Daylesford Associates Limited

Bolton Road Dental Centre

Inspection Report

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Overall summary

We carried out an unannounced responsive inspection on 2 December 2016 to ensure the practice was providing safe care in respect of the regulations; we did not inspect other aspects of the service.

Our findings were:

Are services safe?

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

Background

Bolton Road Dental Centre provides NHS and private treatment for both adults and children. The practice is situated in a converted commercial property. There are four dental treatment rooms and a separate decontamination room for cleaning, sterilising and packing dental instruments. Dental care was provided on two floors and had a reception and waiting area on the ground floor and an additional waiting area on the first floor.

The practice is open from 9am to 5.30pm Monday to Friday.

The practice has four dentists and six dental nurses, two of which are trainees. The clinical team is supported by a practice manager and reception staff.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings were:

- The practice had access to an automated external defibrillator. The low battery indicator was visible and staff were unsure whether a new battery had been ordered.
- The practice's recruitment policy and procedures and recruitment arrangements were not in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The necessary employment checks were not in place for all staff and the required specified information in respect of persons employed by the practice was not held.
- Local anaesthetic cartridges and other dental materials were stored in an unlocked cupboard which was accessible to patients. The cleaning equipment was also stored here and was not segregated or stored correctly.
- We observed that prescription pads were not stored securely; these were left on the work surface in two unlocked and unattended surgeries. Computers were left on when the surgery was unattended as were X-ray machines.

Summary of findings

- The cluster manager could not provide assurance that all staff were protected against hepatitis B.
- A Legionella risk assessment had been carried out in January 2015. We found the recommendations in the report had not been acted upon and water temperature testing was not being undertaken.
- We observed that the workflow in the decontamination room and surgeries was not well-defined and clean and dirty zones were not clearly identified.
- We were told returned laboratory work was not disinfected before placement.
- We looked at the practice risk assessments including safe use of sharps, fire, clinical waste, COSHH and manual handling and found these were incomplete and contained minimal information.
- Practice policies and procedures were available to staff but these were due for review in January 2016. We found some policies referred to old guidelines.

We identified regulations that were not being met and the provider must:

- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Ensure the practice's infection control procedures and protocols have regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Ensure COSHH risk assessments for all dental materials used within the practice are implemented.
- Ensure the current legionella risk assessment implements the required actions including the monitoring and recording of water temperatures, giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05:
- Ensure the checks that are in place to review the emergency equipment, including the AED are more effective to ensure the recording of any equipment that is missing or out of date to facilitate it being replaced in a timely manner.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Review availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the security of prescription pads in the practice and ensure there are systems in place to monitor and track their use.
- Review the storage of medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review the practice policy and process for decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance
- Review the protocols and procedures for use of X-ray equipment giving due regard to guidance notes on the Safe use of X-ray Equipment.
- Review the protocols and procedures to ensure staff are up to date with their mandatory training and their Continuing Professional Development.
- Review the practice confidentiality policy with regard to the use of CCTV cameras within the dental practice and ensure all information, assessments and signage are implemented as per the Information Commissioning Office (ICO) recommendations.

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?

We found that 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 section at the end of this report).

The practice's recruitment policy and procedures and recruitment arrangements were not in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The necessary employment checks were not in place for all staff and the required specified information in respect of persons employed by the practice was not held.

Local anaesthetic cartridges and other dental materials were stored in an unlocked cupboard which was accessible to patients. The cleaning equipment was also stored here and was not segregated or stored correctly.

We observed that prescription pads were not stored securely; these were left on the work surface in two unlocked and unattended surgeries. Computers were left on when the surgery was unattended as were X-ray machines.

The cluster manager could not provide assurance that all staff were protected against hepatitis B.

A Legionella risk assessment had been carried out in January 2015. We found the recommendations in the report had not been acted upon and water temperature testing was not being undertaken.

We observed that the workflow in the decontamination room and surgeries was not well-defined and clean and dirty zones were not clearly identified.

We were told returned laboratory work was not disinfected before placement.

We looked at the practice risk assessments including safe use of sharps, fire, clinical waste, COSHH and manual handling and found these were incomplete and contained minimal information.

Practice policies and procedures were available to staff but these were due for review in January 2016. We found some policies referred to old guidelines.

Requirements notice ✖

Bolton Road Dental Centre

Detailed findings

Background to this inspection

We received information of concern from NHS England area team. In response, we carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008

The inspection took place on 2 December 2016 was carried out by two CQC inspectors.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with three dentists, dental nurses, the organisation's Manchester cluster manager and the receptionists. We saw policies, procedures and other records relating to the management of the service.

To get to the heart of patients' experiences of care and treatment, we asked the following question:

- Is it safe?

This question therefore formed the framework for the areas we looked at during the inspection.

Requirements notice ✖

Are services safe?

Our findings

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for safeguarding vulnerable adults and children using the service. Policies were accessible to all staff which clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. We were shown evidence that staff had completed safeguarding training but it was not clear what level of training staff had been undertaken and some staff were due for refresher training.

The practice used latex and latex free disposable gloves. The packaging was open and latex gloves were stored together which increased the risk of cross contamination of latex particles. Latex rubber dam sheets were available but staff were unsure whether there were any latex free sheets available. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway). The practice's latex policy stated that the practice was latex free. A member of staff informed us that they had a reaction to the latex free gloves used in the practice and this had not been assessed.

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. We were told that some of the dentists used safer sharps systems but the practice had not carried out a thorough sharps risk assessment.

Practice policies and procedures were available to staff but we found they were due for review in January 2016 and some required improvement. For example, the location of equipment and named persons responsible. We found several policies referred to old guidelines and these had not been reviewed.

Medical emergencies

The practice followed the guidance from the Resuscitation Council UK and had arrangements in place to deal with medical emergencies.

The practice had procedures in place for staff to follow in the event of a medical emergency and we saw evidence that staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept. There was a system to check the emergency medicines and equipment on a weekly basis. On the day of the inspection we noted that the Glucagon was stored in a fridge with food items and the temperature of the fridge was not being monitored. The defibrillator battery was missing and staff were unaware of how long this had been the case or whether a replacement battery had been ordered. The plastic tubing on oxygen masks had an aged yellowish appearance. In addition, only one size of airway was available.

A first aid kit was available, but this was not checked and we observed that many dressings were out of date.

Staff recruitment

We reviewed the staff recruitment files for 11 members of staff to check that appropriate recruitment procedures were in place. We found that references from previous employment were not available all 11 members of staff. Proof of identity was not available for the two most recent members of staff and DBS checks were not routinely carried out. A dentist and two trainee dental nurses had not received a DBS checks and four members of staff had evidence of DBS checks that were carried out at their previous employer. The practice policy did not state that a Disclosure and Barring Services (DBS) check was required as part of the recruitment process. A DBS check helps employers to make safer recruitment decisions and can prevent unsuitable people from working with vulnerable groups, including children. We asked the cluster manager how they ensured staff were fit and proper persons to work in a dental environment and they said they were unsure without all the relevant recruitment information.

Monitoring health & safety and responding to risks

We reviewed various risk assessments (a risk assessment is a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) within the practice. We looked at risk assessments including the use of safer sharps, fire, clinical

waste, COSHH and manual handling. We found these were incomplete and contained minimal information. For example, the sharps risk assessment did not include the risk from all sharp devices used including dental burs and matrix bands. The practice had adopted generic risk assessments which had not been personalised to the practice.

The practice had two fire exits and signs were visible to show where evacuation points were. Fire extinguishers were available and the cluster manager told us that a fire risk assessment had been carried out but evidence of this could not be found. The practice did not carry our fire drills.

During the inspection we found CCTV cameras and no signage to ensure patients were aware of this. No information for was available to suggest a policy, risk assessment or registration with the Information Commissioning Office (ICO) had been sought.

Infection control

We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures. The practice had a dedicated decontamination room for the disinfection, sterilisation and bagging of instruments. We observed a member of staff carrying out decontamination who did not carry out hand hygiene before this process. Appropriate personal protective equipment (PPE) was available including heavy duty gloves, aprons and protective eyewear and we observed that staff were using these. Staff told us that a lint-free cloth was used to dry sterile instruments before bagging for use. We observed that a batch of instruments had been left on the cloth in the decontamination but staff were unable to confirm how long they had been there for. The decontamination room was easily assessable to patients and the door was open at all time during the inspection.

We randomly checked decontaminated bagged instruments and found that not all of these had been stamped with a date for reprocessing.

The unit for processing digital X-rays was located in the staff kitchen. We observed members of staff regularly entering the room wearing contaminated gloves. Staff did not remove these before using a computer keyboard that should be classed as clean.

A dental nurse had recently been identified as the decontamination lead and they had received additional training for this role. They discussed decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. We also saw that some of the recommended daily and weekly tests were being carried out by the dental nurses to ensure the sterilisers were in working order. They were not carrying out an automatic control test in line with manufacturers' instructions. The automatic control test is an observational test that records the operation of the machine and demonstrates that the process is repeatable by comparing the results against previous tests. Key stages of the sterilisation cycle are validated, such as cycle length, and that the temperature is as required by the manufacturer.

We inspected the decontamination and treatment rooms. The rooms were clean, with adequate dental materials available. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets. We found drawers and cupboards were cluttered. We found pre-loaded syringes which staff told us contained COSHH substances that were un marked and not dated. Some COSHH materials such as hypochlorite (bleach) can corrode the hub of the needle and cause a blockage.

We observed the workflow in the decontamination room and surgeries was not well-defined and clean and dirty zones were not clearly identified. There were long handled scrubbing brushes at the sink in each of the surgeries for manual scrubbing and containers of sterile aspirator tips were located near the sink in the dirty area of two surgeries as were contaminated tips awaiting disposal, we felt these could be easily mistaken. The cluster manager informed us that these would be disposed of immediately.

The dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings). Staff described the method used and this was broadly in line with current HTM 01-05 guidelines with the exception that water lines were not flushed in-between patients. A Legionella risk assessment had been carried out in January 2015. There were

recommendations in the report to carry out and document monthly water temperatures but this had not been acted upon. Staff informed us they were waiting for thermometers to arrive.

It is recommended by the Green book (Immunisation against infectious disease) that people who are likely to come into contract with blood products or are at increased risk of needle-stick injuries should receive vaccinations to minimise risks of acquiring blood borne infections. The staff files we reviewed showed four clinical staff had no evidence they had received inoculations against Hepatitis B and evidence of bloods tested for the presence of the Hepatitis B antibody was not available for all clinical staff members; this meant the registered provider could not provide assurance that staff were protected. This was brought to the attention of the cluster manager to review and risk assess as required.

The lead dental nurse carried out the latest infection prevention and control (IPC) audits using the approved audit tool from the Infection Prevention Society. We reviewed the latest IPC audit carried out in August 2016 which showed the practice had scored 100%. We brought this to the attention of the cluster manager as the practice did not have equipment and processes in place which are required for a 100% score. For example, the practice did not have a washer disinfector and staff confirmed that there was no process to disinfect items such as dentures received back from the dental laboratory. The practice had stated that these were in place on the audit tool. We reinforced the audit should be completed every six months.

Multiple portable free-standing fans were in use in all of the surgeries. The use of fans is not recommended in Health Technical Memorandum 01-05: Decontamination in primary care dental practices as the fan can cause recontamination of clean areas.

The practice employed a cleaner to carry out daily environmental cleaning. We observed the cleaner used different coloured cleaning equipment to follow HTM 01-05 guidance. We found these were stored inappropriately in a stock cupboard with dental materials which was accessible to patients.

Equipment and medicines

Local anaesthetic cartridges and other dental materials were stored in an unlocked cupboard at the top of the stairs which was accessible to patients in the upstairs waiting area.

We observed that prescription pads were not stored securely; these were left on the work surface in two unlocked and unattended surgeries.

Radiography (X-rays)

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography. Local rules were displayed in surgeries.

The X-ray machine in one of the upstairs surgeries had broken approximately two months prior to the inspection and this had been switched off but no notice had been displayed on the control panel instructing staff that the machine must not be used. The cluster manager did this immediately. A new unit had been purchased and staff were waiting for this to be installed.

There was no rectangular collimator fitted to the X-ray machines. In one surgery, a dentist told us they had noticed blurring of X-rays from the machine when they used the rectangular collimator adapter. This had not been reported and the cluster manager was unaware of this. (Rectangular collimation systems allow less scatter radiation into the patient's tissues).

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 **The registered person did not have effective systems in place to ensure that the regulated activities at Bolton Road Dental Centre were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** How the regulation was not being met: • The registered provider failed to ensure that the practice followed infection control procedures and protocols giving due regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance. The practice failed to ensure dental devices were decontaminated before placement and could not provide assurance that all staff were protected against hepatitis B. The registered provider failed to ensure that the infection prevention and control (IPC) audits were carried out correctly. • The registered provider failed to ensure COSHH risk assessments were carried out for all dental materials used within the practice. • The registered provider failed to ensure required actions from the legionella risk assessment including the monitoring and recording of water temperatures were implemented. • The registered provider did not ensure that effective checks were in place to review the emergency equipment, including the AED. **Regulation 17(1)**

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered provider failed to ensure the practice's recruitment policy and procedures and recruitment arrangements were in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The necessary employment checks were not in place for all staff to confirm they were of good character.

The required specified information about candidates set out in Schedule 3 of the regulations in respect of persons employed by the practice was not held. DBS checks, identity checks, immunity status and references were not sought.

Regulation 19(2)