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Acorn Dental Care

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 20 March 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 second inspector and 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 provider's infection control procedures were not operated effectively.
- The appointment system worked efficiently to respond to patients' needs.
- The provider did not operate effective systems to help them manage risk to patients and staff.
- Staff knew how to deal with medical emergencies, but improvement was needed to ensure emergency equipment was appropriate.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The provider's staff recruitment procedures were not operated effectively.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff training was not monitored effectively.
- The provider did not have effective leadership and a culture of continuous improvement.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.

Background

Acorn Dental Care is in Maidenhead and provides private dental care and treatment for adults and children.

There is step free access to the practice, at the rear of the building, for wheelchair users and those with pushchairs.

Car parking spaces, including dedicated parking for disabled people, are available at the rear of the practice.

The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 4 dentists, 4 dental nurses, 1 dental hygienist and 1 receptionist who is also the practice administrator.

The practice has 3 treatment rooms.

During the inspection we spoke with 3 dentists, 3 dental nurses and a receptionist.

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

The practice is open:

- Monday 8am – 5pm
- Tuesday 8am – 5pm
- Wednesday 8am – 5pm
- Thursday 8am – 5pm
- Friday 8am – 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
- Ensure persons employed in the provision of the regulated activity receive the appropriate training necessary to enable them to carry out their duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed and specific information is available regarding each person employed.

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

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

Summary of findings

- Improve systems for responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- Implement protocols regarding the prescribing and recording of antibiotic medicines taking into account guidance provided by the Faculty of General Dental Practice in respect of antimicrobial prescribing.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

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?	Requirements notice	✗
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 did not have effective infection prevention and control procedures which reflected current published guidance. We found:

- The infection control audit was not completed correctly. Audit findings were inaccurate.
- Infection control audits were completed annually. Frequency should be six monthly.
- Clinical staff did not correctly wear personal protective equipment (PPE).

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

- Two waiting room chairs were covered with a material substance which made effective cleaning a barrier.
- There was no controlled ventilation or extraction fans in the decontamination room.

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

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

There was not an effective cleaning process in place to ensure the practice was kept clean. Specifically:

- Cleaning equipment was missing a green mop and bucket for the kitchen area.
- Cleaning check sheets did not identify who conducted the cleaning and when (date).
- Evidence of oversight of cleaning standard checks was not available.

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

Recruitment checks had not been conducted, in accordance with relevant legislation to help them employ suitable staff.

We looked at 7 staff recruitment records and evidence presented to us found:

- Two did not have proof of eligibility to work in the UK.
- Six did not have a health assessment conducted.
- One did not have a disclosure and barring (DBS) check.
- Four did not have evidence available to confirm their conduct in their previous employment (reference) had been obtained.

Staff did not have a second reference in accordance with the requirement in the practices' Recruitment policy.

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

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus. However, the effectiveness of the vaccination was not checked for 3 of the 8 clinical staff.

The practice did not ensure equipment was safe to use and maintained and serviced according to manufacturers' instructions.

Are services safe?

A fire safety risk assessment was conducted in line with the legal requirements. The management of fire safety was not effective. In particular:

- The practice management could not demonstrate competence in fire safety management.
- The fire alarm was not tested appropriately by activating call points in rotation.
- The room used to house oxygen was not labelled with COSHH warning signs.

The practice did not have arrangements to ensure the safe use of the X-ray equipment. In particular:

- Rectangular collimators were not available for any of the 3 X-ray machines.
- Local rules for the CBCT were not available.
- The operator mirror for the CBCT machine was not in place. We have since received evidence to confirm this shortfall has been addressed.

Risks to patients

The practice had not effectively implemented systems to assess, monitor and manage risks to patient and staff safety. Specifically:

- A sharps box in treatment room 2 was in use beyond its 3 month use by date.
- A sharps box in treatment room 1 was not labelled appropriately.
- A blood spillage kit was not available.

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

Records were available to confirm that emergency equipment and medicines were available and checked in accordance with national guidance however we found areas that required attention:

- Oropharyngeal airways were not individually wrapped, CE or UKCA marked
- A Volumatic spacer was not available.

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

- Portable suction was not CE or UKCA marked.

Six of the 8 of staff had completed training in emergency resuscitation and basic life support in the previous 12 months. We noted that 3 of these had carried out online training. We were told training had been booked to take place for all staff.

Immediate life support training (or basic life support training plus patient assessment, airway management techniques and automated external defibrillator training) was not completed by staff providing treatment to patients under sedation in the previous 12 months.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Improvement was needed in areas. These included:

- COSHH safety data sheets were not available for COSHH relevant substances.
- COSHH products were not stored securely in the kitchen.
- Sanitary bins were not available in the practice. The Workplace (Health, Safety and Welfare) Regulations 1992 specify that all businesses must provide a suitable means for disposing of sanitary products in each female toilet.

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

Information to deliver safe care and treatment

Paper patient care records were legible, kept securely and complied with General Data Protection Regulation requirements.

Are services safe?

- Security of electronic records required improvement. In particular, a computer in the X-ray room, reception and treatment coordinators room did not follow information governance codes of practice and lock when not in use.
- A General Data Protection Regulation (GDPR) compliant accident book was not available.

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, but these were not effective. In particular:

- Antibiotic prescribing did not follow current national standards.
- The most recent antimicrobial audit indicated the practice was meeting the required standards. Audit findings were inaccurate.

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. Improvements were needed to ensure staff had sight of relevant 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.

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.

- A sedation case log book was not available for the in house sedationist. We have since received evidence to confirm this shortfall has been addressed.

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.

involvement in local schemes

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

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

Improvements were needed to patient care record keeping, in line with recognised guidance. We found:

- Intra oral and extra oral examination checks were not routinely recorded in patient care records.
- Information was not routinely recorded in patient care records. The practice partially completed electronic and paper records. We found information was missing in both, such as dental charting.

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

Evidence was not available to demonstrate all staff had the skills, knowledge and experience to carry out their roles.

We looked at 8 staff training files. Evidence presented to us confirmed that:

Are services effective?

(for example, treatment is effective)

- 6 out of 8 staff carried out basic life support training in the previous 12 months.
- 6 out of 8 staff carried fire safety training in the previous 12 months.
- 7 out of 8 staff carried out infection prevention and control training.
- 7 of the 8 staff carried out learning disability and autism training.
- Three out of 4 staff, who took X-rays, carried out 5 hours of IR(ME)R training in the previous 5 years.
- Immediate life support training (or basic life support training plus patient assessment, airway management techniques and automated external defibrillator training) was not completed by staff providing treatment to patients under sedation in the previous 12 months.

Training was not monitored to ensure relevant staff had carried out training at required intervals.

Co-ordinating care and treatment

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

On the day of inspection, we spoke with 4 patients who all confirmed the dentists were kind and gentle, involved them in decisions about their care, compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. However, the glass frosting on treatment rooms did not fully protect patients' privacy and dignity. We have since received evidence to confirm this shortfall has been addressed.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant protocols were not in place. In particular:

- CCTV warning signage was not prominent.
- A CCTV privacy impact assessment was not available.
- Information for patients was not available to explain the purpose of recording images.
- The name and contact details of those operating the surveillance scheme were not displayed.

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 dentists 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 and scanner.

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 to support patients with access requirements. These included:

- A hearing loop.
- Accessible toilet.
- Vision aids.
- Step free access (via a ramp).

The latest disability access audit indicated the practice was meeting the required standards. However, we found that audit findings were inaccurate.

- The wheelchair accessible toilet had a foot operated bin.
- There was no facility for summoning help at the ramped access at the rear of the building (no bell).

We have since received evidence to confirm this shortfall has been addressed.

Evidence of the provision of translation services was not available.

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.

Patients had enough time during their appointment and did not feel rushed.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment 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

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.

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

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

Governance and management

The provider had overall responsibility for the clinical leadership of the practice. The practice administrator was responsible for ensuring the practice met the required standards.

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 radiography, recruitment, fire safety, COSHH, infection control, sharps and emergency medicines and equipment required improvement.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice's information governance arrangements required improvement.

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

The provider had quality assurance processes to encourage learning and continuous improvement, but these were not operated effectively.

Antimicrobial prescribing, infection control and disability access audits were not carried out correctly.

Are services well-led?

Training was not monitored effectively. Evidence was not available to confirm that all relevant staff had completed the 'highly recommended' training as per General Dental Council professional standards.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Surgical procedures	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Treatment of disease, disorder or injury	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: 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:

Requirement notices

Infection Control

- Cleaning equipment was missing a green mop and bucket for the kitchen area.
- Cleaning check sheets did not identify who carried out the cleaning and when (date).
- Evidence of oversight of cleaning standard checks was not available.
- The infection control audit was not completed correctly. Audit findings were inaccurate.
- Infection control audits were completed annually.
- Two waiting room chairs were covered with a material substance which made effective cleaning a barrier.
- Clinical staff did not correctly wear personal protective equipment (PPE).

Radiography

- Rectangular collimators were not available for any of the 3 X-ray machines.
- Local rules for the CBCT were not available.
- The operator mirror for the CBCT machine was not available.

Medical emergencies

- Portable suction was not CE or UKCA marked.
- Oropharyngeal airways were not individually wrapped, CE or UKCA marked.

Control of Substances Hazardous to Health (COSHH)

- COSHH safety data sheets were not available for COSHH relevant substances.
- COSHH products were not stored securely in the kitchen.
- Sanitary bins were not available in the practice. The Workplace (Health, Safety and Welfare) Regulations 1992 specify that all businesses must provide a suitable means for disposing of sanitary products in each female toilet.

Fire Safety

- The practice management could not demonstrate competence in fire safety management.
- The fire alarm was not tested appropriately by activating call points in rotation.

Requirement notices

- The room used to house oxygen was not labelled with appropriate COSHH warning signs.

Health and Safety

- A sharps box in treatment room 2 was in use beyond its 3 month use by date.
- A sharps box in treatment room 1 was not labelled appropriately.
- A blood spillage kit was not available.

General Data protection Requirements (GDPR)

- Security of electronic records required improvement. In particular, a computer in the X-ray room, reception and treatment coordinators room did not follow information governance codes of practice and lock when not in use.
- A GDPR compliant accident book was not available.

Medicines

- Antibiotic prescribing did not follow current national standards.
- The most recent antimicrobial audit indicated the practice was meeting the required standards. Audit findings were inaccurate.

Sedation

- A sedation case log book was not available for the in house sedationist.

Privacy and Dignity

- Glass frosting on treatment rooms did not fully protect patients' privacy and dignity.
- Closed circuit television (CCTV) warning signage was not prominent.
- A CCTV privacy impact assessment was not available.
- Information for patients was not available to explain the purpose of recording images.
- The name and contact details of those operating the surveillance scheme were not displayed.

Equality Act 2010

- The wheelchair accessible toilet had a foot operated bin.

Requirement notices

- There was facility for summoning help at the ramped access at the rear of the building (no bell).
- Evidence of the provision of translation services was not available.

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

We looked at 8 staff training files and evidence presented to us confirmed that:

- Training was not monitored to ensure relevant staff had carried out training at required intervals.
- 6 out of 8 staff carried out basic life support training in the previous 12 months.
- 6 out of 8 staff carried fire safety training in the previous 12 months.
- 7 out of 8 staff carried out infection prevention and control training.
- 7 of the 8 staff carried out learning disability and autism training.
- 3 out of 4 staff, who took X-rays, carried out 5 hours of IR(ME)R training in the previous 5 years.
- Immediate life support training (or basic life support training plus patient assessment, airway management techniques and automated external defibrillator training) was not completed by staff providing treatment to patients under sedation in the previous 12 months.

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Recruitment checks were not monitored to ensure they were completed or stored appropriately.

We looked at 7 staff recruitment records and evidence presented to us confirmed that:

- Two staff did not have eligibility to work in the UK.
- Six did not have did not have a health assessment carried out.

This section is primarily information for the provider

Requirement notices

- One did not have a disclosure and barring (DBS) check.
- Four did not have evidence available to confirm their conduct in their previous employment (reference) had been obtained.