

Mr. John Gabriel Mckeon

Friars Walk Dental Surgery

Inspection report

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Overall summary

We carried out this announced focused inspection on 27 April 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 dental clinic appeared to be visibly clean and well-maintained.
- The practice had infection control procedures which mostly reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available. Although the glucagon was not always stored at the correct temperature to ensure it was effective.
- The practice had some systems to help them manage risk to patients and staff although there were shortfalls in the management of risk associated with recruitment, fire, legionella, sharps, maintenance of equipment, and Control of Substances Hazardous to Health for cleaning products.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- Patients were treated with dignity and respect and staff 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.
- Staff and patients were asked for feedback about the services provided.
- The dental clinic had information governance arrangements.
- The provider did not have effective staff recruitment procedures to ensure staff were safe to work with vulnerable adults and children as not all staff had a recent Disclosing and Barring Service (DBS) check at the point of employment or evidence of satisfactory conduct in previous employment (references).

Background

Friars Walk Dental Surgery is in Dunstable and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice via a ramp at the back of the practice for people who use wheelchairs and those with pushchairs. There is a car park for patients behind the practice. The practice has made some adjustments to support patients with additional needs.

The dental team includes three dentists, four dental nurses, two dental hygienists, one receptionist, an account manager, and a practice manager. The account manager and practice manager also work as dental nurses if needed. The practice has four treatment rooms, two waiting areas and two decontamination rooms.

During the inspection we spoke with three dentists, one dental nurse, one dental hygienist, one receptionist and the practice manager. We looked at practice policies and procedures and other records about 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 dentists are aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.
- Take action to ensure audits of infection prevention and control, radiography, antimicrobial prescribing and record keeping are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

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

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Evidence of training in safeguarding for children and vulnerable adults was not present for two clinicians on the day. Evidence of completed training was provided immediately after the inspection although for one dentist this was completed after the visit.

The practice had infection control procedures which mostly reflected published guidance. Checks to ensure the effectiveness of the ultrasonic cleaner were not always completed and records were not always retained. We noted that the magnifying light in the upstairs decontamination room was broken. Infection prevention control audits were not always completed every six months in line with HTM01/05 guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The provider advised that a risk assessment had been undertaken but we did not have sight of this on the day. The practice did not have adequate procedures to reduce the risk of Legionella or other bacteria developing in water systems. For example, monthly testing of the water temperature of the hot and cold water supplies were not undertaken.

The practice had policies and procedures 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. We noted some damage to the cabinetry and flooring in one surgery.

The practice had a recruitment policy which reflected the relevant legislation although we saw on inspection that this had not been followed as not all staff had evidence that a Disclosure and Barring Service (DBS) check had been completed and evidence of satisfactory conduct in previous employment (references) was not sought at the commencement of employment.

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

The practice did not ensure that all equipment was safe to use and maintained and serviced according to manufacturers' instructions. One autoclave and two compressors' service were overdue. The lasers in the practice had not been serviced. This was raised with the provider who assured us that this would be rectified.

A fire risk assessment was carried out in line with the legal requirements although it was not effective for the management of fire safety as it did not include an assessment of the need for emergency lighting, evacuation drills or checks of the smoke alarms. We did not see evidence that all staff had received fire training. Firefighting equipment was available at the practice and this equipment was in date. Following our inspection, the provider advised that they would obtain a risk assessment from a person competent to provide this.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available for the X-ray equipment. However, this information was not present for the lasers used at the practice. One clinician did not have evidence training in radiation on the day of the inspection, this was provided subsequently.

Risks to patients

Are services safe?

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness and lone working. However, there was scope for improvement in the mitigation of risks associated with sharps, as the risk assessment did not record all sharps used in the practice and dental nurses disposed of used sharps rather than the dentist which is not in line with guidance. We noted that not all dentists used rubber dam in line with professional guidance.

Emergency equipment and medicines were available and checked in accordance with national guidance. We noted that the medicine used to manage low blood sugar (glucagon) was not always stored in the fridge at a temperature in line with the manufacturer's instructions to ensure that it was effective and within its expiry date. This was discussed with the provider on the day who advised that they would address this shortfall.

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 for dental products but had not completed risk assessments for general cleaning products used at the practice.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were 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

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not carried out annually.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating when things went wrong. 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.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. Oral health products were available for sale to patients.

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 (MCA).

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. We noted some inconsistency with regards to recording patient dental care information such as risk assessments for caries, periodontal disease and oral cancer, the implementation of new guidance on the recording of diagnosis of periodontal disease and preventive advice and treatment provided. The dentists assessed patients' treatment needs in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits annually which is not in line with current guidance and legislation.

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 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 was receptive to the feedback provided during the inspection, acknowledged the shortfalls identified and demonstrated a willingness to implement change. Immediately after the inspection the practice manager sent evidence of some actions already taken to address the shortfalls we had identified. This indicated to us a commitment to improve the service.

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

We noted a lack of oversight at the practice to suitably identify and mitigate all the risks associated with the undertaking of regulated activities. In particular, recruitment where the policy had not always been followed in seeking Disclosure and Barring Service (DBS) checks and references at the commencement of employment at the practice.

Systems and processes such as, the monitoring of the effectiveness of decontamination processes had not been embedded at the practice.

We saw the practice had effective 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.

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

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals although we did not see evidence of training in safeguarding for children and vulnerable adults for two clinicians on the day of the inspection. This was provided after the inspection.

Governance and management

Staff had clear responsibilities, roles, and systems of accountability to support good governance and management although this was not always effective in managing the risks associated with the provision of regulated activities.

The practice had installed closed-circuit television, (CCTV), on the outside of the premises to improve security for patients and staff. Relevant policies and protocols were in place.

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

Improvements were required to ensure risks associated with fire safety, legionella, and the control of substances hazardous for health for cleaning products were identified and mitigated.

We found there were not always effective processes for managing performance. For example, we found the provider had not always followed national guidance in relation to completion of clinical care records.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Are services well-led?

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

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

The practice gathered feedback from staff through meetings and informal discussions. There was scope to improve the frequency of these meetings. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

The practice was also a member of a good practice certification scheme.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control. There was scope to improve the frequency of these audits. Staff kept records of the results of these audits and the resulting action plans and improvements.

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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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the Regulation was not being met:</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who might be at risk. In particular:</p> <ul style="list-style-type: none">• Not all specified information was available as laid out in Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding each person employed. In particular, in obtaining Disclosure Barring Service checks and evidence of satisfactory conduct in previous employment for all staff.• Processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, did not ensure risk assessments were undertaken for all cleaning products.• Processes were ineffective to ensure that all equipment used for the provision of regulatory activity was serviced and tested in line with guidance and manufacturer's instructions, in particular, the autoclaves, compressors and lasers.

Requirement notices

- The emergency medicine to manage low blood sugar was not stored at the temperature as stated by the manufacturer to ensure its effectiveness.
- Processes were ineffective to mitigate the risks associated with legionella and fire safety.
- Processes for the disposal of used sharps were not in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013

The registered person had systems in place that operated ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- Patients' dental assessments were not always recorded in accordance with nationally recognised evidence-based guidance.

Regulation 17 (1)