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Plum Dental and Facial Clinic

Inspection report

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Overall summary

We carried out this announced focused inspection on 23 August 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 practice appeared to be visibly clean and tidy.
- The provider had infection control procedures which did not wholly reflect published.
- Staff knew how to deal with medical emergencies. Some appropriate medicines and life-saving equipment were available. However, some items were missing or beyond their use by date.
- Governance in the issuing of medicines and the provision of information to patients required greater oversight and management.
- Fire detection systems were in place, but these were not serviced, monitored or checked regularly. The fire risk assessment was inadequate for the premises.
- Staff awareness of sepsis and the logging of prescriptions could be improved.
- Systems to help the practice manage risk to patients and staff needed to be review and improved.
- Systems to monitor and dispose of out of date stock were ineffective.

Summary of findings

- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice did not have effective staff recruitment procedures in place in line with current legislation.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had information governance arrangements.

Background

Plum Dental and Facial Clinic is in Keighley and provides dental care and treatment for adults and children. There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available at near the practice.

The dental team includes two dentists, three dental nurses (two of whom are trainees) and a practice manager. The practice has three treatment rooms.

During the inspection we spoke with the principal dentist and dental nursing staff. We looked at practice policies and procedures and other records about how the service is managed.

Monday 9am to 6:30pm

Tuesday and Wednesday 9am to 5:30pm

Thursday 9am to 5pm

Friday 9am to 12:30pm

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

- Ensure care and treatment is provided in a safe way to patients.

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

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

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

Are services safe?

Our findings

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

We have told the provider to take action (see full details of this action in the Requirement Notices/ Enforcement Actions 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.

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 did not have infection control procedures which wholly reflected published guidance.

The provider had procedures to reduce the possibility of Legionella or other bacteria developing in water systems, in line with a risk assessment.

The practice had policies 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 provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was maintained. However, these did not entirely reflect published guidance. We noted that the quarterly cleaning efficacy test was not carried out on the ultrasonic bath. The autoclave was checked visually by staff, but the staff did not access information held on the data logs or analyse the results to ensure the equipment was working effectively. The provider assured us this would be rectified with immediate effect.

The provider had a recruitment policy and procedure in place. This was not adhered to. The checks required to be undertaken when recruiting staff were not routinely and consistently applied. We checked a sample of recruitment records for four staff; we found that for three staff essential checks were missing, such as references and the disclosure and barring service checks.

We also found that for staff who did not have full immunity of Hepatitis B, a risk assessment was not in place to reduce the risk of exposure to blood borne diseases, whilst carrying out decontamination and clinical duties.

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

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

Firefighting equipment was in place and regularly serviced. We noted however that the fire detection system was not serviced or checked. Weekly tests were not in place for the fire alarm system and monthly tests were not in place for the emergency lighting. The provider had completed a fire risk assessment. We noted that the fire risk assessment did not include enough detail to adequately assess all risk in the building. We noted that one of the fire exits was locked with a key and that the keys were held by different staff throughout the day. Staff told us that fire drills were completed 6 monthly, but these were not recorded. We discussed with the provider that further specialist advice regarding the management of fire safety in the building was needed to ensure fire safety management was effective. The provider confirmed after our visit that he had booked a fire consultant to advise them on future fire safety.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

Are services safe?

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

Emergency medicines were available however regular checks were not in place. Staff told us that they checked the emergency medicines and equipment but there was no record of this, and the defibrillator and medical oxygen were not being reviewed daily. We found that the adult self-inflating bag and pads for the defibrillator were out of date. We saw the checking systems were inadequate to ensure that the emergency medicines and equipment were in place, in date and accessible at all times.

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

We highlighted that staff would benefit from receiving sepsis awareness training and sepsis recognition resources to refer to.

Information to deliver safe care and treatment

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

The practice referred patients with suspected oral cancer under the national two-week wait arrangements. Patient referrals to other dental or health care professionals were not monitored to ensure they are received in a timely manner and not lost.

Safe and appropriate use of medicines

We noted there was no log to control and record NHS prescription form movement, including serial numbers. We discussed the importance of this in relation to the security of individual prescriptions and were assured a log would be put in place.

The dentist was not aware of current guidance with regards to prescribing medicines. Antimicrobial prescribing audits had not been carried out.

We noted that the dentist dispensed antibiotics. We saw that the antibiotic was stored in one container. There was no record of the stock held or that dispensed. We noted that when antibiotics were dispensed to the patient the medicines were not labelled with the name, drug, dosage and details of the dispensing body, the dentist. This did not meet required standards.

We found out of date medication was stored in a box and not disposed of. We discussed with the provider that responsible and safe disposal was required.

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.

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with them to confirm our findings and observed that individual records were not always written and managed in line with guidance. Audits of patients' dental care were completed and highlighted omissions of social history only. However, we looked at patients records and saw they did not include risk assessments of caries, oral cancer and tooth wear in line with College of General Dentistry 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

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services well-led?

Our findings

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

We have told the provider to take action (see full details of this action in the Requirement Notices/ Enforcement Actions 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 saw the practice had processes to support and develop staff with additional roles and responsibilities, but greater management oversight was required to ensure these were embedded and that a culture of continuous improvement in place.

The practice had a clearly defined staffing structure, with staff being supported by a practice manager, and the Principal Dentist. However, we found that systems and processes were not embedded; this was evidenced by the omissions and issues highlighted in our inspection.

Culture

Staff were happy to work in the practice; they were engaged and committed to providing patients with the best possible standard of oral health care. Staff discussed their training needs during annual appraisals. They also discussed learning needs, general well-being 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

Staff had responsibilities roles and systems of accountability to support governance and management, however, the oversight and management of this lacked consistency. Clear and effective processes for managing risks issues and performance were not in place.

Processes for managing risks, issues and performance required further development. For example:

- Staff recruitment procedures were not in line with guidance.
- Processes for the checking of emergency medical equipment and medicines management, including NHS prescriptions, was not effective.
- Staff did not have appropriate understanding of the guidance on dispensing and disposal of medicines.
- Fire safety assessments and monitoring systems compromised safety.
- Staff did not adhere to manufacturers guidance when checking the of equipment, in particular the ultrasonic bath and autoclaves.
- A sample of patient records reviewed showed they required greater detail recording of caries, oral cancer, and tooth wear in line with College of General Dentistry guidance.
- The providers systems to help manage risk to patients and staff were not effective.
- Staff awareness of sepsis could be improved.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Are services well-led?

Staff gathered feedback from patients and demonstrated commitment to acting on feedback. Staff meetings were in place, the last one was in March 2022 and minutes were recorded and available.

The practice gathered feedback from staff through meetings and informal discussions.

Continuous improvement and innovation

The practice had systems and processes for learning and improvement. These included audits of disability access, infection control and x-ray.

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This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 12 Safe care and treatment** Care and treatment must be provided in a safe way for service users **How the regulation was not being met** The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • Fire risk assessments were inadequate, checks were not being completed or recorded in relation to the fire system or emergency lighting. • Systems and processes for managing recruitment, the required checks and keeping records of these, were ineffective. The Disclosure and Barring Service (DBS) check for three staff were not in place. For two staff members there were no references. • The dispensing and control of medicines did not meet current guidelines. • Some of the emergency equipment was out of date and weekly checks were not recorded. The oxygen and defibrillator were not checked daily. • There was no risk assessment in place to reduce the risk of exposure to blood borne diseases for staff members that were not fully vaccinated. • Decontamination processes did not follow guidance, in particular, the ultrasonic bath and autoclaves checks did not meet manufactures guidelines.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 17 Good governance

How the Regulation was not being met

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:

- Dispensing of medicines and stock control did not follow current guidance.
- Recruitment processes were not robust and did not follow the practice's recruitment procedure.

Systems and processes to assess, monitor and manage risks to patient and staff safety were not fully embedded and, in some areas, did not fully cover risks presented.

- There were no risk assessments in place to reduce the risk of exposure to blood borne diseases, to support and protect staff whilst carrying out clinical duties and in the decontamination room.
- There was no system in place to monitor and track outward referrals, to prevent patients' referrals being lost or overlooked.
- Systems to ensure premises and equipment were safe and maintained were not in place, in particular management and monitoring of fire safety systems, emergency lighting, emergency equipment and sterilising equipment.

Systems and processes in place to monitor and manage performance and to drive improvement were not effective.

- Audits we reviewed lacked documented action points and learning points were not clearly identified and recorded.
- The provider was not always following national guidance in relation to completion of clinical care records

Regulation 17(1)