

K Borska Ltd

Venus Dental

Inspection report

8 Symons Passage, The Plains
Totnes
TQ9 5YS
Tel: 01803866822
www.riverviewtotnes.co.uk

Date of inspection visit: 12 April 2023
Date of publication: 15/05/2023

Overall summary

We carried out this announced inspection on 12 April 2023 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- 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 clean.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- 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 worked efficiently to respond to patients' needs.
- Staff knew how to respond to medical emergencies.

Summary of findings

- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- Staff and patients were asked for feedback about the services provided.
- There was a leadership culture of continuous improvement.
- Patients were treated with dignity and respect.
- Systems need to be implemented, monitored and embedded to ensure risks for patients, staff, equipment and the premises are effectively managed. In particular in relation to infection control, fire safety, radiography, control of substances hazardous to health (COSHH) and stock control.

Background

The provider has one practice, and this report is about Venus Dental.

Venus Dental is in Totnes and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 dentist, 1 practice manager/dental nurse/receptionist, 1 dental hygienist therapist, 2 trainee dental nurses and 1 receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist, 1 practice manager/dental nurse/receptionist, 1 trainee dental nurse and 1 receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday 12pm – 7pm

Tuesday 9am – 4pm

Wednesday 12pm – 7pm

Thursday 9am – 4pm

Friday 9am – 3pm.

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

- 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 (Regulation 17 Good Governance).

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	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. However, we found procedures were not followed in some areas. For example, we found sterilised pouched dental instruments which were incorrectly date stamped. We also found single use items which had been inappropriately re-sterilised for named individuals. Not all sterilised items had been checked thoroughly prior to packaging as we saw cement on one item. We brought this to the attention of the provider, who took immediate action to prevent all items from posing a risk to patients through use.

We noted 3-in-1 tips had been put through the autoclave for sterilising at the incorrect setting. There was rust and pitting to some reusable cups, affecting the effectiveness of cleaning and sterilising. We brought this to the attention of the provider to take immediate action to address these issues. Following the inspection visit the practice manager wrote to us to inform us that the whole staff team would undertake remedial cross-infection training and that additional guidance had been created for trainee dental nurses.

We noted spillage cleaning kits had expired. Local anaesthetic cartridges had also been removed from sterile packaging. The provider told us they would reorder spillage kits and ensure local anaesthetic was stored in the sterile packaging until needed.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, by checking water temperatures appropriately at suitable intervals and by using recommended purification agents in dental water lines, in conjunction with appropriate flushing. A Legionella risk assessment was overdue. However, we saw this had been booked to take place shortly after the inspection visit. Once completed, any recommendations in the report should be acted upon.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including locum staff. These reflected the relevant legislation.

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

A fire safety risk assessment had not been carried out by a competent person and recorded. We also saw the written fire protocol needed review due to inaccuracies. There appeared to be overloading of sockets in one of the treatment rooms and at the reception area, which could pose a risk of fire. There were exposed wires in one of the surgeries. Suitable fire extinguishers were available, which had been checked and serviced. Following the inspection, the practice manager wrote to us to tell us a fire risk assessment had been booked with a specialist contractor and the fire protocol had been reviewed and updated.

At the time of the inspection visit not all required radiation protection information was available. For example, evidence of servicing for the dental X-ray units, evidence of registration with the Health and Safety executive or complete local rules

Are services safe?

information. Following the inspection visit the practice manager wrote to us to inform us that X-ray unit servicing was being arranged. The practice must ensure 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 account HPA-CRCE-010 Guidance on the Safe Use of Dental Cone Beam CT (Computed Tomography).

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness and lone working. We noted the practice sharps risk assessment would benefit from fuller details regarding types of syringe and needle systems used in the practice and identification of clinical staff responsible for the disposal of dental sharps. The provider told us the risk assessment would be reviewed.

Information about Hepatitis B inoculation responder levels was not available for all clinical staff. Following the inspection visit the practice manager told us the information was being reviewed and risk assessed, where relevant.

Emergency equipment and medicines were available. We saw some oropharyngeal airways had passed their use-by date. We brought this to the attention of the provider, who took immediate action to order replacements.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice risk assessments to minimise the risk that could be caused from substances that are hazardous to health were overdue reviews. Once reviewed this information should be made available for all staff. The practice manager wrote to us following the inspection to inform us assessments were being reviewed.

We also noted some dental irrigation agents were preloaded and stored in one of the dental surgeries. Items should be prepared at the point of delivery to avoid the risk of inadvertent wrong delivery to patients. The provider told us the practice of preloading syringes would cease with immediate effect.

Information to deliver safe care and treatment

Patient care records were complete, legible and kept securely.

Improvements could be made as it was not clear in the practice policies how some patient information sent outside of the UK for diagnostic review met General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. Improvements could be made, as there was no referral log in place for the monitoring of other referrals made for dental treatments not provided at the practice to ensure referrals were received. Following the inspection, the practice manager wrote to us to inform us that a referrals log had been created and was now being used.

Safe and appropriate use of medicines

We found some out of date medicines. The provider removed these during the inspection visit to prevent them from being inadvertently dispensed to patients. Following the inspection, the practice manager wrote to us to inform us a stock check log had been introduced.

Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. 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.

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.

Consent to care and treatment

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

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

Effective staffing

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

Newly appointed 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 dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Patient feedback was that staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. We discussed this with the provider. Relevant written policies and protocols were in place, but not all staff were aware of them. Appropriate CCTV signage was in place.

Staff password protected patients' electronic care records and backed these up to secure storage.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included for example, photographs, study models, videos and X-ray images.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including step free access, for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns appropriately. We heard of examples where changes had been made in response to patient feedback, for example in providing longer consultation times.

We noticed the provider was not displaying a complaints procedure in the patient waiting area. We discussed this with the provider, who told us they would ensure the procedure was visible without patients having to ask. Following the inspection, the practice manager wrote to us to inform us a patient information folder, which included the complaints policy, had been created.

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 Notice 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.

Leadership capacity and capability

The provider demonstrated a transparent and open culture in relation to people's safety.

When issues were identified as requiring improvement and brought to the attention of the management team, they adopted an honest and accountable approach and took steps to act to develop a plan of improvement.

Culture

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

Staff discussed their training needs during annual appraisals and during clinical supervision. 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

The practice had a governance system which included policies, protocols and procedures. We found systems need to improve to ensure risks for patients, staff, equipment and the premises are effectively managed. In particular, in relation to infection control, fire safety, radiography, control of substances hazardous to health (COSHH) and stock control.

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 protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

The practice had systems and processes for learning and quality assurance. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were operating 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:</p> <ul style="list-style-type: none">• We found sterilised pouched dental instruments which were incorrectly date stamped.• Single use items had been inappropriately re-sterilised for named individuals.• Not all sterilised items had been checked thoroughly prior to packaging, as we saw cement on one item.• We noted 3-in-1 tips had been put through the autoclave for sterilising at the incorrect setting.• There was rust and pitting to some reusable cups, affecting the effectiveness of cleaning and sterilising.• We noted spillage cleaning kits had expired.• Local anaesthetic cartridges had been removed from sterile packaging.• A fire safety risk assessment had not been carried out by a competent person and recorded.• There appeared to be overloading of sockets in one of the treatment rooms and at the reception area.• There were exposed wires in one of the surgeries.

This section is primarily information for the provider

Requirement notices

- Not all required radiation protection information was available. For example, evidence of servicing for the dental X-ray units, evidence of registration with the Health and Safety executive or complete local rules information.
- Information about Hepatitis B inoculation responder levels was not available for all clinical staff.
- The practice risk assessments to minimise the risk that could be caused from substances that are hazardous to health were overdue reviews.
- We also noted some dental irrigation agents were preloaded and stored in one of the dental surgeries. Items should be prepared at the point of delivery to avoid the risk of inadvertent wrong delivery to patients.
- It was not clear in the practice policies how some patient information sent outside of the UK for diagnostic review met General Data Protection Regulation requirements.
- We found some out of date medicines and equipment.