

Primadent Limited

# Primadent Limited

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 12 January 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 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:**

- 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 provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff recruitment procedures did not take account of all current guidance and legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.

# Summary of findings

- Advertising and explanation of charges for treatment displayed on the practice website, particularly those for NHS treatment, lacked important details and transparency .
- Complaints were responded to. Provider oversight and addressing the cause for complaint could be strengthened.
- The provider had information governance arrangements.

## Background

Primadent Limited is in the Edge Hill area of South Liverpool 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 dental team includes three dentists, three dental nurses, two of whom are trainees, three dental therapists, one receptionist and a practice manager. The practice has five treatment rooms.

During the inspection we spoke with the principal dentist, two dental nurses, one dental therapist, the receptionist 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 and Friday from 9am to 1pm and from 2pm to 5pm. Tuesday from 8.30am to 1pm and from 2pm to 6.30pm; Wednesday and Thursday from 8.30am to 1pm and from 2pm to 5pm. The practice is open in response to patient demand, on Saturday mornings via pre-arranged appointment.

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

- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

## **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:**

- Improve and develop the practice's policies and procedures for obtaining patient consent to care and treatment to ensure they are in compliance with legislation, taking into account relevant guidance.
- Implement processes and systems for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.

# 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 provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had infection control procedures which reflected published guidance. The provider had introduced additional procedures in relation to COVID-19 in accordance with published guidance.
- The provider had procedures to reduce the possibility of Legionella or other bacteria developing in water systems, in line with a risk assessment.
- We observed that checks on temperatures for hot water were carried out; the recording of temperatures showed that hot water was reaching between 50 – 55 degrees centigrade. The hot water temperature required for thermic control of Legionella in a health care setting is 55 degrees centigrade. We drew this to the attention of the provider on the day of our inspection.
- The provider 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 provider had a recruitment policy and procedure to help them employ suitable staff. However, some recruitment checks had not been carried out, in accordance with relevant legislation in relation to one staff member. A staff member's eligibility to treat NHS patients, in the capacity employed, had not been verified. The provider did not take up or have records of a staff member's right to remain and work in the UK.
- Clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.
- Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.
- 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 safety of the X-ray equipment and we saw the required radiation protection information was available.

### **Risks to patients**

- The provider had implemented systems to assess, monitor and manage risks to patient safety. Including: sharps safety and sepsis awareness.
- Emergency equipment and medicines were available and checked as described in recognised guidance.
- Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support.
- 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**

- 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.

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

# Are services safe?

- The provider had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out annually.

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

- The provider had implemented systems for reviewing and investigating when things went wrong.
- The provider 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.
- We saw the provision of dental implants was in accordance with national guidance.

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

- The practice provided preventive care and supported patients to ensure better oral health
- Staff were aware of and involved with 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 consent to care and treatment in line with legislation and guidance. However, the presentation of costs to patients for treatment was poorly communicated and lacked important details and transparency.

### **Monitoring care and treatment**

- The practice kept detailed dental care records in line with recognised guidance.
- We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

### **Effective staffing**

- Staff had the skills, knowledge and experience to carry out their roles.
- Staff had a structured induction and 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.
- 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

- The provider did not demonstrate a transparent and open culture. For example, in an announced, pre-inspection telephone call with the provider, they advised us that there had been no complaints. On our inspection visit to the practice, we found that in 2021 there had been 10 complaints made by patients. Data for some months was not present, even in the form of a nil return for complaints in those months.
- The page on the provider website relating to fees for treatment, both private and NHS, requires greater clarity.
- There was a lack of leadership oversight at the practice. In particular, all required recruitment checks were not carried out for one staff member. The provider did not hold records of all required recruitment checks. In the case of one staff member, we found they had been delivering NHS treatment when they did not have the registration required by NHS England.
- Systems and processes were not embedded among staff. There had been a turnover of staff at the practice, so learning was ongoing. On the day of our inspection visit, the practice manager had only been in post for two days. The provider gave us no insight as to why these staffing issue had occurred.
- The information and evidence asked for during the inspection process could be produced; we saw a lot of governance documents had been updated or renewed recently.
- We saw the provider had processes to develop capacity and skills within the practice, but due to a turnover of staff, these had not proved effective. The practice did not demonstrate a culture of sustainable care.

### Culture

- The practice manager told us that efforts to recruit were ongoing and that the recent recruitment to the practice manager post would help provide more stability and oversight.
- The provider had arrangements for staff to discuss their training needs at annual appraisals and one to one meetings. As staff present on the day of our inspection were relatively new to the practice, they had yet to undergo annual appraisal.

### Governance and management

- Staff had clear responsibilities roles and systems of accountability to support good governance and management.
- The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.
- The provider had been overseeing governance in the practice; a new practice manager had started working at the practice in the week of our inspection.
- The new practice manager would be taking over the management and day to day governance in the practice.
- There was evidence the policies, protocols and procedures were reviewed on a regular basis. However, we observed that the practice Statement of Purpose required updating; the one in use at present still has the name of the former practice, quoted throughout.
- Staff acted on appropriate and accurate information.
- The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.
- Due largely to the turnover of staff, we saw no evidence of how the practice involved staff and external partners to support the service.

# Are services well-led?

- During the pandemic the provider had not been able to gather patient and staff feedback due to the restrictions in place.

## **Continuous improvement and innovation**

- The provider had systems and processes for learning continuous improvement and innovation. These included audits of dental care records, disability access, radiographs and infection prevention and control.
- Staff kept records of the results of these audits and the resulting action plans and improvements.
- The provider did not have systems and processes in place for learning from complaints; there was no audit of complaints, for example, to identify common themes. When we spoke with the provider ahead of inspection, they were not aware of the number of complaints received at the practice in the past 12 months.



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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Surgical procedures	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; for one staff member the provider had failed to seek copies of, and hold on file, evidence of a staff member's right to remain and work in the UK.
Treatment of disease, disorder or injury	Regulation 19(3) The registered person employed persons who must be registered with a professional body, where such registration is required by, or under, any enactment in relation to the work that the person is to perform. The registered person had failed to ensure such persons were registered. In particular: the provider had employed a qualified dentist, who worked as and used the title 'Dental Therapist' which is not permitted. Also, this staff member undertook NHS work as a Dental Therapist when they were not on the NHS Performers List, which is a requirement of undertaking NHS work. Regulation 19(4)