

Divine Dental Care Limited

# Divine Dental Care Ltd

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 18 July 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 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 practice had staff recruitment procedures which mostly reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.

# 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 felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The practice had information governance arrangements.
- Staff knew how to deal with medical emergencies. Most emergency medicines and life-saving equipment were available.
- The practice had limited systems to help them manage risk to patients and staff. There were shortfalls in the assessment and mitigation of risks in relation to management of medical emergencies, fire, Legionella, medicines management and the Control of Substances Hazardous to Health.

## Background

Divine Dental Care Ltd is in St Albans and provides private dental care and treatment for adults and children.

There is a small step into the practice with a portable ramp for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes the principal dentist and 2 associate dentists, 1 dental nurse, and 2 dental hygienists. The practice has 2 treatment rooms.

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

The practice is open:

Monday to Thursday from 9am to 5.30pm

Friday from 8am to 2pm.

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 was not meeting are at the end of this report.**

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

- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff. In particular, satisfactory evidence of conduct in previous employment (references).
- Take action to ensure audits of record keeping, antimicrobial prescribing and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

# Summary of findings

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

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>Requirements notice</b> ✗

# 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. There was no evidence to demonstrate that an associate dentist had completed safeguarding training appropriate for their role.

The practice had infection control procedures which reflected published guidance. They had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) guidance. An infection prevention and control audit completed in November 2022 by staff, showed the practice was meeting the essential requirements. However, we did not see evidence that audits had been completed 6 monthly in-line with guidance.

The practice had some procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. However, we did not see evidence on the day of inspection that the practice was carrying out regular water temperature checks as recommended in the risk assessment.

The practice had policies 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 recruitment procedures to help them employ suitable staff which mostly reflected the relevant legislation. However, satisfactory evidence of conduct in previous employment (references) had not been obtained for the clinicians. We were not provided with evidence to show that staff had received a formalised induction.

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

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

On the day of inspection we saw that an electrical fixed wiring test had not been completed. However, we were provided with evidence that this was completed on 8 August 2023.

A fire safety risk assessment was carried out in line with the legal requirements. We saw that fire safety equipment was serviced annually. However, we were not provided with evidence to show that periodic in-house checks were completed for the smoke alarm or that fire evacuation drills were undertaken. Not all staff had completed fire awareness training.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

### **Risks to patients**

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety which included sharps safety, sepsis awareness and lone working. However, improvement was required as the practice had not completed a lone working risk assessment

for the hygienists for when they worked without chairside support. In addition, we saw that the practice had their container for sharps disposal in the decontamination room and that it was not labelled correctly with the date of assembly. Immediately after the inspection we were sent evidence that an additional sharps container had been obtained and had been sited in the treatment room at the point of use and that it was appropriately labelled.

# Are services safe?

Not all emergency equipment and medicines were available and checked in accordance with national guidance. In particular, we saw that the practice did not have any oropharyngeal airways and that one size of clear face mask for the use with the self-inflating bag was missing. The medicine used to manage low blood sugar (glucagon) had expired. We saw that the practice had tried to order the missing size of face mask and glucagon from their supplier on the day of the inspection, but they were currently not in stock. In addition, the practice did not have bodily fluids spillage kits.

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

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. However, improvement was needed to ensure that substances hazardous to health were stored securely.

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

Patient care records were complete, legible, 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 handling of medicines, and we saw that records of medicines that were dispensed to patients were kept. However, improvement was required to improve the management of the stock of antibiotics in the practice, the labelling of dispensed medicines to include the practice name and address, and to ensure that patients were provided with written information about medicines that they were dispensed.

Antimicrobial prescribing audits were not 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.

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

The practice provided preventive care and supported patients to ensure better oral health. A small selection of oral health products was available for sale to patients.

### **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. There was scope for improvement in the recording of risk assessments for caries and periodontal disease.

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 an ongoing radiography audit following current guidance.

### **Effective staffing**

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

Clinical staff completed continuing professional development required for their registration with the General Dental Council. We were not provided with evidence to show that newly appointed staff had a structured induction.

### **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.

Patients were encouraged to leave feedback online and reviews we saw from patients were positive about the care they received at the practice.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality.

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

### **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 and information leaflet 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 a picture book, 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 a portable ramp 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, patient information leaflet and outside the practice.

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, information leaflet and answerphone 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. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

### **Listening and learning from concerns and complaints**

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.



# 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 practice staff demonstrated a transparent and open culture in relation to people's safety. However, improved oversight was needed to ensure there was an understanding of the essential requirements and regulations. This may be improved by utilising up to date compliance tool.

The information and evidence presented during the inspection process was not always clear, available, and well documented.

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

### **Culture**

The practice team was small, close-knit, and longstanding.

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

The employed staff member discussed their training needs during an annual appraisal. Members of the team discussed learning needs, general wellbeing and aims for future professional development during informal 1 to 1 meetings.

The practice had some 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 governance and management.

The practice had a governance system which included most policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. However, the provider did not have a recruitment policy or structured checklist for recruitment.

Although there were processes for managing some risks, issues and performance, we found shortfalls in assessing and mitigating risks in relation to fire, Legionella, medicines management, substances hazardous to health, and emergency equipment and medicines.

### **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, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through 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**

# Are services well-led?

The practice had some systems and processes for learning, quality assurance, continuous improvement. These included audits of disability access, radiographs, and infection prevention and control. Improvement was required to improve the frequency of infection prevention and control audits. Improvements could be made to ensure the quality of patient care records and antimicrobial prescribing were suitably monitored.

## 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><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Regulation 17 Good governance</b></p> <p>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.</p> <p>How the Regulation was not being met</p> <p>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:</p> <ul style="list-style-type: none"><li>• The provider had not ensured that fire safety processes were effective in line with Fire Safety Legislation. For example, there were no records that the smoke alarms were tested weekly, or that fire evacuation drills were performed. Not all staff had received fire awareness training.</li><li>• The provider did not ensure that all medicines and equipment for the management of a medical emergency was available, for example; the medicine for managing low blood sugar (glucagon), oropharyngeal airways, and 1 size of clear face mask for the use with self-inflating bag was missing.</li><li>• The provider was not undertaking monthly hot and cold water temperature testing to reduce the risk of legionella or other bacteria developing in the water supply.</li></ul>

## Requirement notices

- The provider did not ensure that medicines were dispensed of safely and securely. In particular; labelling of containers used for dispensing medicines did not include the contact details of the practice and patients were not provided with written information about the medicines they were dispensed.
- Processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, did not ensure that hazardous products were stored securely.

There was additional evidence of poor governance. In particular:

- Staff were not provided with a formalised induction.
- Not all clinicians had completed training appropriate to their role. In particular, training in safeguarding for children and vulnerable adults.

Regulation 17 (1)