

Camden Place Dental Implant Centre Limited

# Camden Place Dental Practice

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 1 November 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a dental adviser.

To get to the heart of patients' experiences of care and treatment, we asked the following 3 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:

- The dental clinic appeared to be visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available. Medical emergency arrangements were not sufficiently risk assessed for the sedation service.
- The practice did not have systems to identify and manage risk to patients and staff.
- Safeguarding processes were not in place and we were not assured staff knew their responsibilities for safeguarding vulnerable adults and children.
- The staff recruitment procedures did not reflect current legislation.

# Summary of findings

- The clinical staff provided patients' care and treatment in line with current guidelines. The sedation service was not in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- There was ineffective leadership and processes were not in place for learning, continuous improvement and innovation.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.

## Background

Camden Place Dental Practice is in Preston 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, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes 3 dentists, 3 dental nurses, 1 dental hygiene therapist, 1 receptionist and a practice manager. The practice has 4 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses 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 Thursday 8.30am to 5pm

Friday 8.30am to 4pm

## **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
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed and ensure specified information is available regarding each person employed

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

# Summary of findings

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

We asked the following question(s).

Are services safe?	Enforcement action	
Are services 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 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.

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

The practice did not have up to date safeguarding processes or information available to staff in relation to safeguarding vulnerable adults and children.

Staff had not undertaken training in safeguarding vulnerable adults and children.

The infection control procedures reflected published guidance and staff demonstrated how these are followed consistently and evidenced. An infection prevention and control (IPC) lead was in place, they had recently carried out an IPC audit which demonstrated compliance with the guidance.

The practice did not have adequate procedures to reduce the risk of Legionella or other bacteria developing in water systems. A risk assessment had not been undertaken in respect of Legionella contamination. The provider confirmed a risk assessment was booked.

Records showed water temperature monitoring and dental unit water line management were being carried out. However, we were not assured that all lesser used outlets were flushed appropriately and there was no log in place for this.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice did not have a recruitment policy and procedure in accordance with relevant legislation. The provider did not have required documents or evidence that recruitment checks, including references, qualifications, work history and Disclosure and Barring Service (DBS) check, had been carried out of all clinicians.

Evidence of immunity to hepatitis B had not been sought for all clinical staff. Vaccination reports were not reviewed or risk assessed.

The practice did not ensure the facilities were maintained in accordance with regulations.

No fire risk assessment had been carried out and there were no fire or smoke detection systems installed.

There were emergency lights on the first floor of the premises, the provider and staff were unaware what these were, and they confirmed these had not been serviced or maintained.

There were fire extinguishers throughout the building and fire exits were clear. We noted one of the fire extinguishers was not suitable for indoor use unless specified by a risk assessment and the provider was not aware this was required.

Staff did not complete fire safety training. A fire drill had recently been carried out, but arrangements were not in place to safely evacuate a sedated patient in the event of a fire.

Electrical Installation Condition (fixed wiring) and gas safety inspections had not been undertaken at the required intervals.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions.

# Are services safe?

The practice had some arrangements to ensure the safety of the X-ray equipment and radiation protection information was available. A dental cone beam computed tomography (CBCT) had been installed. A CBCT scanner uses x-rays and computer-processed x-ray information to produce 3D cross-sectional images of the jaws and teeth. We discussed that local rules were not specific to the CBCT machine and evidence of the appropriate training for operators of this device and to report on the resulting images was not provided.

A recommendation in a critical exam report for an intra oral X-ray machine had not been acted on or advice sought. The provider confirmed a new Radiation Protection Advisor (RPA) had been appointed and the information had been sent to them to review and provide the appropriate advice.

## **Risks to patients**

The practice had some systems to assess, monitor and manage risks to patient and staff safety. The sharps risk assessment had not been reviewed and updated to ensure all sharps risks were assessed and mitigated.

We were not assured that staff had the knowledge to recognise and act on the signs of sepsis. Staff had not discussed or received training on sepsis awareness and there were no sepsis prompts for staff in the practice.

There was no policy in place to protect lone workers.

Emergency equipment and medicines were available and checked in accordance with national guidance. For patients undergoing sedation at the practice, improvements were needed to ensure the availability of airways that staff had received training to use, and additional supplemental medical oxygen.

Staff knew how to respond to a medical emergency and Immediate Life Support training with airway management was completed by staff providing treatment to patients under sedation.

Evidence of basic life support training was not available for all staff.

The practice had not carried out risk assessments in relation to the safe storage and handling of substances hazardous to health.

## **Information to deliver safe care and treatment**

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

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

The practice did not have effective medicines management and prescribing policies and procedures in line with current legislation.

There were no procedures as described in NICE Guidance NG46 Controlled drugs: safe use and management 2016 to ensure the security of the schedule 3 controlled drug (Midazolam). We saw these were locked away but the key was accessible to staff. There were no records to provide an audit trail for the supply, administration and disposal of controlled drugs.

Prescription only antimicrobial medicines were not stored securely and there were no systems to identify any misuse or unauthorised access of these.

Patients were not provided with the appropriate patient information leaflet when these medicines were dispensed.

Antimicrobial prescribing audits were not carried out.

# Are services safe?

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

The practice had some systems for reviewing and investigating when things went wrong. An accident book was available to staff and we saw the most recent incident was documented appropriately. However, we discussed another incident which had not been documented to show this had been investigated and the appropriate action taken.

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

# 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 dental professionals up to date with current evidence-based practice.

The practice offered intravenous conscious sedation for patients. We found the practice did not have systems to do this safely. As a result, the provider volunteered to cease this service until they are assured that safe systems and appropriately trained staff are in place.

Current nursing staff did not have the relevant training in relation to the provision of conscious sedation. Sedation observations had been carried out and documented by untrained staff. As a result, they incorrectly documented monitoring of the patient during the procedure and the provider had not identified this. Since this time, the dental nurse is now undertaking sedation training.

Improvements were needed to ensure the availability of airways that staff had received training to use, and additional supplemental medical oxygen.

We saw evidence the practice carried out relevant patient checks before treatment. Patient assessments were well documented, and we saw that options, risks and benefits of this treatment were explained to, and discussed with patients.

We saw the provision of dental implants was in accordance with national guidance. Patient assessments were well documented, and we saw that options, risks and benefits of this treatment were explained to, and discussed with patients.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

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

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

We were not assured that staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). Records were not available to demonstrate staff undertook training in patient consent and mental capacity.

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 in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took.

The practice had not carried out radiography audits six-monthly following current guidance and legislation.

# Are services effective?

(for example, treatment is effective)

## **Effective staffing**

Most staff had the skills, knowledge and experience to carry out their roles. Evidence was not available to demonstrate all dentists had the skills, knowledge and experience to carry out their roles as no information about them were held by the practice.

The practice did not carry out a structured induction for newly appointed staff.

The practice did not have systems in place to ensure clinical staff had completed CPD as 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.



# 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.

At the time of inspection, we identified the provider was registered incorrectly. We instructed the provider to ensure their current registration was accurate.

### **Leadership capacity and capability**

The practice did not demonstrate a transparent and open culture in relation to people's safety. In particular, there was a lack of leadership and oversight at the practice. We found the provider was open to discussion and feedback during the inspection. They volunteered to cease providing sedation until the appropriate safety systems were in place.

### **Culture**

The dental nursing staff were new in post, training needs were in the process of being reviewed. In particular, sedation training. We highlighted the need to ensure staff complete the necessary training for their roles, and review this at the required intervals to ensure training remains up to date.

### **Governance and management**

The information and evidence presented during the inspection process was disorganised and poorly documented. For example, policies and procedures did not provide clear instruction or guidance for staff. There was no evidence that policies and procedures had been kept under review. The provider confirmed they were in the process of introducing a dental compliance programme to support them to review the practice documentation, governance and procedures. This was yet to be established.

There were ineffective processes for identifying and managing risks, issues and performance. These included risks relating to sedation, medicines management, fire safety, safeguarding processes, Legionella, recruitment, radiation protection, sharps safety and arrangements to respond to medical emergencies.

### **Appropriate and accurate information**

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**

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff through informal discussions. Staff were encouraged to offer suggestions for improvements to the service.

### **Continuous improvement and innovation**

The practice did not have effective systems and processes in place for learning, continuous improvement and innovation.

The practice did not have appropriate quality assurance processes to encourage learning and continuous improvement.

Audits of radiographs and sedation had not been undertaken in accordance with current guidance and legislation.

Previous audits did not have conclusions, learning points or action plans to demonstrate any learning and improvement.

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons 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:</p> <ul style="list-style-type: none"><li>• The provider was unable to demonstrate effective and safe sedation oversight and management. This service was not provided in line with nationally agreed guidance “Standards for Conscious Sedation in the Provision of Dental Care (V1.1)” published by the dental faculties of the Royal Colleges of 2020 surgeons and the Royal College of Anaesthetists Report of the Intercollegiate Advisory Committee for Sedation in Dentistry.</li><li>• A fire risk assessment was not in place in accordance with The Regulatory Reform (Fire Safety) Order 2005. There was no evidence that advice had been sought on the lack of installation of fire or smoke detection systems or the provision of appropriate training for staff. Arrangements were not in place to safely evacuate a sedated patient from the premises in the event of a fire.</li><li>• There was no evidence that Electrical Installation Condition (fixed wiring) or gas safety inspections had been undertaken at the required intervals.</li><li>• The provider did not have effective medicines management and prescribing policies and procedures in line with current legislation.</li><li>• The provider had not ensured that the practice's protocols and procedures for the use of X-ray equipment is in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into</li></ul>

## Enforcement actions

account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment, including nationally agreed HPA-CRCE-010 Guidance on the Safe Use of Dental Cone Beam Computed Tomography (CBCT).

- A Legionella premises risk assessment had not been carried out in line with Approved Code of Practice (ACOP) L8, "Legionnaires' disease: The control of legionella bacteria in water systems from the Health and safety Executive. There was no documentation to show that all lesser used outlets were identified and flushed regularly.
- Staff had not undertaken any training on sepsis awareness and were not familiar with the signs and symptoms. This had not been discussed and no sepsis awareness resources, or prompts were available.

Regulation 12(1)

### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### **Regulation 17**

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.

- Effective systems and processes were not operated to make sure the service is assessed and monitored against Regulations 4 to 20A of Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found there was a lack of managerial leadership and oversight to assess, monitor and improve the quality and safety of services provided which led to the issues highlighted under Regulation 12.
- The registered person did not have effective systems in place to assess, monitor and improve the quality and safety of the services being provided. Radiography audits had not been completed bi-annually as

## Enforcement actions

described in nationally recognised guidance. Audits did not prompt the shortfalls that would have highlighted the issues we identified. Clinical audits did not have any conclusions or action plans.

- We saw that practice policies and procedures did not provide clear instruction or guidance for staff. We saw no evidence that policies and procedures had been kept under review.
- We found insufficient training, professional development and supervision in place to enable staff to undertake their roles safely and effectively. The system to ensure staff completed up to date training was not effective. Staff were not asked for evidence of safeguarding training. Evidence of up to date basic life support training was not obtained from all staff members.
- The provider had no procedures as described in NICE Guidance NG46 Controlled drugs: safe use and management 2016 to ensure the security of the schedule 3 controlled drug (Midazolam). There were no records to provide an audit trail for the supply, administration and disposal of controlled drugs.
- The sharps risk assessment was not sufficient in that, it did not consider the risks to staff from dismantling dental matrices, scalpels, or the risks from manual cleaning of instruments. The risk assessment was not in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

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

#### **Regulation 19**

The registered person's recruitment procedures did not ensure that potential employees had the necessary qualifications, competence, skills and experience before starting work.

## Enforcement actions

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

We found that recruitment procedures and continued oversight of documents were not established or operating effectively.

- Documentation was not available for all staff and no evidence that these had been checked prior to staff commencing work.

There was not evidence that recruitment checks, including references, qualifications, work history and Disclosure and Barring Service (DBS) check, had been carried out for all clinicians.

- There was not evidence that all clinical staff had immunity to Hepatitis B or that vaccination status reports were risk assessed.
- Appropriate role-specific inductions were not in place for any new staff member.

Regulation 19(1)(3)