

Arggen 1 Limited

Dentcare1 Nottingham

Inspection report

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Overall summary

We carried out this announced focused inspection on 24 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 appeared to be visibly clean.
- Improvements could be made to the infection control procedures to ensure they reflect published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The systems to help them manage risk to patients and staff were not effective, particularly the risks associated with fire, Legionella and hazardous substances.
- 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. Improvements could be made to the process for obtaining Disclosure and Barring Service checks for new members of staff.

Summary of findings

- 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.
- Staff and patients were asked for feedback about the services provided.
- The dental clinic had information governance arrangements.

Background

Dentcare1 Nottingham 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 in a dedicated car park.

The dental team includes one dentist, two dental nurses (one of whom is a trainee), one dental therapist and a practice manager. The practice has two treatment rooms.

During the inspection we spoke with one dental nurse, the dental therapist 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 from 9am to 6pm

Tuesday from 9am to 5pm

Wednesday from 9am to 6pm

Thursday from 9am to 5pm

Friday from 9am to 1pm

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 regulations 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 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 decontamination of instruments was carried out in accordance with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices guidance.

However, records were inconsistent in demonstrating that equipment used by staff for cleaning and sterilising instruments was validated and maintained in line with the manufacturers' guidance. There was inconsistent evidence that staff were completing the daily record of temperature and pressure of the autoclave. The ultrasonic activity test and cleaning efficacy test were not being carried out.

The practice did not have adequate procedures to reduce the risk of Legionella or other bacteria developing in water systems. A risk assessment had been undertaken; however, this had not identified that there was a cold-water storage tank in the basement. This cold-water storage tank was visibly unclean. There was no evidence of flushing the infrequently used outlets in the unused surgery. We saw evidence water temperatures were being taken; the actual temperatures were not being recorded.

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

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. However, we noted a Disclosure and Barring Service, (DBS), check for one member of staff was more than three months old at the point of application and no assessment had been made of the risk associated with not undertaking an up to date DBS check.

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

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

The practice did not ensure the facilities were maintained in accordance with regulations. A fire risk assessment had been carried out. This had identified that there was no emergency lighting system within the premises which was required. No action had been taken to address this. In addition, we noted there were two smoke detectors which had been dismantled. Staff told us they carried out fire safety checks, but no records were maintained.

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 practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness and lone working. The practice had not carried out a sharps risk assessment to help them manage risks to staff and patients.

Emergency equipment and medicines were available and checked in accordance with national guidance.

Are services safe?

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 staff providing treatment to patients under sedation was also completed.

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

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating when things went wrong. 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. However, we noted that insufficient periodontal assessment information was recorded when periodontal treatment was prescribed.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

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.

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.

Monitoring care and treatment

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

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

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

Effective staffing

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

Newly appointed staff had a structured induction. 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 practice 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

There was a lack of oversight at the practice. In particular, with regards to the management of risk.

Systems and processes were not embedded among staff. For example the required checks were not always completed on decontamination and sterilisation equipment.

Governance and management

The practice 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 practice did not have clear and effective processes for managing risks, issues and performance. For example, the processes for managing the risks associated with fire, Legionella, up to date DBS checks, sharps and hazardous substances were not effective.

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.

Engagement with patients, the public, staff and external partners

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

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

Continuous improvement and innovation

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

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, X-rays and infection prevention and control. However, some of these were ineffective; the infection prevention and control audit had not identified the issues which we found on the day of inspection.

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>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">• The risks associated with fire had not been appropriately managed. The fire risk assessment had identified there was no emergency lighting and no action had been taken. Two smoke detectors had been dismantled. In addition, fire safety checks were not being recorded.• The risks associated with Legionella had not been appropriately managed. The provider had not ensured the risk assessment had been carried out thoroughly and effectively. Staff were not flushing the infrequently used outlets in the unused surgery.• Equipment used to decontaminate and sterilise used dental instruments was not validated in accordance with manufacturer's instructions.• The risks associated with hazardous substances had not been assessed.• The risks associated with not having a current Disclosure and Barring Service check for a new member of staff had not been appropriately assessed.

This section is primarily information for the provider

Requirement notices

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:

- A sharps risk assessment had not been carried out.
- The infection prevention and control audit had not identified the issues we found on the day of inspection.

Regulation 17 (1)