

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.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

Are services safe?

When we inspected, we saw the practice was visibly clean.

The provider had procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted gypsum waste was not disposed of in line with current regulations. We discussed this with the provider who agreed to cease the process immediately and pursue alternative arrangements.

The practice had a whistleblowing policy in place and staff felt confident they could raise concerns without fear of recrimination.

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

The provider had a recruitment policy to help them employ suitable staff. We looked at all staff recruitment records and noted the Disclosure and Barring Service checks were not at the enhanced level required for clinical staff.

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

We reviewed systems to ensure that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We noted there was no 5-year electrical fixed wiring survey in place. The provider confirmed after the inspection that this was receiving immediate attention.

A fire risk assessment had not been completed in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. We were told in-house fire safety checks were carried out, but these were not recorded. Since the inspection, the provider sent evidence to show staff had completed fire awareness training.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We noted the local rules for using X-ray equipment had not been updated to reflect current regulations.

We saw evidence the dentist justified, graded and reported on the radiographs they took. The provider had not completed a radiography audit following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

The practice had an orthopantogram (OPG) X-ray machine. OPGs are a type of dental X-ray that produces a wide panoramic scanning dental X-ray of upper and lower teeth. Staff had received training in the use of it. The provider had not completed a radiography audit following current guidance and legislation.

Risks to patients

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. There was no sharps policy and the use of sharps had not been assessed to reduce role related risks. These were implemented after the inspection day and evidence sent to us.

The provider had no system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus.

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

Are services safe?

Staff knew how to respond to a medical emergency and had completed on-line training in 2019 in emergency resuscitation and basic life support due to COVID-19 restrictions. No hands-on basic life support training was planned or being pursued. We discussed this with the provider who assured us it would be addressed.

Emergency 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.

We noted some emergency equipment was missing from the medical emergency kit: For example:

- Oropharyngeal airways sizes 0 and 4
- Adult and child self-inflating bag with reservoir
- Clear face masks for self-inflating bag sizes 0-4

The provider sent photographic evidence to confirm some of these items had been ordered.

The provider had ordered an automated external defibrillator (AED) prior to the inspection and was awaiting its arrival. A risk assessment was implemented after the inspection to mitigate the risk of not having an AED in practice should it be needed in an emergency.

A dental nurse worked with the dentist when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had a selection of risk assessments to minimise the risk that can be caused from substances that are hazardous to health dated up to 2011; there were no risk assessments in place for all dental materials currently in use.

Information to deliver safe care and treatment

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

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

We asked how the provider ensures clinical staff remain up to date with nationally recognised guidance and clinical evidence-based practice. We identified knowledge gaps and limited awareness in some areas, for example:

- Guidance provided by the British Society of Periodontology.
- Guidance provided by the Faculty of General Dental Practice and National Institute for Clinical Excellence.
- Guidance provided by the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care.
- Guidance relevant to the Delivering Better Oral Health Toolkit.
- Requirements of the Ionising Radiation Regulations 2017.

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

There was a stock of medicines held on site; medicines kept for dispensing were not monitored or tracked for accountability and audit purposes

The provider had limited awareness of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were not being completed as recommended in guidance.

Are services safe?

Track record on safety, and lessons learned and improvements

There was no effective system in place to report, investigate, document and discuss significant events and safety incidents. Staff had a limited understanding of what would constitute a significant incident or event. We discussed this with the provider who assured us this would receive immediate attention.

The provider was not registered to receive patient safety alerts. The provider sent evidence after the inspection to confirm this had since been done.

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 offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants. We noted equipment used in the delivery of dental implants had not been regularly serviced. Since the inspection day, the provider told us this was receiving immediate attention.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. During discussion with the provider, we noted, clinical awareness of the Delivering Better Oral Health Toolkit or equivalent was limited.

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

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

The provider described to us the procedures used to improve the outcomes for patients with gum disease. We noted improvements could be made to ensure clinical knowledge remained up to date in this area. The provider sent evidence to us after the inspection day to confirm that they had completed Periodontology update training.

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 are looked after. The dentist 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.

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.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories.

Effective staffing

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

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

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

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. We noted there was no referral log to monitor and track referrals to ensure they were received in a timely manner and not lost.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Actions section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

We are considering enforcement action in relation to the regulatory breach identified. We will report further when any enforcement action is concluded.

Leadership capacity and capability

Improvements to leadership, management and oversight of systems and processes the provider was responsible for would enhance the delivery of care.

The provider was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

The provider was visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

Culture

Staff stated they felt respected, supported and valued.

Staff discussed their training needs, general wellbeing and aims for future professional development annually.

The staff focused on the needs of patients.

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

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

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

Governance and management

Our findings on the inspection day indicated that several systems and processes to support good governance and management were not in place or were not embedded.

The provider had overall responsibility for the management, oversight and clinical leadership of the practice.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. The application of these was not fully effective.

Our review of systems, processes and protocols on the day of inspection showed:

Oversight and management of risk was not effective, for example:

- There system to ensure the availability of emergency medical equipment was not effective.
- Systems to ensure timely training requirements for basic life support were not in place.
- Risk management systems for fire safety, safer sharps and materials that are hazardous to health were not effective.
- There was no system to ensure clinical staff had received appropriate vaccinations to protect them against the Hepatitis B virus.
- Systems to ensure infection prevention and control procedures reflected relevant guidance were not in place.
- Systems and processes in respect to identifying significant events and incidents were not effective.

Are services well-led?

Other systems and processes to support governance were ineffective; we found:

- Disclosure and Barring Service checks were not at the appropriate level for clinical staff.
- Quality assurance audit processes were not in place for X-rays, infection prevention and control, antimicrobial prescribing and dental care records.
- There was no process or supporting documentation for the use of Closed-Circuit Television.
- A system to ensure external referrals were not lost or missing was not in place.
- Safeguarding systems were not in line with intercollegiate guidance for vulnerable adults and children.

Appropriate and accurate information

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The provider gathered feedback from staff through meetings and 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 practice was a member of a good practice certification scheme.

The provider had no quality assurance processes to encourage learning and continuous improvement. As a result, triggers for audit, performance review or analysis and oversight, had been missed.

Except for in-person basic life support training, staff completed 'highly recommended' training as per General Dental Council professional standards.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • Fire safety had not been assessed and in-house safety checks were not recorded in line with legal requirements. • Emergency medical equipment was not present as required in guidance. • Medicines kept for dispensing were not monitored or tracked for accountability and audit purposes. • Infection prevention and control procedures were not completed in line with guidance. • Medical device and patient safety alerts were not being received for review or further action. • Knowledge of nationally recognised guidance and clinical evidence-based practice was limited in some areas. • A 5-year fixed wiring electrical survey was not in place. • The disposal of gypsum waste was not in line with current regulations. Regulation 12(1)(2)

This section is primarily information for the provider

Enforcement actions

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 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. There were no systems or processes that enabled 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. In particular: • The provider had not ensured the appropriate emergency medical equipment was present and in line with current guidance. • The provider had inadequate systems in place to ensure appropriate training requirements were in place for basic life support. • The provider had no risk management system in place to ensure the fire safety of the practice. • The provider had not implemented an effective system to ensure sharps procedures were adequately risk assessed in line with a practice policy and current regulations. • The provider had not established the Hepatitis B status of two dental nurses. • The provider had not risk assessed current in-use substances and materials that are hazardous to health. • The provider had not ensured infection prevention and control processes were operating in line with current guidance.

This section is primarily information for the provider

Enforcement actions

- The provider had not ensured there was an effective system in place to report, investigate, record and discuss for learning and improvement significant incidents and events.
- The provider has not ensured the correct level of Disclosure and Barring Service check was in place for clinical staff.
- The provider had not ensured safeguarding systems and processes were in line with intercollegiate guidance for vulnerable adults and children.
- The provider had not updated local rules for using X-ray equipment in line with current Regulations.
- The provider had no quality assurance audit systems or processes to encourage learning and to ensure the practice was meeting the required standards in line with current guidance and Legislation.
- The provider had no systems or processes in place for the use of Closed-Circuit Television in line with Information Commissioner's Office and Data Protection.
- The provider had no system in place to ensure referrals to external healthcare providers were monitored and recorded so none were missing or lost.

Regulation 17(1)