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Cavendish Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 20 September 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 generally clean. We identified some areas that required repair and update to ensure they could be well-maintained.
- The practice had infection control procedures which reflected published guidance. We found these were not always implemented effectively.
- Staff knew how to deal with medical emergencies. Systems to ensure that appropriate medicines and life-saving equipment were available required improvement.
- Practice systems to manage risks for patients, staff, equipment and the premises were not effective, specifically for fire safety and legionella management.

Summary of findings

- Safeguarding processes were in place, embedded into practice procedures and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- 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.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

Cavendish Dental Practice is in Derby 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, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 8 dentists, 1 foundation dentist 7 dental nurses, 4 trainee dental nurses, 1 dental therapist, 1 practice manager and 2 receptionists. The practice has 7 treatment rooms.

During the inspection we spoke with 2 dentists, the foundation dentist, 3 dental nurses, 2 receptionists and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday from 8.45am to 7pm

Tuesday from 8.45am to 5.30pm

Wednesday from 9am to 4pm

Thursday from 9am to 5.30pm

Friday from 9am to 5pm

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

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

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

Summary of findings

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, that recommended processes are followed for manual cleaning of instruments and all work surfaces and furniture in treatment rooms are in a good state of repair and able to be cleaned satisfactorily.
- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Take action to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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 that were well embedded amongst the staff team. Staff we spoke with demonstrated a detailed knowledge of the signs and types of abuse and their role and responsibilities for safeguarding vulnerable adults and children. We saw records of a number of examples where staff had identified concerns and responded appropriately to ensure people were kept safe. We observed that information about safeguarding was displayed around the practice and all staff had received training to a level appropriate to their role.

The practice infection control policies and guidance reflected published guidance. We found these were not always implemented consistently or effectively. We observed 1 treatment room that had clearly damaged work surfaces and missing drawer fronts and cupboard handles making cleaning and disinfection difficult. We observed that procedures for manual cleaning of dental instruments did not always follow recommended guidance. Specifically, in ensuring logs of changes of brushes and gloves were kept, regular maintenance checks of equipment were carried out and recorded, correct ratios of solution and temperature of water were used for cleaning instruments and ensuring instruments were stored correctly prior to decontamination. The provider began to take action to address these issues during our inspection and further evidence of remedial action planned was submitted afterwards.

The practice procedures to manage the risk and spread of the risk of Legionella, or other bacteria, developing in water systems, were not effective or in line with current guidance. An assessment of the risk of legionella had not been completed for the service. Records of recommended measures to reduce the risk of legionella developing, including flushing of dental unit water lines and seldom used outlets and recording temperature of water were not always carried out or recorded accurately. Following our inspection, the provider submitted evidence that remedial action was in progress.

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

With the exception of the previously identified concern regarding works surfaces, 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 procedures to help them employ suitable staff, including for agency or locum staff which reflected the relevant legislation. We found these were not always applied. We found that references were not always sought for new starters despite them previously working in a health care setting and details of referees being given. The provider submitted evidence that action would be taken to address this issue.

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 ensured the facilities were maintained in accordance with regulations.

The management of fire safety was not safe or effective. A fire safety risk assessment was carried out, but we found it was not reflective of the building or practices at the service. We observed a door marked as a fire exit was locked with the key not readily available, barred by a shutter and the exit was blocked by a large bin. Additionally, records of required monitoring checks of the effectiveness of fire detection equipment were not always completed accurately and fire drills were not held within recommended timescales. The provider took immediate action to rectify these issues, including ensuring the safe operation of the fire exit and we referred our concerns to the fire and rescue service who confirmed they were satisfied with the action taken.

Are services safe?

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT). We identified scope for improvement in ensuring that audits of radiographs were completed within recommended timescales and with adequate sample sizes.

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 identified scope for improvement in the assessment and mitigation of risk from fire and legionella.

Emergency equipment and medicines were not always available and checked in accordance with national guidance. We noted that oral Buccal Midazolam, a medicine used to help treat people experiencing seizures, had expired and had not been replaced. Additionally oropharyngeal airways size 2,3 and 4, clear face masks size 0,1,2,3, were out of date or missing. The provided submitted evidence following the inspection that action was taken to address this issue.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate life support training (or basic life support training plus patient assessment, airway management techniques and automated external defibrillator training) was also completed by staff providing treatment to patients under sedation.

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

Information to deliver safe care and treatment

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

The practice had systems for referring patients with suspected oral cancer under the national 2-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. We identified scope for improvement in the process used to dispose of unwanted and expired medicines.

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

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

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.

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

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.

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. Staff visited local schools to deliver oral health advice to children and handed out free toothbrushes and toothpaste outside the practice during school run times. The school outreach programme success resulted in further education being provided to parents as well as children.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They had received training in and 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. We saw detailed treatment plans and records of discussions with patients to ensure they were able to make informed decisions about their treatment options.

Monitoring care and treatment

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

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability. Staff told us of examples where they had supported patients who were living with dementia, including helping them access additional support when required. We observed numerous positive interactions between staff and patients both in person and on the telephone.

We saw evidence the dentists justified, graded and reported on the radiographs they took. There was scope for improvement in how audits were carried out to ensure they were completed 6-monthly following current guidance.

Effective staffing

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

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

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. Staff displayed a commitment to and understanding of the needs and rights of all patients and their families who accessed the service. We observed patients were treated with dignity and respect at all times.

We reviewed feedback from surveys, thank you cards and online reviews. All feedback indicated a very high level of satisfaction with the service. The kindness of staff was referenced more than once.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely. We noted scope for improvement in the security of passwords used to access systems. The provider took immediate action to address this issue.

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 and information leaflet 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 photographs, study models, videos, X-ray images and an intra-oral camera.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including level access, a magnifier and hearing loop, low level reception desk and an 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.

Timely access to services

The practice displayed its opening hours and provided information on their website and patient information leaflet.

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

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. We reviewed 2 complaints received in the 2 years preceding our inspection. We saw these were investigated thoroughly and responded to in line with the providers policy. 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.

Leadership capacity and capability

The practice staff and provider expressed a commitment to installing a transparent and open culture in relation to people's safety. We found this was not always implemented.

Systems and processes to ensure good governance and oversight were not embedded amongst the staff team. We noted that responsibility for completion of required monitoring checks was not shared equitably amongst the staff team which meant some checks were not always completed. We found that where the inspection identified significant issues or omissions, action was taken.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities. Staff told us they felt supported by the leadership team.

Culture

Staff told us how they endeavoured to provide a high-quality sustainable service and demonstrate improvements over time. We identified scope for improvement in this area specifically around completion of monitoring tasks, risk assessments and audits. The leadership and staff team demonstrated the skills and commitment to implement these improvements and we will assess this at a future inspection.

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

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

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

There was scope for improvement in ensuring all staff were aware of their responsibilities, roles and accountability to help support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff. We identified scope for improvement in ensuring these reflected procedures at the practice and were reviewed on a regular basis.

We saw there were processes for managing issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff told us they were aware of the importance of protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Are services well-led?

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, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and continuous improvement. We identified scope for improvement in how these were implemented amongst the wider staff team. Audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control were not always carried out within recommended timescales and action plans were not always developed.

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	<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">• Fire risk assessments were not carried out to reflect procedures at the service. Monitoring of fire safety was not effective and had not identified inaccessible fire exits, lack of fire drills or completion of regular checks of the effective operation of fire detection and suppression equipment.• An assessment of the risk of legionella had not been carried out by a suitably qualified or competent person. Records of regular monitoring of actions to mitigate risk were not recorded accurately or within approved timescales. Specifically, flushing of dental unit water lines and seldom used outlets along with temperature of water.