

Shiremoor Dental Practice

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Inspection report

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Overall summary

We carried out this announced focused inspection on 6 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 was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice needed to review their systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice needed to review their recruitment procedures to ensure they reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines; apart from in relation to conscious sedation.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.

Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider's leadership and management systems required improvement.
- 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.
- The dental clinic had information governance arrangements.

Background

Shiremoor Dental Practice is in North Tyneside and provides private dental care for adults and NHS dental care for children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available on the driveway and near the practice.

The dental team includes two dentists, five dental nurses, one dental hygienist, three dental therapists and a practice manager. Reception duties are carried out by the dental nurses. The practice has two treatment rooms, both sited on the ground floor.

During the inspection we spoke with one dentist, two dental nurses, one dental therapist 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 8.45am to 6pm

Tuesday 8.45am to 7.30pm

Wednesday 8.45am to 8pm

Thursday 8.45am to 7.30pm

Friday 9am to 5pm

Occasional Saturdays 9am to 1pm.

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 is at the end of this report.

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

Summary of findings

- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken for all hazardous materials.
- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular, ensure all the relevant information is completed and available to staff within the radiation protection file.
- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

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.

The practice had infection control procedures which reflected published guidance with the exception of using secure containers to transport used instruments to the sterilisation room for decontamination. This was addressed immediately and we saw containers were put into use on the inspection day. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

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.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy in place; this was not followed consistently to help employ suitable staff. For example, all recommended recruitment checks had been completed for two members of recently employed dental staff, whereas proof of employment history and qualifications were not sought for another member and only qualification and identity checks had been carried out for a visiting clinician. We noted there were 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.

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

The provider did not have effective fire safety management procedures. A fire safety checklist was available, the fire extinguishers and fire alarms were serviced by a competent person and fire drills were completed. However, a fire risk assessment had not been carried out, and the management of fire safety was not in line with the legal requirements. There was no servicing completed for the emergency lighting. We saw logs to show fire alarm checks were completed monthly although the practice manager assured us these were performed weekly as recommended by national guidance. Visual checks were not completed for the fire extinguishers or emergency lighting.

We received confirmation following the inspection that a fire risk assessment was completed, and a more robust system of checks would commence.

The practice had most arrangements to ensure the safety of the X-ray equipment. We saw the required radiation protection information was not available in the designated file and the practice had not registered with the Health and Safety Executive (HSE) as required by Ionising Radiation Regulations 2017. The following day we received confirmation of the provider's registration with the HSE and assurance that the required information would be completed within the radiation file.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness and lone working. The practice needed to review their protocols in relation to sharps safety, in particular

Are services safe?

the provider should ensure use of protective guards in accordance with their risk assessment, end-users should be dismantling needles from syringes and the sharps injury flowchart should be reviewed to ensure sufficient information is available to staff. The provider assured us they would address all their sharps protocols and we were sent confirmation of this the following week.

Emergency equipment and medicines were available and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training was not completed for all staff providing treatment to patients under sedation. The sedationist had completed this training .

The practice had not completed risk assessments for all hazardous substances on-site, to minimise the risk that could be caused from them.

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 did not have effective systems for appropriate and safe handling of medicines.

Bulk medicines were dispensed into smaller containers and issued to patients without providing the patient all the required information. The practice manager assured us they would provide patients with the relevant safety information leaflet.

We found there was no log in place to allow for secure tracing of NHS prescriptions. We saw evidence that this was implemented on the inspection day.

Antimicrobial prescribing audits were carried out.

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 practice offered conscious sedation for patients. This was carried out twice in a year.

The practice was not meeting national guidance and standards in relation to training of staff, emergency equipment requirements and clinical decision making.

Dental nurses had undergone in-house training but had not undertaken sufficient continuous professional development (CPD) within a five-year period. Staff carrying out sedation did not undertake annual training in intermediate life support. Sufficient quantities of oxygen were not available on site for provision in a medical emergency. We observed a reversal agent was used for a patient where there was no clinical requirement to do so. Scenario-based training relevant to sedation was not carried out.

The provider took the decision to not offer any further sedation until all the above was addressed.

The practice's systems included checks before and after treatment, medicines management, sedation equipment checks and staff availability.

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.

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

The practice kept detailed dental care records 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 six-monthly following current guidance and legislation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles, with the exception of for carrying out conscious sedation.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Are services effective?

(for example, treatment is effective)

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

Practice leadership needed improvement to address and prevent recurrence of the issues identified during our inspection. We observed that systems and processes were not embedded among staff.

The provider and practice manager were both open to discussion and feedback during the inspection. They understood the challenges and demonstrated that they were keen to address them. Delegation of roles, as well as further support at all levels, was required to improve governance within the practice.

The information and evidence presented during the inspection process was clear and well documented.

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.

Governance and management

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.

The practice did not have clear and effective processes for managing risks, issues and performance. For example:

- The risks of fire had not been adequately assessed and mitigated.
- Recruitment checks were inconsistent.
- Conscious sedation treatment provision did not follow national recommendations.
- Medicines were not dispensed in accordance with national guidance.
- There was no NHS prescription log to identify if a prescription was missing.
- All hazardous materials were not risk assessed.
- The radiation protection documentation was incomplete.

We received an action plan from the practice manager following the inspection to show what changes the practice had already made, and what they would do so in future.

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.

Engagement with patients, the public, staff and external partners

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

Are services well-led?

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

Staff kept records of the results of these audits and the resulting action plans and improvements.

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 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. 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: • The registered person did not have systems in place to ensure recruitment checks were consistently carried out for employees. • The registered person did not have a system in place to ensure conscious sedation was delivered in accordance with national standards and guidelines. • The registered person did not have systems and processes in place to ensure adequate fire safety measures were adopted and maintained. There was additional evidence of poor governance. In particular: • The registered person did not have sufficient risk controls in place with regards to medicines management. There was no system in place, such as a prescription log, to identify a missing prescription. Bulk medicines were broken down into smaller quantities and dispensed to patients without patient safety information. Regulation 17 (1).