The Village Dental Practice

The Grange Dental Centre

Inspection report

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Overall summary

We carried out this announced focused inspection on 30 March 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 specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were 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:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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 appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.

Summary of findings

- The dental clinic had information governance arrangements; however improvements were needed in relation to the use of closed-circuit television (CCTV).
- Improvements were needed to the systems used to help the provider manage risks to patients and staff.
- There was a culture of continuous improvement, however improvements were needed to some of the auditing protocols to ensure continuing improvement.
- Staff knew how to deal with medical emergencies. Most medicines and life-saving equipment were available as required.
- The provider had staff recruitment procedures which reflected current legislation. However, improvements were needed to ensure important checks were carried out at the time of recruitment.
- On the day of the inspection, we could not be assured that there were protocols in place to ensure treatment carried out under conscious sedation was carried out safely.

We brought our concerns about the practice of conscious sedation to the attention of the compliance manager and regional manager. They voluntarily decided that dental care and treatment under conscious sedation would not be offered until they could be assured that staff members had undertaken all the relevant training and that systems were in place to ensure patient safety.

Background

The Grange Dental Centre is in Newcastle upon Tyne and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice. The practice is located close to local transport routes. The practice has made reasonable adjustments to support patients with additional needs, for example the availability of a hearing induction loop.

The dental team includes four dentists, one foundation dentist, four dental nurses, two trainee dental nurses, one dental hygienist, one dental therapist and two receptionists, one receptionist/treatment coordinator and one practice manager. The practice has four treatment rooms.

During the inspection we spoke with three dentists, one dental nurse, the practice manager, the compliance manager and the regional manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 9am to 5:30pm

Friday from 9am to 4:30pm

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 is not meeting are at the end of this report.

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

Summary of findings

- Improve the audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**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)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance. We discussed with the compliance manager the improvements that could be made to the arrangements for scrubbing and rinsing of used dental instruments and they assured us this would be implemented.

The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

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 had a recruitment policy 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. Enhanced Disclosure and Barring Services (DBS) checks had not been undertaken at the time of recruitment for all members of staff, and there was no evidence the risks around this had been considered. In addition, records were not available to show that satisfactory evidence of conduct in previous employment had been sought for two members of staff. Improvements were also needed for the systems to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. On the day of the inspection vaccination logs and records to show the effectiveness of the vaccination were not available for all staff members.

Improvements were also needed to ensure newly appointed staff completed their structured induction.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

The practice had arrangements to ensure the three-yearly testing of X-ray equipment was undertaken and we saw the required radiation protection information was available. Improvements were needed as there was no evidence the X-ray equipment was serviced and maintained in accordance with the manufacturer's instructions and no other mechanism was in place for the provider to assure themselves of the safety of the equipment between three-yearly tests.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working. Improvements were needed to ensure the protocols around the handling of dental sharps were being adhered to in order to avoid further injury to staff.

Are services safe?

Most emergency equipment and medicines were available and checked in accordance with national guidance. We noted there was no paediatric mask available for use with the self-inflating bag. We raised this with the practice staff and one was ordered immediately. We discussed improvements could be made to the storage arrangements of the reversal agent used when carrying out treatment under conscious sedation to ensure it is easily accessible in the event of an emergency.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training with airway management for the clinician providing treatment to patients under sedation was also completed; however, there were no records available to demonstrate this had been undertaken by any other members of staff.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. We discussed improvements could be made to the organisation of this information to ensure it was easily accessible in the event of an incident.

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 had some systems for appropriate and safe handling of medicines. We suggested some improvements could be made to the prescribing monitoring protocols to include information relating to what had been prescribed to the patient. In addition the practice told us they would ensure advice sheets were provided to patients when medicines were dispensed. Antimicrobial prescribing audits were carried out; however improvements could be made to the audit to include outcomes and any action to drive continued improvement.

Track record on safety, and lessons learned and improvements

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

The practice had limited systems for reviewing and investigating incidents and accidents. We looked at the records available and found no evidence that an accident was reviewed to use it as an opportunity for shared learning.

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. Improvements could be made to protocols to ensure clinicians follow up-to-date guidance, for example in relation to The British Society of Periodontology (BSP) 2021 guidelines.

The practice offered conscious sedation for patients. On the day of the inspection we were able to look at two sedation records. These showed the practice's systems included checks before and after treatment.

Records were not available in relation to training carried out by staff in conscious sedation. All equipment and medicines were brought to the practice by the sedationist and were not available for review on the day; we could not be assured protocols were in place for the secure transportation of controlled drugs. We could not be assured there were protocols in place to ensure treatment carried out under conscious sedation was carried out safely.

Helping patients to live healthier lives

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

Consent to care and treatment

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

Staff understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. We discussed improvements could be made to the triage and allocation of appointments for newly qualified clinical staff to ensure they have adequate time to assess and treat patients.

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 carried out radiography audits following current guidance and legislation; however improvements were needed to the auditing protocols to ensure outcomes and any learning opportunities.

Effective staffing

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

Systems were in place to ensure newly appointed staff had a structured induction, however in the staff records we were shown, these had not been completed for either of the two most recently appointed members of staff. Clinical staff completed 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.

Are services effective?

(for example, treatment is effective)

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 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.

Leadership capacity and capability

We found the provider had the capacity, values and skills to deliver high-quality, sustainable care. The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

The inspection highlighted some areas such as, risk management and adherence to published guidance where improvements were needed. The compliance manager described some challenges relating to recent staff shortages that they felt had impacted on some protocols not being adhered to, for example relating to the recruitment and induction records being incomplete. The staffing issues were being addressed and they felt confident improvements would be implemented and maintained.

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

Staff discussed their training needs during appraisals and during clinical supervision. Due to recent staff shortages, the appraisals were slightly overdue but were scheduled to be carried out shortly. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities roles and systems of accountability to support the management of the practice.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff.

Improvements were needed to ensure processes for managing risks were effective. The practice did not have adequate systems in place for identifying, assessing and mitigating risks in areas such as managing incidents and accidents and conscious sedation.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. On the day of the inspection we noted the provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. There was no information available to patients in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy and privacy impact assessment had also not been completed and prominent signage, advising of the existence of CCTV cameras was also not displayed.

Engagement with patients, the public, staff and external partners

Are services well-led?

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 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

The practice had some systems and processes for learning, continuous improvement and innovation.

These included audits of dental care records, disability access, radiographs and infection prevention and control. However some improvements were needed to the auditing protocols to ensure outcomes and any action plans are created to drive further improvement.

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 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. How the Regulation was not being met 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. In particular: • Protocols were not in place to adequately review and investigate accidents and incidents and share any learning. • Adequate assurances and protocols were not in place when carrying out treatment under conscious sedation. • Records were not available to demonstrate the X-ray equipment was serviced and maintained according to manufacturer's guidelines and no other mechanism was in place for the provider to assure themselves of the safety of the equipment between 3-yearly tests. The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular: • No information relating to the use of CCTV was available. The registered person had systems or processes in place that were operating ineffectively in that they failed to

This section is primarily information for the provider

Requirement notices

enable the registered person to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- There was no system in place to ensure important recruitment checks had been carried out, for all members of staff, at the time of recruitment and that staff vaccinations had been carried out and the level of immunity checked.
- Records were not available to demonstrate that staff training in relation to conscious sedation was up-to-date and undertaken at the required intervals.

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:

- The radiograph audit did not contain any outcomes or possible actions to drive improvement.

Regulation 17 (1)