

## McCarthy Dental Practice

# McCarthy Dental Practice

## Inspection Report

220 Brighton Road  
South Croydon  
CR2 6HA  
Tel: 020 020 8688 9797  
Website: n/a

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### Overall summary

We carried out this announced inspection on 16 August 2017 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 CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information.

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 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:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

We found that this practice was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

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

##### **Are services well-led?**

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

##### **Background**

McCarthy Dental Practice is in South Croydon and provides NHS treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs although the patient toilet is not accessible. There is limited car parking in the local area but there are good transport links close by to the practice.

The dental team includes two dentists. Both dentists provide nursing and reception duties. The practice has one treatment room, a consultation room, office and decontamination room.

# Summary of findings

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission 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 McCarthy Dental Practice was one of the principal dentists.

On the day of inspection we collected 47 CQC comment cards filled in by patients and spoke with three other patients. This information gave us a positive view of the practice.

During the inspection we spoke with both the dentists. The dentists also worked as each other's dental nurses and provided reception cover. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday from 8.45am to 4.45pm.

## Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which did not fully reflect published guidance.
- Staff knew how to deal with emergencies. Medicines and life-saving equipment were available although some items were missing.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures.
- 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.
- The appointment system was very flexible and met patients' needs.
- Both dentists worked together for the smooth running of the practice.
- The practice had systems to deal with complaints positively and efficiently.
- The practice did not have systems to help them manage risk. Risk assessments were not being carried out and there was limited evidence of monitoring for health and safety.

We identified regulations the provider was not meeting. They must:

- Ensure suitable governance arrangements are in place and an effective system is established to assess, monitor and mitigate the various risks arising from undertaking the regulated activities.
- Ensure that where audits have been conducted they have documented learning points and the resulting improvements can be demonstrated.

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

There was an area where the provider could make improvements. They should:

- Review the practice's protocols for the completion of dental care records, taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.

# 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?

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

The practice had systems in place to learn from incidents and complaints to help them improve.

The dentists received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

The dentists were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained.

Improvements were required to have in place systems and processes to provide safe care and treatment. There were no procedures or policies in place for monitoring health and safety. There was no fire risk assessment; fire signage was missing as were smoke alarms. Risk assessments were not being completed and improvements were required to ensure national guidance for cleaning, sterilising and storing dental instruments was being followed suitably.

The provider contacted us the following day to confirm that they had taken urgent action and arranged for a fire risk assessment to be carried out and that they had also put processes in place to develop policies and procedures.

Improvements were required to have in place suitable arrangements for dealing with medical and other emergencies. The provider confirmed the following day that all missing items from the emergency medicines and equipment kit had been ordered and replaced.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, caring and effective. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The dentists has completed training relevant to their roles and had systems to help them monitor this.

No action



# Summary of findings

## Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from 50 people. Patients were positive about all aspects of the service the practice provided. They told us both dentists were caring and compassionate. They said that they were given accurate, truthful and helpful explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that patients' privacy was protected and staff were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



## Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain. The practice often opened outside of opening times to accommodate patients' needs.

The partners considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



## Are services well-led?

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

The practice team kept complete patient dental care records which were, clearly written and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

We noted that the filing system for policies and documents was haphazard and there was not a full set of policies to govern the practice.

Processes to mitigate the risks arising from carrying out regulated activities were not assessed appropriately.

Requirements notice



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had a policy to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The principals told us that they received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and they discussed them. However they did not have a system in place to monitor if they were relevant. For example a relevant alert relating to glucagon had been missed by them and they were unaware of it (there was no computer on site and alerts were received via their home email which was not monitored regularly). We discussed the importance of ensuring the provider actioned these alerts and we were assured us that they would put processes in place for this system.

A copy of RIDDOR procedures was available however both dentists had basic awareness of what was reportable. They assured us they would familiarise themselves with the policy. There had not been any incidents or accidents in the practice for many years.

### Reliable safety systems and processes (including safeguarding)

Both staff members knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training and knew about the signs and symptoms of abuse and neglect and how to report concerns.

The dentists were not using rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. The alternative method being used was in line with those used in the absence of rubber dam.

Medical histories were taken for adults and children. Completion and updating of medical histories for adults was appropriate but we noted that in the case of children these were not documented. We discussed this with the dentists and they explained that they discussed the child's medical history with the parent but this was only a verbal conversation and it was not recorded anywhere on the child's dental care record. They told us that they would start completing medical histories for all patients.

### Medical emergencies

The dentists told us that they knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. The certificates of their most recent training were dated June 2016. We discussed this with the dentists and they told us that they were aware the training was slightly out of date and they planned to attend training in November 2017.

Emergency equipment and medicines were not available as described in recognised guidance. Items such as midazolam, child defibrillator pads and sterile needles were missing. The oxygen cylinder was 11 years out of its expiry date.

Staff told us they checked medicines and equipment but they did not maintain records of the checks they carried out.

The provider contacted us the day after the inspection to confirm that all missing items had been ordered and replaced.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. Both partners had worked in the practice for many years. Recruitment checks that we would have expected had been completed.

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

### Monitoring health & safety and responding to risks

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date. We saw the most recent certificate.

# Are services safe?

Both partners were dentists and provided dental nursing support for each other.

The practice's health and safety policies and risk assessments needed to be updated. Risk assessments were not being carried out regularly. We were told that a fire risk assessment had been carried out but there was no documentation to support it. Fire extinguishers were serviced annually but there were no smoke alarms on the premises and fire exits were not displayed. There were no evacuation procedures in the event of a fire occurring. The provider contacted us shortly after the inspection confirming that an external fire risk assessment had been booked and would be carried out in the next few weeks.

## Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance, although weekly protein tests were not being completed in line with guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. However we found inconsistencies with the results. For example, they scored full marks for sharps boxes being labelled however none of

the sharps bins were labelled; questions relating to the ultrasonic cleaner were answered in the audit however the practice did not have an ultrasonic cleaner and had not had for several years.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. However there were actions in the risk assessment carried out in May 2016 which had not been completed. For e.g., it required staff to be doing monthly water testing. We discussed it with them and they said that they were testing the water temperature but not recording it. They said they would start immediately.

The practice was clean when we inspected and patients confirmed this was usual.

## Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice stored and kept records of NHS prescriptions as described in current guidance.

## Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### **Monitoring and improving outcomes for patients**

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories (although they were not completing them for children). The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

### **Health promotion & prevention**

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. However this information was not recorded in any of the dental care records we looked at.

The practice had a selection of dental products and provided health promotion leaflets to help patients with their oral health.

### **Staffing**

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council. Both dentists had also completed additional training for their personal development.

### **Working with other services**

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

### **Consent to care and treatment**

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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 may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were caring, nurturing and compassionate. There were no patients receiving treatment on the day of the inspection however patients attended to speak with us and give feedback. We saw that staff treated them with respect and were polite.

Staff were aware of the importance of privacy and confidentiality. The layout of the practice provided privacy. The practice was small and the dentists told us that there was never more than one patient in the waiting room at any time.

All systems were paper-based and there were no computers on the premises. All records were locked away securely.

### **Involvement in decisions about care and treatment**

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them outlining the benefits and consequences of treatments suggested. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. They said they were always seen at their appointment times.

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access. The toilets were not accessible for wheelchair users.

They had access to interpreter/translation services if required.

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on NHS Choices website. Patients gave examples of where treatment had been provided outside of opening times to accommodate their needs. This included opening on Saturdays and after normal working hours.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and always saw patients on the same day. Patients were invited to come in and wait for the next available slot to see the dentist. The answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. There was no written information available to patients advising them how to make a complaint. Both principals were responsible for dealing with complaints. Both staff and patients who we spoke with confirmed no complaints had been made in many years.

The principals told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was not available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments and compliments received in the past 12 months. The principal dentists told us that they sometimes displayed comments and compliments for other patients to see.

# Are services well-led?

## Our findings

### **Governance arrangements**

The principal dentists had overall responsibility for the management and clinical leadership of the practice and the day to day running of the service.

The practice had policies, procedures and risk assessments however many of them were out of date or not actual policies, instead they were leaflets relating to topics. For example their health and safety risk assessment policy was a checklist of what should be in a policy but was not an actual policy. We discussed this with the dentists and they confirmed that the procedures filing system needed updating and they will urgently action on it. Other governance arrangements that were lacking included systems in place to check when electrical testing was required, systems to assess and mitigate risks and systems to check medical emergency medicine and equipment.

### **Leadership, openness and transparency**

The dentists were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

The dentists told us there was an open, no blame culture at the practice. They said they encouraged each other to raise any issues and felt confident they could do this. The dentists discussed concerns at staff meetings and it was clear they worked very closely together and dealt with issues professionally.

### **Learning and improvement**

The practice held meetings every morning where they discussed the day's work, any concerns and clinical and non-clinical updates. The team was small so immediate discussions were arranged to share urgent information. These meetings were also used for quality assurance and they discussed difficult treatment procedures and what they learnt, how things could have been done differently.

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control.

The audits however required improvements to ensure the aims and objectives and lessons learnt were clearly documented. We discussed this with them and they said they would ensure future audits were undertaken with learning clearly documented.

### **Practice seeks and acts on feedback from its patients, the public and staff**

The partners told us that patients sent them thank you cards and compliments on a regular basis. They sometimes displayed them for other patients to see. The partners were unable to give specific examples of where they had acted on feedback from patients but they told us that if they did make suggestions they would consider them. We spoke with three patients and they all confirmed that they would feel confident to make comments and provide feedback.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

## 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><b>Regulation 17 HSCA (RA) Regulations 2014 Good Governance</b></p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at McCarthy Dental practice were compliant with the requirements of regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none"><li>• The provider had not ensured that their audit and governance systems were effective.</li><li>• The provider did not have systems to enable them to continually monitor risks and to take appropriate action to mitigate risks, relating to the health, safety and welfare of patients and staff.</li></ul> <p>Regulation 17 (1)</p>