

Smile Care Plymouth Ltd

Cattedown Dental Care

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 13 February 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.
- Improvements are required to repair damaged walls in the practice.
- Improvements were required to the practice infection control procedures.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. However, not all staff had completed safeguarding training.
- The practice had staff recruitment procedures which reflected current legislation.
- Patient care records did not indicate that care and treatment was in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.

Summary of findings

- Improvements were required to ensure patients were given appropriate preventative care and their oral health was supported.
- The appointment system worked efficiently to respond to patients' needs.
- 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.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.
- The practice had systems to manage risks for patients, staff, equipment and the premises. Senior managers had identified that a number of improvements are needed. They had an action plan in place to address these issues.

Background

The provider is part of a corporate group, Smile Dental Care, and this report is about Cattedown Dental Care.

Cattedown Dental Care is in Plymouth and provides NHS and 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 are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 4 dentists, 1 dental nurse, 3 trainee dental nurses, a practice coordinator/receptionist and a cleaner. The practice has 4 treatment rooms.

During the inspection we spoke with 2 dentists, 3 trainee dental nurses, the practice coordinator, the provider area manager for the company; and a practice manager from one of the provider's other practices, who is helping to support the practice in the absence of a practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday to Friday 9am – 5pm.

We identified regulations the provider is 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 is not meeting are at the end of this report.

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

- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular, in relation to providing suitable brushes for the effective hand cleaning of dental instruments and repair and tears in dental chairs.

Summary of findings

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular, by using rectangular collimators to reduce the patient exposure to radiation whilst receiving an X-ray.

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. However, one dental professional had not completed safeguarding training to a level suitable for their role. The area manager told us the clinician had been reminded to complete this training.

The practice had written infection control procedures, which reflected published guidance. We noted there was no suitable long handled brush available in the decontamination room for when manual cleaning of dental instruments was indicated. We also noted a ripped dentist chair in one surgery and rust damage to autoclaves. We brought this to the attention of the area manager, who said items would be replaced or repaired.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

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 for agency or locum staff. These reflected the relevant legislation.

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 had experienced a water leak, resulting in significant damage to the roof and some walls. The roof had been repaired and plans were in place to complete further repairs and redecoration.

The management of fire safety was effective. A fire safety risk assessment was carried out in line with the legal requirements.

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 systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working. We saw that improvements were required to ensure that all of the necessary information was easily accessible to staff. We found that non-clinical staff and some trainee dental nurses had not received sepsis awareness training. The area manager told us this would be arranged.

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

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.

Information to deliver safe care and treatment

Are services safe?

We noted that the completion of patient care records was inconsistent. For example, the justification for radiographs was not always documented. We saw Basic Periodontal Examinations completed, but no diagnoses were recorded. We did not see social histories, for example smoking and alcohol intake in patient records. This limited the effective delivery of individualised oral health advice.

Patient care records 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.

An antimicrobial prescribing audit was in the process of being completed. We saw examples of the overprescribing of antibiotics without documented indications. Not all staff were aware of current national guidance for prescribing antibiotics. We brought this to the attention of the area manager, who told us additional clinical support would be provided.

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

Not all dental professionals were up to date with current evidence-based practice. For example, not all necessary staff were unaware of current British Society of Periodontology guidance.

Helping patients to live healthier lives

Not all dental professionals were aware of the delivering Better Oral Health toolkit, which helps clinicians provide preventive care to support patients to ensure better oral health. The senior manager told us additional clinician training and support would be offered.

Consent to care and treatment

Staff understood their responsibilities under the Mental Capacity Act 2005. However, we did not always see oral consent to care and treatment recorded in patient care records, in line with legislation and guidance.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Not all staff had an awareness of Gillick competencies relating to consent to treatment; or awareness of the Duty of Candour.

Monitoring care and treatment

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 did not always document the clinical justification for taking radiographs. Clinicians graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly, however improvements were required to review the quality of the audit. the sample size included in the audit was below current guidance. One dental x-ray unit lacked a rectangular collimator. We brought this to the attention of the area manager, who said this would be sourced and fitted to the unit.

Effective staffing

We have identified in this report that staff lacked some knowledge 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.

All trainee nurses were enrolled on a course to complete their dental nursing qualification.

However, we could not be assured that all staff had the required knowledge and skills to carry out their roles.

The area manager had completed a recent audit of staff training needs and had identified several areas for improvement. We saw that an action plan had been put into place and that staff were working to complete the required training.

Co-ordinating 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 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 forms to the practice indicated patients considered the staff compassionate and understanding when they were in pain, distress or discomfort.

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

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

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 ground floor treatment room and accessible toilet, 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. For example, the area manager told us that chairs with arms had been ordered for the patient waiting area, for patients who needed additional support when rising from the chair.

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.

The practice's website 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.

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.

The practice was advertising for a manager. In the meantime, we were told management would be overseen between the area manager and an experienced manager from another of the provider's dental practices.

Leadership capacity and capability

Staff tasked with overseeing the running of the practice demonstrated a transparent and open approach to acknowledging shortfalls in compliance at the practice. They had an action plan in place and demonstrated a drive to make the necessary improvements.

Culture

Leaders within the organisation had identified that improvements were required at the practice; and we were told that staff would be supported to ensure that improvements were sustained. .

Staff had annual appraisals. This enabled discussions regarding learning needs, general wellbeing and aims for future professional development.

Shortfalls in required staff training had been identified and were being addressed.

Governance and management

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were processes for managing issues and performance.

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.

Continuous improvement and innovation

The practice had systems and processes for learning and quality assurance. Clinical audits included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans. However, improvements were required to ensure that audits were reflective of practice processes and in line with national guidance.

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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 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 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">• One dental professional had not completed safeguarding training to the appropriate level of knowledge.• Some staff lacked awareness of the Duty of Candour legislation and Gillick competencies.• Not all staff had completed sepsis awareness training.• Patient care records were incomplete, lacking necessary information to inform individualised oral health advice and treatment.• One dental professional did not have awareness of current clinical guidance, namely Better Oral Health and the British Society of Periodontology guidelines.• Records showed dental professionals did not always record justification for radiographs or indications for antibiotic prescribing.• There was damage to walls resulting from a previous leak in the roof.