Connaught House Dental Practice

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Inspection report

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Date of inspection visit: 6 December 2022
Date of publication: 16/01/2023

Overall summary

We carried out this announced comprehensive inspection on 6 December 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 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 was visibly clean. We noted some areas of the premises that were not well maintained.
- The practice had infection control procedures which reflected published guidance.

Summary of findings

- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were mostly available. Oropharyngeal airways and masks were not all in date or available on the day. There was no portable suction equipment available. There was no midazolam available (a medicine used to treat epilepsy), although, we noted this had been ordered. In addition, there was no bodily fluid spillage kit available.
- The practice had limited systems to help them manage risk to patients and staff. There were shortfalls in the assessment and mitigation of risk in relation to sharps, infection prevention and control, fire and legionella.
- The five-yearly electrical fixed wire testing had not been undertaken.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- 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.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- There was no system to ensure that regular audits of record keeping, antibiotic prescribing and infection control were undertaken at recommended intervals for all clinicians and used to improve the quality of the service.

Background

Connaught House Dental Practice is in Rayleigh, Essex and provides NHS and private 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, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with additional needs.

The dental team includes 3 dentists, 6 dental nurses, including 1 trainee dental nurse, 1 practice manager and 1 cleaner. The practice has 3 treatment rooms.

During the inspection we spoke with 3 dentists, 5 dental nurses 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 Thursday from 9am to 5.30pm.

Friday from 8.30am to 5.30pm.

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.

Summary of findings

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

- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular, maintain records of the flushing of infrequently used water outlets and record the temperatures of the hot and cold-water checks.

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.

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 reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance. The practice had not undertaken any infection control and prevention audits. We discussed these concerns with the practice manager, but did not receive any confirmation following the inspection that action had been taken.

The practice had some procedures in place to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. Staff did not maintain records of the flushing of infrequently used water outlets. We noted that where staff had tested the temperatures of the hot and cold-water taps, the actual temperature had not been recorded only a tick to signify it had been checked. It was therefore unclear if water temperatures were in line with recommended guidance and systems were embedded to mitigate the risk of legionella growing in the system. We discussed these concerns with the practice manager.

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. However, we noted some areas of the practice were very cluttered, and the carpets in the entrance hall were torn and repaired with tape. There were some areas where the storage of patient information was visible to other patients. We noted boxes stored in the staff room posed a potential health and safety risk, and we saw boxes stored on top of the fridges were blocking electrical appliances ventilation. Due to the cluttered areas in the practice and the damaged carpeting, we were not assured cleaning schedules were effective to ensure the practice was kept clean or that health and safety risk assessments were effective. We discussed these concerns with the practice manager, but did not receive any confirmation following the inspection that action had been taken.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

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

We were told the gas boiler and air conditioning units had been serviced, however the reports were not available for us to review. We were told the portable appliance testing (PAT) had been undertaken, but we were not able to review the report. We did notice that electrical appliances had in date PAT service labels on plugs.

The five yearly electrical fixed wire testing had not been undertaken.

A fire risk assessment was carried out in line with the legal requirements although the management of fire safety required improvement. We noted fire extinguishers were serviced in February 2022. The fire risk assessment had identified the accumulation of cardboard in the staff room as a safety hazard and we were told action had been taken to remove this weekly. However, we noted the staff room remained cluttered with boxes and cardboard. There were no logs of staff undertaking recommended regular fire drills or fire safety training. We were told staff undertook regular checks of smoke alarms, however, we did not see any records to confirm these had been carried out.

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

Are services safe?

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. There was no safer sharps risk assessment in place, and we noted sharps injuries had been recorded in the practice accident book. Staff were not using disposable matrix bands which increased the risk of a sharp's accident. We discussed these concerns with the practice manager, but did not receive any confirmation following the inspection that action had been taken to mitigate further risks.

Emergency equipment and medicines were not available in accordance with national guidance. In particular, we noted some oropharyngeal airways were out of date, and the full range of masks for the airways were not present. At the time of the inspection staff were unaware of a portable suction unit or where one was stored, there was a concern that there was little or no oversight of this equipment. There was no midazolam available (a medicine used to treat epilepsy), although we noted this had been ordered. In addition, there was no bodily fluid spillage kit available.

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

We were not able to review the full selection of Control of Substances Hazardous to Health (COSHH) risk assessments as the file could not be located during the inspection. We were shown one sample document. We discussed these concerns with the practice manager but did not receive any confirmation following the inspection that this had been located or was in place.

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. We noted patient orthodontic models were stored in treatment rooms and the staff room where we found patients' names could be easily seen and read by patients or visitors to the practice.

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. We saw one antimicrobial audit, which was not dated and it was therefore unclear when this had been undertaken.

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.

The Specialist Orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

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.

Staff were aware of and involved with 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. We noted the practice had consent forms for patient to sign. Staff understood their responsibilities under the Mental Capacity Act 2005. However, the practice did not have a consent policy. We discussed this concern with the practice manager, but did not receive any confirmation following the inspection that action had been taken.

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 dental care records in line with recognised guidance. There was scope to ensure records of dental tooth decay, gum disease, tooth wear and carcinoma risk assessments were always annotated.

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 six-monthly following current guidance and legislation.

Effective staffing

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

We were told newly appointed staff had a structured induction and clinical staff completed continuing professional development (CPD) training required for their registration with the General Dental Council. We noted that inductions were not always recorded and there were no systems in place to monitor 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 effective?

(for example, treatment is effective)

The practice was a referral clinic for orthodontics and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

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.

Patients we spoke with told us they were always treated with respect, they said staff were compassionate and understanding.

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

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

Relevant policies and protocols were not all in place. There was no consent policy.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely. There was scope to ensure patient information on orthodontic models were stored securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

Staff gave patients clear information to help them make informed choices about their treatment.

The practice's information leaflet and information in reception provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs, study models 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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

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.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff 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 Notice 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 demonstrated a transparent and open culture in relation to people's safety. However, our inspection highlighted multiple areas that required improvement.

Not all systems and processes were embedded among staff. These included for example, oversight of emergency medicines and equipment checks, oversight of policies and procedures including consent. Additionally, oversight of risk assessments including sharps, infection prevention and control, Control of Substances Hazardous to Health (COSHH) risk assessments, fire safety procedures and legionella was not effective.

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

Staff annual appraisals were overdue, with some staff not receiving an appraisal since 2017. We were told appraisals were being undertaken and saw evidence of one completed recently. Staff said they could discuss learning needs and general well-being with the practice manager.

The practice did not have effective systems to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

The practice had a system of clinical governance in place which included policies, protocols and procedures. However, these were not all easily accessible to staff. The practice did not have a policy for consent. There was limited evidence that these were reviewed on a regular basis.

Processes for managing risks, issues and performance were not effective. The risks associated with legionella, sharps, control of substances hazardous to health, health and safety and fire were either not available for review or had not been adequately identified and managed. The five yearly electrical fixed wiring test had not been completed. Equipment servicing documentation including air conditioning and gas boiler checks were not available for review.

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 these in protecting patients' personal information. However, we noted patient information was easily accessible to visitors to the practice and other patients.

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 17 HSCA (RA) Regulations 2014 Good governance **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** 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. 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: • Processes and risk assessments for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, were not available. • The provider had not ensured that fire safety processes were effective in line with Fire Safety Legislation. For example, there were no records that the smoke alarms were tested weekly, and that fire safety drills and training were undertaken. The practice had not taken action to mitigate the health and safety risks identified in the fire risk assessment of storage in the staff room. • A five yearly electrical fixed wire test had not been undertaken. • There were no records to confirm the gas boiler and the air conditioning units had been regularly serviced. • The provider did not ensure that all equipment for the management of a medical emergency was available, for

This section is primarily information for the provider

Requirement notices

example some oropharyngeal airways were out of date, the full range of masks for the airways were not present. Staff were unaware if a portable suction equipment was available. There was no midazolam available (a medicine used to treat epilepsy). We noted this had been ordered. In addition, there was no bodily fluid spillage kit available.

- There were no sharps risk assessments undertaken, despite a needlestick injury. The practice had not mitigated the risk by assessing for safer sharps or the use of disposable matrix bands.

- There were limited systems for monitoring and improving quality. For example, audit activity such as radiograph audits were not completed at recommended intervals. Other audits such as infection prevention and control were not undertaken. There was limited evidence of improvement to the service.

- The provider did not have effective oversight to ensure that all the staff had received appropriate training, or that staff appraisals were undertaken.

Regulation 17