

Mrs. Andrea Wright

Ombersley Family Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 27 January 2023 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 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.

Summary of findings

- The practice's systems to manage risks for patients, staff, equipment and the premises were not effective or embedded.
- Policies and procedures which explained the steps staff within the practice must take to safeguard children and vulnerable adults were not robust or effective.
- The practice's staff recruitment policy and procedures did not fully reflect current legislation.
- Clinical staff did not always evidence that they provided patients' care and treatment in line with current guidelines. In particular, rubber dam was not always used in line with guidance.
- 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.
- Staff felt involved, supported and worked as a team.
- An evidence of a culture of continuous improvement was not observed. Not all required audits were carried out.
- The provider asked staff and patients for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

Ombersley Family Dental Practice is in Worcestershire 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 outside the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 8 dental nurses, and the business consultant. The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist, 4 dental nurses, and the business consultant. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday from 8.30am to 6.00pm

Tuesday from 8.45am to 4.45pm

Wednesday from 8.45am to 4.00pm

Thursday from 7.30am to 2.15pm

Friday from 7.00am to 12.30pm

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:

- 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 staff use rectangular collimators when taking X-rays.
- 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.

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

Staff had completed the required level of safeguarding training. However, the practice did not have an up to date or fit for purpose safeguarding policy and process in place to ensure staff were aware of their responsibilities for safeguarding vulnerable adults and children.

The practice did not have information available to staff in relation to safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected 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.

The practice appeared clean; however, we did not see completed cleaning schedules for clinical or domestic areas. We were assured that although cleaning logs were not in place, the cleaning tasks had been completed. Following our inspection, the provider told us they had implemented a cleaning checklist.

The practice had a recruitment policy and procedure; however, this was not in accordance with relevant legislation to enable the provider to employ suitable staff. For example, the policy did not include the requirement to seek 2 references. The business development manager told us they did not seek formal written references and relied on word of mouth references. For example, 2 nurses had come from local practices and the provider had spoken to their previous employers. One of the nurses had also worked with one of the providers current nurses so came with a recommendation.

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

The practice ensured equipment was safe to use, 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. We found scope for improvement of the in-house fire safety risk assessment that had been carried out by a member of staff at the practice. Records to demonstrate that fire drills had been undertaken were not available. The fire logbook was not fully completed to demonstrate that emergency lights, fire extinguishers, fire exits, or fire doors were checked on a regular basis.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. However, staff did not use rectangular collimators when taking X-rays. A rectangular collimator reduces the amount of radiation a patient is exposed to during dental intraoral X-ray procedures.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. However, dentists did not follow the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.

Staff did not sign or date sharps bins, with date of assembly in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Blood and bodily fluid spillage kits were not available.

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

Are services safe?

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 not carried out product specific risk assessments in accordance with "The Control of Substances Hazardous to Health Regulations 2002"

Information to deliver safe care and treatment

Patient care records were, 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

The practice did not have all the required systems for appropriate and safe handling of medicines. We saw prescriptions were not monitored as described in current guidance. Antimicrobial prescribing audits were not carried out.

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.

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. They understood their responsibilities under the Mental Capacity Act 2005 and had completed relevant training. However, there was no practice policy for obtaining patient consent to care and treatment.

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 did not keep detailed dental care records in line with recognised guidance. Caries, periodontal and cancer risks were not recorded, treatment options needed to be documented in more detail in all five of the patients records we reviewed.

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.

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 dentist 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.

Patients reported staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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.

The practice's website and brochure provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included 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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including providing wheelchair access, for patients with access requirements. However, the provider had not carried out a disability access audit or 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 brochure.

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, patient information brochure 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

There was a lack of effective leadership and oversight at the practice. Systems and processes were not embedded among staff and the inspection highlighted some issues and omissions. Most of the oversight, governance and day to day running of the practice was the responsibility of the principal dentist. Information and evidence the business consultant presented during the inspection process was not always organised, up to date and well documented. For example, the policies we were shown had not been reviewed since 2011.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice. For example, 1 nurse completed her oral health education exam last year supported by the practice and another newer member of staff was currently completing their dental care professional radiography course.

The principal dentist told us working hours had been adjusted to help with changing childcare needs, work life balance, and some staff health issues.

Staff were not given the opportunity to formally discuss their training needs, general wellbeing and aims for future professional development. Annual appraisals had not taken place. The principal dentist told us formal staff appraisals had not been offered to staff since covid but felt that being a small practice they were aware of staff needs and discussed the opportunity for further training on an ad hoc basis. Following the inspection the provider scheduled appraisals for April 2023

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

Governance and management

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

There was no evidence the practice's policies, protocols and procedures were reviewed on a regular basis. Not all policies, protocols and procedures were available or effective. For example, the safeguarding policy was not fit for purpose and there was no Mental Capacity Act policy in place. The policies we saw had not been reviewed since 2011.

The practice did not have clear and effective processes for managing risks, issues and performance. For example, the practice had not completed product specific risk assessments regarding substances hazardous to health, staff did not handle sharps in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, dentists did not follow the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment and dentists did not use rectangular collimators when taking X-rays.

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

Are services well-led?

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

Feedback from staff was obtained through informal discussions. Although practice meetings were no longer held, staff said they were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate. The provider told us they stopped holding meetings as the dental nurses were all part time and it was difficult to organise meetings where all staff could attend. The provider communicated information to staff through a mobile application.

Continuous improvement and innovation

The practice did not have appropriate quality assurance processes to encourage learning and continuous improvement. The provider had not completed audits of disability access, antimicrobial prescribing and record keeping. Action plans were not always developed to support and monitor 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	<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 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">• A systematic comprehensive approach had not been implemented for staff appraisals.• There were limited systems for monitoring and improving quality. For example, Audits of disability access, antimicrobial prescribing and record keeping were not carried out. Practice meetings were not held to share information and drive improvements.• The provider did not have comprehensive policies in place. The safeguarding policy lacked detail and did not explain the steps staff must take to keep children and vulnerable adults safe. The provider did not have a practice policy for obtaining patient consent to care and treatment to ensure they were following legislation, taking into account relevant guidance, for staff to follow.

Requirement notices

- The practice's staff recruitment policy and procedures did not fully reflect current legislation. Not all appropriate checks were completed prior to new staff commencing employment at the practice.

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 may be at risk. In particular:

- Fire risk assessment required improvement and did not highlight issues including the requirement to check fire safety equipment. Records were not held to evidence checks of emergency lighting, fire exits and fire extinguishers. Fire drills were not recorded as completed.
- Staff did not have access to blood or spillage kits.
- The provider did not have systems in place to track and monitor the use of prescriptions.
- The practice had not carried out product specific risk assessments in accordance with The Control of Substances Hazardous to Health Regulations 2002"

There were no systems or processes that enabled 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 recorded in accordance with nationally recognised evidence-based guidance.