

Hamble Cottage Dental Practice Limited

# Bursledon Dental Clinic

## Inspection report

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## Overall summary

We carried out this announced comprehensive inspection on 23 November 2023 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Our findings were:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which did not always reflect published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available, but these were not always in date or stored appropriately.
- The practice had some systems to manage risks for patients, staff, equipment and the premises but others required prompt review.

# Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which did not reflect 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.
- Leadership at the practice required review to ensure there was 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 processes required improvement.
- The practice had information governance arrangements.

## Background

Bursledon Dental Clinic is in Bursledon, Southampton and provides private dental care and treatment for adults.

There is a ramp available to provide 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 had made some reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 2 dental nurses, 1 trainee dental nurse, 1 dental hygienist, and 1 receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist, 2 dental nurses, and 1 receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday – Friday 09:00 – 17:00

First Saturday of the month 09:00 - 12:00

The practice is closed for lunch between 13:00 – 14:00

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 support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.
- Ensure specified information is available regarding each person employed.

**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 always ask the following five questions of services.

|                                                   |                              |
|---------------------------------------------------|------------------------------|
| <b>Are services safe?</b>                         | <b>No action</b> ✓           |
| <b>Are services effective?</b>                    | <b>No action</b> ✓           |
| <b>Are services caring?</b>                       | <b>No action</b> ✓           |
| <b>Are services responsive to people's needs?</b> | <b>No action</b> ✓           |
| <b>Are services well-led?</b>                     | <b>Requirements notice</b> ✗ |

# 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 did not wholly reflect published guidance. In particular, we saw dental instruments including syringes for local anaesthetic, matrix bands and x-ray holders were not stored appropriately. The practice's infection prevention and control audits were not being carried out at the 6 monthly intervals recommended by the Health Technical Memorandum 01-05 (HTM 01-05).

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. However, improvements were needed to ensure the risk assessment, which was carried out in 2013, is reviewed periodically in case of any changes in the system; and to ensure testing procedures, such as temperature checks remain effective.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Improvements were needed to the provision of female hygiene disposal units to ensure safe disposal of used products.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice did not have a recruitment policy and procedures to help them employ suitable staff, including for agency or locum staff in line with the requirements of schedule 3 of the Health and Social Care Act. Recruitment checks, including a full employment history, satisfactory evidence of conduct in previous employment and Disclosure and Barring Service (DBS) checks had not been consistently carried out, in accordance with the relevant legislation. Following the inspection, a policy was produced which reflected the relevant legislation. Appropriate vaccination records, such as for Hepatitis B were not always obtained prior to recruitment. Clinical staff had no risk assessment in the absence of full vaccinations and blood titre levels of blood borne infections.

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.

A fire safety risk assessment was available; however, this had not been reviewed since being completed on 28 October 2010. The management of fire safety required review as fire detection systems were tested monthly, not weekly, annual fire drills were not carried out and no staff had completed training in fire safety. There were no monthly checks of the fire extinguishers. Following the inspection, the fire risk assessment was due to be completed by a suitably competent person and staff told us the appropriate checks would be completed and documented.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. The decommissioned x-ray in surgery 2 required clearer identification that it is not in use.

### **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.

# Are services safe?

Emergency equipment and medicines were available but were not being checked in accordance with national guidance. In particular, the checks of the emergency equipment and medicines were not being carried out and documented at the recommended intervals. During the inspection we saw oropharyngeal airways that were out of date and adult and child self-inflating bags without dates. These items have since been removed and replaced. The Glucagon medication was being stored in a fridge that wasn't used solely for clinical items and there were no logs available of the temperature checks of the fridge to ensure the correct temperature range was maintained. Since the inspection, the practice has purchased a fridge specifically for clinical items and has made improvements to the checklists of the emergency and medical equipment, including recording the fridge temperature,

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

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

## **Information to deliver safe care and treatment**

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, though some improvements were needed to ensure that the prescription log detailed the identification numbers of prescriptions stored and issued. Antimicrobial prescribing audits were carried out.

## **Track record on safety, and lessons learned and improvements**

The practice had systems to review and investigate incidents and accidents, but this required review to ensure that any accidents were suitably documented and any learning points noted. 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.

### **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. 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**

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.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits 6-monthly following current guidance.

### **Effective staffing**

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

Newly appointed staff did not always have a structured induction. Improvements were required to ensure that clinical staff completed continuing professional development required for their registration with the General Dental Council; and that practice staff implemented systems to ensure the appropriate monitoring of staff training.

### **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.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality.

Staff password protected patients' electronic care records and backed these up to secure storage.

### **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 dentist explained the methods they used to help patients understand their treatment options. These included for example, photographs and X-ray images.

# 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 some reasonable adjustments, including a ramp for patients with access requirements. Staff had carried out a disability access audit but had not completed actions identified in the audit, for example the installation of grab rails to assist patients.

The practice was also required to consider the accessible information needs of patients, such as those with hearing and sight impairments or patients whose first language was not English.

### **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. Patients with the most urgent needs had their care and treatment prioritised.

### **Listening and learning from concerns and complaints**

The practice had some systems to respond to concerns and complaints but these required improvement. It was not always clear whether complaints had been reviewed as no records of individual complaints were available and we did not see evidence of learning from complaints or concerns.

# 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 demonstrated a transparent and open culture in relation to people's safety.

Leadership at the practice required review. Following the inspection, the provider demonstrated they had taken on board the feedback related to the identified shortfalls. They told us of their plans to improve and ensure that appropriate systems are implemented and recognised the need for these to become embedded over time.

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

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

### **Culture**

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

The practice did not have arrangements to ensure staff training was up-to-date and reviewed at the required intervals. We found there were no systems in place to monitor training. At the time of inspection evidence of training was not available for all staff in subjects recommended by the General Dental Council (GDC), their registration body; or by national guidance, including fire safety, learning disability and autism, and legionella. Only 1 member of staff had evidence of training in sepsis and the Mental Capacity Act. Only 2 members of staff had evidence of training in Infection Control. In addition, there was no evidence of inductions or personal development plans (PDP) for any clinicians.

Staff appraisals were not being carried out annually and we did not see any evidence of 1 to 1 meetings or clinical supervision. We saw that appraisals had been completed for staff inconsistently, with evidence of only 1 documented appraisal for each of 4 of the staff.

### **Governance and management**

Staff had clear responsibilities, roles and systems of accountability to 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, but these were not always reviewed on a regular basis.

### **Appropriate and accurate information**

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

### **Engagement with patients, the public, staff and external partners**

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

Feedback from staff was obtained through informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate. Staff meetings were not carried out regularly, with the most recent documented staff meeting dated 29/11/2021. Staff told us they were kept up to date through printed documents produced by the leadership that they read and signed to confirm they had read and understood. They gave examples of a recent policy update.

# Are services well-led?

## **Continuous improvement and innovation**

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. However, these required improvements to ensure that these were carried out at the appropriate recommended intervals.

## 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<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Regulation 17 Good governance</b></p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the Regulation was not being met</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• An up-to-date risk assessment for fire safety was not available.</li><li>• Fire safety tests were not recorded correctly.</li><li>• Infection prevention and control audits were not completed 6 monthly, which was not in line with national guidance.</li><li>• Emergency equipment and medicines were not being checked at the recommended intervals, which was not in accordance with national guidance.</li><li>• Monitoring and recording of the fridge temperature to ensure that medicines and dental care products were being stored in line with the manufacturer's guidance was not being carried out.</li><li>• The practice did not have a recruitment policy, and a process was not being followed with regards to obtaining satisfactory evidence of the staff's full employment history and conduct in previous employment.</li><li>• There were no systems in place to monitor training and there was no evidence of training in fire safety,</li></ul> |

This section is primarily information for the provider

## Requirement notices

legionella and learning disability and autism for any staff. 6 out of 7 staff had also not completed training in sepsis or the Mental Capacity Act. 5 out of 7 staff had not completed infection control training.

- Governance systems were ineffective as they did not include sufficient oversight, scrutiny and overall responsibility by the registered manager.