Easy Dental Ltd

Easy Dental

Inspection report

44 Old Hall Street
Liverpool
L3 9PP
Tel: 07725103872

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Overall summary

We carried out this announced focussed inspection on 14 December 2021 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 provider 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 always ask the following five questions:

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:

Are services safe?

We found this practice was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found this practice was providing effective care in accordance with the relevant regulations.

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Summary of findings

Background

Easy Dental is in Liverpool City Centre and provides private dental care and treatment for adults.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice in a multi-storey car park. The practice is located close to Moorfields train station.

The dental team includes three dentists, three dental nurses, all of whom are trainees, one dental hygienist, a practice manager and two receptionists. The practice has three treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Easy Dental is the principal dentist.

During the inspection we spoke with two dentists, two dental nurses, and the receptionists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Friday from 10am to 6:30pm and on Saturday from 9am to 4:30pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance. Further attention was required to systems in place for the management of Legionella risk and oversight of this.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available, with the exception of some sizes of clear face masks.
- The provider had systems to help them manage risk to patients and staff. Some of these, including roles and responsibilities of the provider and individual staff, required review.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. We drew attention to the absence of key contact details within policies and fast access to these for use in a safeguarding emergency.
- The provider had staff recruitment procedures documented within policies which reflected current legislation. We observed these processes were not consistently followed.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership; processes for supporting continuous improvement could be strengthened.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

We identified regulations the provider was not complying with.

Summary of findings

- Care and treatment must be provided in a safe way for service users.

- 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

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?	**Requirements notice** ✖
Are services effective?	**No action** ✓
Are services well-led?	**Requirements notice** ✖

Are services safe?

Our findings

We found this practice was not providing safe 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.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures in place. When we reviewed these, we found that the necessary information for staff to report and deal with suspected abuse, was not contained in these policies. There were no flow charts within the practice on what steps to take, and who key contacts were. We observed that one of the dentists could access these details on their mobile phones, but it was unclear whether staff had the insight and knowledge to find this material themselves, in the event of a safeguarding incident.

We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns internally. Knowledge on notification to the CQC of safeguarding incidents was limited.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. *The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.*

The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. When we reviewed the risk assessment for control of Legionella, we noted the recommendation that hot water temperatures should reach 55 degrees centigrade within one minute, for effective thermic control of Legionella, was not being observed. Water temperatures were not recorded, and paperwork to support this was being ticked by staff, to indicate hot water was above 50 degrees centigrade, rather than recording the temperature reached. We tested the temperature of the hot water ourselves. After one minute and thirty seconds, the hot water was still tepid in temperature. We drew this to the attention of the provider and discussed how this could be addressed and how record keeping could be improved to show the actual temperature reached of sentinel taps.

Records of dental unit water line management were maintained.

Are services safe?

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. However, the audit had failed to identify that guidance on hot water temperatures for management of Legionella was not being followed.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff. We looked at four staff recruitment records. The checks required to be undertaken on staff were not consistently applied. This demonstrated the provider did not follow their recruitment procedure consistently. For example, we found two dentists had not provided evidence of immunity to Hepatitis B; the medical indemnity cover of one staff member was insufficient for the purposes it was taken out, and failed to provide any vicarious liability for associated staff, in the absence of those staff not having individual indemnity policies. For three staff members, no background check had been undertaken. Following our inspection, the provider confirmed that they had increased medical indemnity cover to better meet the needs of the practice and its staff.

We observed that clinical staff were qualified and registered with the General Dental Council.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available for all equipment. The practice had a cone beam computed tomography (CBCT) X-ray machine. Staff had received training in the use of it and appropriate safeguards were in place for patients and staff. We found that one of the recommendations made in the critical acceptance testing of the CBCT had not been responded to and we drew the attention of the provider to this during out inspection.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation. When we reviewed radiography audits, we observed this did not extend to cone beam computed tomography equipment used by the practice. The provider confirmed this would be addressed immediately.

Clinical staff completed continuing professional development in respect of dental radiography.

The practice had a cone beam computed tomography X-ray machine. Staff had received training in the use of it and appropriate safeguards were in place for patients and staff.

Risks to patients

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

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. For several staff members the effectiveness of the vaccination had not been checked, as required. Theprovider confirmed that staff were being booked for the tests required and that staff records would be updated accordingly.

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care

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

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. Although the provider confirmed that they did not provide dental care and treatment for children, we brought the guidance of the Resuscitation Council UK to the attention of the principal dentist, and the list of items it recommends should be present in emergency medical equipment. This includes clear face masks in all sizes (0,1,2,3,4). The smaller sizes may be required if an adult attended the practice with a small child in their care.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with General Dental Council Standards for the Dental Team.

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

Information to deliver safe care and treatment

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist. When we reviewed these arrangements, it was evident that there was no process in place to follow up referrals to ensure that they had been received, and/or that the patient had attended the referral appointment. The provider confirmed that they would review processes to capture this learning.

Safe and appropriate use of medicines

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. We found that not all information required was present on labels being used on dispensed medicines. We confirmed that information required must cover the name of the practice, the telephone number of the practice, the name and strength of the medicine, the number of tablets dispensed, the dose to be taken, the frequency of the dose, and the length of the course of medication.

The dentists were aware of current guidance with regards to prescribing medicines, for example, criteria for prescribing of antibiotics.

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines.

Are services safe?

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

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. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to intra-oral microscopes to enhance the delivery of care. For example, one of the dentists had an interest in endodontics, (root canal treatment). The dentist used a specialised operating microscope to assist in carrying out root canal treatment.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

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.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

As part of this the practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans which included dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

Are services effective?

(for example, treatment is effective)

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 containing information about the patients' current dental needs, past treatment and medical histories. In records we reviewed we found that patients were not signing their medical history updates at each appointment. We drew the attention of the provider to this. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

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

Staff new to the practice including trainee staff had a structured induction programme. We confirmed clinical staff completed the 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 dentists confirmed they 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

The principal dentist and associates were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Culture

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

Staff discussed their training needs at an annual appraisal and staff meetings. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. We saw the provider had systems in place to deal with any staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

Our observation on the day of inspection, was that systems to support governance were not fully embedded. Where some duties had been delegated, staff taking on those duties told us they had not had sufficient time to familiarise themselves with supporting documents, for example policies and risk assessments. This resulted in non-compliance with practice policies and a lack of oversight of weekly testing to uphold good governance.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was on a period of leave, meaning the principal dentist was also responsible for the day to day running of the service. This meant that there were gaps in some areas of governance

The system of clinical governance in place which included policies, protocols and procedures, was accessible to all members of staff. Policies were reviewed on a regular basis; however, this had failed to identify areas were policies were not being followed as required, or where required information had been omitted from systems and processes necessary to uphold good governance. For example:

- The process for securing and maintaining necessary recruitment records;
- The systems for following the recommendations of Legionella risk assessment;
- The process to include all radiation equipment to be covered by radiography audit, for example the CBCT equipment.
- The system for checking the presence of all items of emergency equipment, in line with recognised guidance.
- The process for inclusion of all contact details for local authority safeguarding leads within policies and in flow charts placed around the practice.
- The setting up and maintenance of training records and review of these to ensure staff receive timely training and for oversight of subjects necessary for continuing professional development.
- The systems for oversight of referral of patients with suspicious lesions;
- The process of seeking signatures of patients on updates to medical history, checked at each appointment.

Are services well-led?

- The systems in place for correct labelling of medicines dispensed to patients.
- The process in place to ensure all recommendations in relation to CBCT equipment are acted on.

Appropriate and accurate information

Quality and operational information for example audits, were not fully used to ensure and improve performance. The information that was available had not been acted on, as referred to above.

The provider 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

The provider used patient surveys and verbal comments as feedback and views about the service. We saw examples of suggestions from patients the practice had acted on. For example, the practice opened later in the mornings to provide later opening hours in the evening, allowing greater access for those with working and caring responsibilities.

The provider gathered feedback from staff 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.

Continuous improvement and innovation

The provider had systems and processes for learning and continuous improvement. We discussed how these could be further developed, for example, by carrying out audits on implant work including instances were implants had failed and by including CBCT images in radiography audit.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. We observed that not all information coming from audits and risk assessments had not been fully acted on.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

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 Treatment of disease, disorder or injury Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12** **Safe care and treatment** Care and treatment must be provided in a safe way for service users. The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • There were insufficient quantities of equipment to ensure the safety of service users and to meet their needs. Namely, clear face masks in all sizes were not available in emergency equipment held at the practice, as recommended by recognised guidance. • Recruitment procedures were ineffective; all checks to ensure that new staff commencing employment at the practice had the necessary registrations, indemnity, qualifications and background checks had not been carried out in respect of all staff. • All recommendations in the practice's Legionella risk assessment, 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' had not been acted on. In particular that the temperature of hot water at the practice reaches 55 degrees centigrade after one minute of running the taps, and that the temperature of the water is recorded accurately. • The practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance **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: of the regulated activities were not effective. Patient medical histories and updates were not signed by patients and patient records contain details of each patients GP; and • There was no system of follow-up of patient referrals, for example, in the case of suspicious lesions. • The practice's protocols for medicines management required review to ensure all medicines are stored and dispensed of safely and securely. In particular, that all information required is available on labels of dispensed medicines • Improvement was needed in 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 HPA-CRCE-010 Guidance on the Safe Use of Dental Cone Beam (Computed Tomography). In particular, that all recommendations made in the critical acceptance testing of this equipment are acted upon, and that produced by this equipment are included as part of radiography audit. Regulation 12 (1)

This section is primarily information for the provider

Requirement notices

- The practice's risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities required review. In particular:
- The systems and processes in place to manage risk from Legionella;
- The systems in place to manage checks on emergency equipment to ensure all items are present, as described in recognised guidance.
- The systems in place to ensure all required recruitment checks are completed prior to staff starting work, and that processes are in place to ensure all recruitment documents are secured and stored as required.
- The process of creating and updating patient medical histories is sufficiently detailed, to include patient signatures and details of patients GP.
- Systems and processes for patient referrals, specifically for referral of patients with suspicious lesions, to include a system of follow-up, and;
- Systems in place for labelling of dispensed medicines, to ensure these have all required information for patients.
- Systems for audit of radiography did not include CBCT images, and some recommendations made in critical acceptance testing were not acted on.
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Regulation 17(1)