Kleibercare Limited

Glenholme Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 22 June 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 2 specialist dental advisors.

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, but improvements were required.
- Staff knew how to deal with medical emergencies.
- Appropriate medicines and life-saving equipment were available, but storage arrangements needed attention.
- The practice had systems to manage risks for patients, staff, equipment, and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- Patients were treated with dignity and respect.
- Improvements were needed 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.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.

Background

Glenholme Dental Practice is in Basingstoke, Hampshire, and provides private dental care and treatment for adults and children.

There is step free access, via a ramp, 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 orthodontist, 1 oral surgeon, 1 prosthodontist, 1 periodontist, 1 implantologist, 1 endodontist, 3 dental nurses, 1 dental hygienist, 2 dental hygiene therapists, 1 treatment coordinator, 1 patient care coordinator, a business manager and a relationship manager.

The practice has 4 treatment rooms. One was in use on the day of our visit.

During the inspection we spoke with the principal dentist, 3 dental nurses, the patient care coordinator, the treatment coordinator and the business manager.

We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

- Monday to Friday from 8am to 5pm.

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.

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

- Take action to ensure that all clinical staff have adequate immunity for vaccine-preventable infectious diseases.

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, 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, but improvements were needed. Specifically:

- Mops were not stored in line with national standards. We have since received evidence to confirm this shortfall has been addressed.
- There was no directional ventilation flow in the decontamination room.
- Soft furnishings were present in the waiting area. A cleaning protocol for these was not available. We have since received evidence to confirm this shortfall has been addressed.
- The operators chair covering was torn in Surgery 2.
- The worktop was damaged in places in Surgery 2.
- The flooring was incomplete in areas in Surgery 2.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment, but improvements were needed. Specifically:

- The practice replaced the hot water heating system, but a new legionella risk assessment had not been carried out.
- Hot water temperatures for the previous 6 months did not reach the required temperature of 50 degrees Celsius. There was no evidence of action taken as a result.

We have since received evidence to confirm these shortfalls are being addressed.

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.

Recruitment checks had been conducted in accordance with relevant legislation to help them employ suitable staff.

Staff inductions were informal, and records of these were not kept.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover. Twelve out of 13 clinical staff had evidence to confirm they had adequate immunity for vaccine preventable infectious diseases. We have since received evidence to confirm this shortfall has been addressed.

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

The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was due to be carried out in July 2023. This was as a result of changes to the practice layout. We will review any resulting action plans at our follow up visit.

- Rubbish bins at the rear of the practice were not lockable or tethered away from the building. We have since received evidence to confirm this shortfall has been addressed.

Are services safe?

Improvements were needed to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included handheld X-ray equipment.

- Local rules were not signed by all of the clinical staff who took radiographs.
- A hand-held x-ray machine was not included in the equipment inventory in the local rules.
- The 2 X-ray machines were missing rectangular collimators.
- A round collimator was taped in place in Surgery 1, while part of the wall mounted X-ray unit was taped in place in Surgery 2.
- Three-yearly quality assurance checks were not available for the 2 X-ray machines in Surgery 1 and 2.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were available and checked in accordance with national guidance. However, improvements were needed to storage arrangements. In particular:

- Glucagon was stored in a medical fridge with staff refreshments.
- The fridge used to store glucagon appeared to not be working effectively.

We have since received evidence to confirm these shortfalls have been addressed.

Emergency medicines and equipment were stored in a locked cupboard on the first floor. The key for the cupboard was stored in a ground floor room.

Staff knew how to respond to a medical emergency. Basic life support training was completed by all staff.

Immediate life support training was also completed by staff providing treatment to patients under sedation.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

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 systems for appropriate and safe handling of medicines.

Antimicrobial audits did not include analysis and resulting action plan. We have since received evidence to confirm this shortfall has been addressed.

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.

A General Data Protection Regulation (GDPR) accident book was not available. We have since received evidence to confirm this shortfall has been addressed.

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.

Sedation

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.

Orthodontics

The specialist orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

Dental implants

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. Improvements were needed to quality assurance processes. In particular:

- The Orthopantomogram (OPG) X-Ray audit did not to include analysis and any resulting action plan. We have since received evidence to confirm this shortfall has been addressed.

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.

Are services effective?

(for example, treatment is effective)

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

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

The practice was a referral clinic for dental implants, orthodontics, periodontics, prosthodontics and endodontics. We saw staff monitored and ensured the dentists were aware of all incoming referrals.

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.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television (CCTV) to improve security for patients and staff. Relevant protocols were not effective. In particular:

- A privacy impact assessment was not available.
- CCTV justification for patients was not available.
- The CCTV camera inside the practice was not signed appropriately.
- Details of the CCTV data controller was not available.

We have since received evidence to confirm these shortfalls have been addressed.

The window in Surgery 1 did not have a window covering in place to protect patient's privacy. We have since received evidence to confirm this shortfall has been addressed.

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

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, ground floor treatment room, hearing and vision aids.

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 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 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.

Leadership capacity and capability

We found improvements were needed to ensure the management and oversight of procedures that supported the delivery of care was effective.

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. 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 provider had overall responsibility for the clinical leadership of the practice.

The provider had a system of clinical governance in place which included policies, protocols and procedures. These were accessible to all members of staff, but systems were not routinely followed.

We saw there were clear and effective processes for managing risks, issues and performance but these were not followed which resulted in poor risk management at the practice.

The management of infection control, radiography, emergency medicines, legionella and CCTV required improvement.

Appropriate and accurate information

Staff acted on appropriate and accurate 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 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 provider had quality assurance processes to encourage learning and continuous improvement, but these were not operated effectively.

- The Orthopantomogram (OPG) X-Ray audit did not to include analysis and any resulting action plan.
- The antimicrobial audit did not include analysis and any resulting action plan.

We have since received evidence to confirm these shortfalls have been addressed.

Are services well-led?

The provider should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 **Regulation 17** **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. 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: **Infection Control** • Mops were not stored in line with national standards. • Soft furnishings were present in the waiting area. A cleaning protocol for these was not available. • The operators chair covering was torn in Surgery 2. • The worktop was damaged in places in Surgery 2. • The flooring was incomplete in areas in Surgery 2. **Fire Safety** • Rubbish bins at the rear of the practice were neither lockable nor tethered away from the building. **Closed Circuit Television (CCTV)** • A privacy impact assessment was not available. • CCTV justification for patients was not available. • The CCTV camera inside the practice was not signed appropriately.

This section is primarily information for the provider

Requirement notices

- Details of the CCTV data controller was not available.

Privacy and Dignity

- The window in Surgery 1 did not protect patient's privacy (there was no window covering).

Medical Emergencies

- 15 out of 16 staff carried out basic life support training in the previous 12 months.

Audits

- The Orthopantomogram (OPG) audit was not completed in full to include analysis and resulting action plan.

Emergency Medicines and Equipment

- Glucagon was stored in a medical fridge with staff refreshments.
- The fridge used to store glucagon appeared to not be working effectively.

Radiography

- Local rules were not signed by all of the clinical staff who took radiographs.
- A hand-held X-ray machine was not included in the equipment inventory in the local rules.
- The 2 X-ray machines were missing rectangular collimators.
- Round collimators were taped into place on the X-ray machines in Surgery 1 and 2.
- Three yearly quality assurance checks were not available for the two X-ray machines in Surgery 1 and 2.

Legionella

- The practice replaced the hot water heating system, but a new legionella risk assessment had not been carried out.
- Hot water temperatures for the previous 6 months did not reach 50 degrees Celsius. There was no evidence of action taken as result.

General Data Protection

- The practice did not have a GDPR compliant accident book.