

Best Dental Limited

Queensgate Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 13 March 2024 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 infection control procedures needed improvement to reflect published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had some systems to manage risks for patients, staff, equipment and the premises. Additional risks were highlighted by the inspection in relation to radiation protection, medicines management and staff records.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The practice had staff recruitment procedures which reflected current legislation. Appropriate employment records were not consistently obtained.
- 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.
- We found leadership and oversight of the service had lapsed in some areas.
- 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.
- Improvements could be made to ensure staff make use of accredited interpreter services for patients who do not speak English as their first language.

Background

Queensgate Dental Practice is in Burnley and provides 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 4 dentists, 4 dental nurses including 1 trainee, 1 dental hygienist, 1 dental therapist, 1 practice manager and 1 receptionist. The practice has 4 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 1 dental hygienist, 1 receptionist 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 to 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.

There were areas where the provider could make improvements. They should:

- Take action to ensure audits of radiography, record keeping and antimicrobial prescribing have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

- Take action to ensure the availability of an interpreter service for patients who do not speak English as their first language.
- Take action to ensure dentists are aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.

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.

Whilst there are issues to be addressed, the impact of our concerns relates to the governance and the oversight of the risks, rather than a patient safety risk. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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 a safeguarding lead to oversee safeguarding awareness and training.

The practice had infection control procedures which reflected published guidance. The processes followed by staff should be improved. The provider had not sought assurance that implant drills were decontaminated in line with manufacturer's instructions, and we saw the ventilation in the decontamination room was not working. Staff did not carry out the correct validation tests on the steriliser and staff did not know if the dental implant motor in use required any servicing. Evidence was sent after the inspection that a system had been introduced to evidence the appropriate processing of these devices.

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

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

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

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation. The provider did not hold documented evidence to assure themselves that all staff, or visiting practitioners had all the appropriate checks completed.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover. We highlighted where staff are covered by the provider's indemnity, they should be provided with the details of the policy.

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

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

The arrangements to ensure the safety of the X-ray equipment and the availability of required radiation information needed improvement. This included cone-beam computed tomography (CBCT) equipment. Local rules and operators' instructions were not available. The provider had not obtained evidence of appropriate training for operators in line with The Ionising Radiation (Medical Exposure) Regulations 2017 and there was no evidence the radiation protection advisor's recommendations had been acted on.

Staff using the CBCT had not received the appropriate training to operate the equipment and report on the images. As a result, we saw these images were not justified, or reported on in line with nationally agreed guidance. The provider confirmed the CBCT equipment would not be used again until these issues had been addressed and rectified. Evidence was sent after the inspection to show radiation protection information was now in place, Radiation Protection Advisor (RPA) recommendations had been acted on and operators were booked on the appropriate training courses.

Are services safe?

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. However, the practice did not have systems to risk assess clinical staff where their immunity to blood-borne viruses was untested or unknown. We highlighted that manually cleaning instruments before processing in the ultrasonic cleaner increased the risk of a contaminated sharps injury to staff.

In addition, the clinicians did not document a risk assessment or alternative methods used to protect the patient's airway where rubber dam was not used during root canal treatment. A rubber dam is a thin sheet used in dentistry to isolate the operative site from the rest of the mouth. After the inspection, we were sent evidence this had been discussed with staff and rectified.

Emergency equipment and medicines were available and checked in accordance with national guidance. We highlighted the organisation of these items could be improved to ensure timely access in the event of an emergency. Evidence was sent after the inspection this had been reviewed and rectified.

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. However, we noted staff did not measure the correct ratio of instrument cleaning detergent and water to ensure this was effective.

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 two-week wait arrangements.

Safe and appropriate use of medicines

Systems were not in place for appropriate and safe handling of medicines. The practice held stocks of antimicrobials which were dispensed to patients by the dentist. The packaging was not retained to enable staff to identify expiry dates or batch numbers. Patients were not provided with a copy of the Patient Information Leaflet for the medicines dispensed and there was no system to prevent unauthorised access to these medicines. After the inspection, we were sent evidence this had been discussed with staff and rectified.

Antimicrobial prescribing audits were carried out but these could be improved to ensure clinicians document an appropriate justification for prescribing antimicrobials. We signposted them to guidance from the College of General Dentistry to support the process.

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.

We saw the provision of dental implants was in accordance with national guidance. We highlighted the treatment plans could be improved by being patient specific to demonstrate the risks options and benefits discussed with each patient prior to treatment. After the inspection, we were sent evidence this had been discussed with staff and rectified.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. Oral health care products were on sale. Information leaflets were available to patients as recommended by the dentist or upon request.

Staff were aware of 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.

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 six-monthly following current guidance.

Effective staffing

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

We were told all newly appointed staff had a structured induction but there was no documentation of this for 2 recently appointed staff. The practice did not have systems to request evidence that 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 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.

Patient feedback provided a positive view of the dental team and care provided by the practice. Patient comments included that staff were welcoming and attentive, and showed compassion and understanding when they were in pain, distress or discomfort.

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.

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. However, arrangements were not in place to access interpreter services, and staff told us they would ask family members to interpret where necessary. We highlighted that using recognised interpreters would benefit the patients better and signposted them to guidance on accessing translation services to support them to implement this.

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 study models, X-ray images and scans.

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 an access ramp and handrails at the rear of the property 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. 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 provider demonstrated a transparent and open culture in relation to people's safety.

There was leadership with emphasis on peoples' safety and continually striving to improve.

During the inspection, staff were open to discussion and feedback and staff worked together in such a way that where the inspection highlighted issues, action was taken to introduce processes to address these immediately.

Culture

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

Staff discussed their training needs during annual appraisals, 1 to 1 meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice did not have arrangements to ensure staff training was up-to-date, relevant to the equipment in use and reviewed at the required intervals.

Governance and management

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

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

We saw there were some processes for managing risks, issues and performance. However, the inspection highlighted additional risks in relation to radiation protection, infection prevention and control, validation of equipment and medicines management. We were sent evidence after the inspection that systems had now been introduced, but these were yet to be embedded to prevent reoccurrence.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of 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 meetings 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

Are services well-led?

The practice had some systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, radiographs, antimicrobial prescribing, and infection prevention and control. However, audits did not effectively review sufficient data to highlight any issues and did not include conclusions, reflections and action plans to demonstrate improvement.

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>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">• The registered person did not have systems to ensure the appropriate radiation protection information was held and operators completed up to date training in accordance with The Ionising Radiation (Medical Exposure) Regulations 2017.• The registered person did not ensure nationally agreed guidance on the safe use of cone-beam computed tomography (CBCT) equipment was followed. Staff had not completed the appropriate training and images were not appropriately justified or reported on in line with this guidance.• The registered person did not have systems to ensure complete and appropriate documentation was held of the suitability of individuals working in the practice.• The registered person had not ensured that appropriate medicines management systems were in place.• The registered person did not have systems in place to ensure all equipment in use was decontaminated in line with manufacturer's guidance and Health Technical Memorandum 01-05: Decontamination in primary care dental practices. <p>Regulation 17(1)</p>