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Rosebrough Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 22 June 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Staff knew how to deal with medical emergencies. Emergency equipment and medicines, however, were not available as described in the Resuscitation Council UK 2021 guidelines.

Summary of findings

- The practice had infection control procedures which reflected published guidance; however, improvements were needed to ensure all recommended routine testing was carried out on the equipment.
- The provider had staff recruitment procedures which reflected current legislation. However, improvements were needed to ensure important checks were carried out at the time of recruitment.
- Improvements were needed to the systems used to help the provider manage risks to patients and staff.
- The provider had some information governance arrangements; however, improvements were needed in relation to the use of closed-circuit television (CCTV).

Background

Rosebrough Dental Practice is in Newcastle Upon Tyne and provides NHS and private dental care and treatment for adults and children.

The practice is located on the first floor, accessible only by stairs. It is close to local transport links and car parking spaces are available near the practice.

The dental team includes two dentists, two dental nurses, one trainee dental nurse, three dental therapists and one receptionist. The practice has three treatment rooms.

During the inspection we spoke with one dentist, one dental nurse and one dental therapist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 9.00am to 1.00pm and from 2.00pm to 5:30pm

Friday from 9.00am to 1.00pm and from 2.00pm to 5.00pm

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	Requirements notice	✗

Are services safe?

Our findings

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

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

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance. Improvements were needed to ensure the Infection Prevention and Control audit was undertaken bi-annually. Improvements were also needed to ensure all recommended routine tests were being undertaken on the autoclaves and ultrasonic bath in accordance with the 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. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. The introduction of a water temperature monitoring system was needed as part of the ongoing water management protocols.

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

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

The practice had a recruitment policy to help them employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records. Enhanced Disclosure and Barring Services (DBS) checks had not been undertaken at the time of recruitment for one member of staff. The DBS check for one other member of staff had been carried out three years prior to recruitment and there was no evidence the risks around this had been considered. Records were not available to show that satisfactory evidence of conduct in previous employment had been sought for two members of staff.

Improvements could be made to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Vaccination logs were not available for two members of clinical staff and records to show the effectiveness of the vaccination were not available for one staff member.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in November 2020 in line with the legal requirements.

A substantial number of recommendations were made and there was no evidence all of these had been actioned, and the protocols for managing risks associated with fire, were being followed. During the inspection we noted there was no evidence the fire alarm was serviced and maintained. The fire extinguishers had been serviced in November 2019 and November 2020, however there were no records available to demonstrate this had been carried out since. Records were also not available to demonstrate that all staff undertook training in relation to fire safety.

Are services safe?

The practice had arrangements to ensure the three-yearly testing of X-ray equipment was undertaken and we saw the required radiation protection information was available in relation to the intra-oral X-ray and the Cone-beam computed tomography (CBCT). Improvements were needed to ensure the X-ray equipment was serviced and maintained according to the manufacturer's guidelines. In addition, there was no information from the Radiation Protection Advisor in relation to the handheld X-ray equipment.

Risks to patients

The provider had health and safety policies and procedures; however, improvements were needed to the practice's risk management processes. For example, the risk assessment in place for the handling and disposal of dental sharps did not consider all risks. We also discussed the importance of ensuring risk assessments are undertaken by a competent person with the appropriate skills and knowledge to do so; for example, we noted the business continuity plan had been undertaken by a recently qualified nurse and the appropriate assessment of risks had not been considered.

Emergency equipment and medicines were not available in accordance with national guidance. We noted there were no oropharyngeal airways, only one clear face mask for self-inflating bag, masks for use with the self-inflating bag, no self-inflating bag with reservoir (child) and no glucose (for administration by mouth). We brought this to the attention of the principal dentist who ordered the items immediately after the inspection. We also discussed the importance of ensuring the medical emergency equipment was easily accessible to staff in the event of an incident.

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 some information available to minimise the risk that could be caused from substances that are hazardous to health; however, risk assessments for the individual materials had not been undertaken and the information was not organised in a way so as to be easily accessible to staff in the event of an incident. Immediately after the inspection the provider sent us evidence this information had been collated.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

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

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating 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

The practice had systems to keep dental professionals up to date with current evidence-based practice.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Consent to care and treatment

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

Staff understood their responsibilities under the Mental Capacity Act 2005.

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

Monitoring care and treatment

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

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

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 and legislation.

Effective staffing

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

The provider told us there were systems in place to ensure newly appointed staff received a structured induction. We looked at four staff files. Records were not available to demonstrate this had been undertaken for two members of staff.

Staff undertook training and development, relevant to their role; however, improvements could be made with the introduction of a monitoring protocol to ensure staff training was up-to-date and reviewed at the required intervals. For example, in relation to fire safety.

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. A referral monitoring system was in place; however, improvements could be made to the protocol so staff followed up on referrals and ensured patients are seen in a timely manner.

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 sections 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 the provider had the capacity, values and skills to deliver high-quality, sustainable care. The information and evidence presented during the inspection process was clear and well documented. The inspection however, highlighted some areas such as, risk management, recruitment and adherence to published guidance where improvements were needed.

Culture

The practice had protocols in place to manage the service, however these did not always operate effectively.

Staff stated they felt respected, supported and valued. They enjoyed working in the practice.

Staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

Governance and management

Staff had clear responsibilities roles and systems of accountability to support good governance and management.

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

Improvements were needed to ensure processes for managing risks were effective. The practice did not have adequate systems in place for identifying, assessing and mitigating risks in areas such as infection prevention and control, fire safety and legionella.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Improvements were needed in relation to the use of CCTV. We noted the practice had signage and a CCTV policy; however, a Data Protection Impact Assessment had not been undertaken as required.

Engagement with patients, the public, staff and external partners

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

The practice gathered feedback from staff through meetings, surveys, 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 practice had systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and radiographs. The infection prevention and control audits were not carried out effectively in that they failed to identify areas where guidance was not being followed.

Are services well-led?

Improvements could be made to the disability access audit to consider how the practice would support patients with no physical disabilities.

Staff kept records of the results of these audits and the resulting action plans and improvements.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the Regulation was not being met</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• The risks associated with all forms of sharps had not been considered nor had those risks to staff been mitigated.• Recommendations made as part of the fire safety risk assessment had not been carried out and the risks associated with fire had not been appropriately assessed and mitigated.• Fire safety equipment such as the fire alarm were not tested and checked and the fire extinguishers had not been serviced since November 2020.• Individual risk assessments and product information sheets were not available for all substances hazardous to health.• All recommended routine testing was not carried out for the ultrasonic bath and the autoclaves.• Medical emergency equipment was not available as recommended.• No temperature monitoring protocol had been established as part of the legionella risk management protocols.• Intra-oral X-ray equipment was not serviced and maintained in accordance with manufacturer's guidelines and there was no information relating to the use of the hand-held X-ray unit.

Requirement notices

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- There was no system in place to ensure important recruitment checks had been carried out, for all members of staff, at the time of recruitment and that staff vaccinations had been carried out and the level of immunity checked.
- Records were not available to demonstrate comprehensive inductions were being carried out for all newly appointed members of staff.

Regulation 17(1)