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Old Forge House Dental Care

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 13 February 2024 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. Processes to ensure the building was well-maintained were in place.
- The practice infection control procedures did not always reflect published guidance. Specifically in relation to safe disposal of clinical and hazardous waste.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were not available as required in national guidance.
- Systems to manage risks for patients, staff, equipment and the premises were not effective. Specifically for fire, legionella and sharps injury.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The practice staff recruitment procedures reflected current legislation. We found these were not always applied.
- Clinical staff provided patients' care and treatment in line with current guidelines. There was scope for improvement in the recording of treatment completed.
- 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.
- Processes to support effective leadership and a culture of continuous improvement where not established.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Evidence of how complaints were responded to was not available.
- The practice had information governance arrangements.

Background

Old Forge House Dental Care is in Mickleover in Derby and provides private dental care and treatment for adults and children.

There is a small step to access the practice, a portable ramp is available 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 access requirements.

The dental team includes 1 dentist, 1 dental nurse and a visiting endodontist. The practice has 2 treatment rooms.

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

The practice is open:

Monday and Wednesday from 9am to 5pm

Tuesday from 10am to 1pm and 3pm to 8pm

Thursday from 9am to 7pm

Friday from 9am to 1pm

We identified regulations the provider was not complying with. They must:

- Care and treatment must be provided in a safe way for service users
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
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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 ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

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?	**Requirements notice** ✖
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 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). We will be following up on our concerns to ensure they have been put right by the provider.

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. We found these were not applied consistently or effectively. The practice had a vacuum autoclave for decontamination of instruments. We found this was not always used in line with guidance and records to confirm recommended monitoring checks were completed were not available. Following our inspection, the provider told us action would be taken to address this. The practice appeared clean. We found that cleaning schedules were not kept and materials and procedures in use for cleaning did not meet recommended guidance. Reusable cleaning pads were used for floor cleaners. We found that these were visibly dirty and stained and had not been washed in line with manufacturers guidance.

The practice procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, where not effective or in line with guidance from the providers risk assessment. Records to confirm regular flushing of dental unit water lines were not kept. Remedial action was identified in the risk assessment regarding management of stored water. We were not provided with evidence that this action had been reviewed or taken. The practice were not conducting regular temperature testing to ensure that taps reached adequate levels as set out in the practice risk assessment.

The practice policies and procedures in place to ensure clinical waste was segregated and stored appropriately were generally in line with guidance. However, staff informed us, and the provider confirmed that amalgam waste was disposed of down the patient toilet rather than via an accredited contractor using approved containers. Following our inspection, the provider submitted evidence that arrangements for the safe storage and disposal of amalgam waste had been implemented.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. Although these reflected the relevant legislation, we found they were not applied consistently. Evidence of references to assure good conduct in previous employment and explanations for extended gaps in employment were not recorded as required.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover. We noted that indemnity certificates we reviewed did not always cover all work carried out by the clinician.

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.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety required improvement. We found that new extinguishers were purchased, and the alarm system serviced. We noted that fire evacuation drills had never been carried out and required checks of the effective operation of fire exits, alarm call points, smoke alarms and the extinguishers, were not carried out. Following the inspection, the provider submitted assurances that monitoring processes had been updated.

Are services safe?

The practice arrangements to ensure the safety of the X-ray equipment was not effective and the required radiation protection information was not always available. Radiography equipment had not been serviced at recommended intervals and staff had not completed sufficient hours of training to meet Continuing Professional Development (CPD) requirements. Following our inspection, the provider submitted evidence that training had been completed, and servicing scheduled for the equipment.

Risks to patients

The practice systems to assess, monitor and manage risks to patient and staff safety were not effective. We found that all risk assessments, specifically for fire, legionella, sharps safety, health and safety and lone working had not been reviewed or updated to reflect procedures at the practice.

Emergency equipment and medicines were not always available or checked in accordance with national guidance. We found defibrillator pads had expired in 2020. Additionally, size 0 oropharyngeal airway, child's self-inflating bag with reservoir and clear face masks for self-inflating bag sizes 0,1,3 were not available. The provider did not have a first aid kit or eye wash and aspirin was not dispersible. Powders for cleaning bodily fluids and mercury had expired in 2018. Following our inspection, the provider submitted evidence that equipment had been ordered.

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

The practice risk assessments to minimise the risk that could be caused from substances that are hazardous to health (COSHH) were not effective. Data sheets for COSHH materials provided did not reflect materials used at the service and harmful substances were not always stored securely.

Information to deliver safe care and treatment

Patient care records were complete, 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 2-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were 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.

The practice undertook suitable risk assessments before providing dental care in domiciliary settings such as care homes or in people's residence.

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. Staff had received training in and 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

Patient care records were mostly complete, legible, kept securely and complied with General Data Protection Regulation requirements. There was scope to ensure these were more detailed. The provider acknowledged this and submitted evidence following our inspection that action would be taken.

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 6-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.

We reviewed feedback from online reviews and patient comment cards. All feedback indicated a very high level of satisfaction with the treatment and service received at Old Forge House Dental Care. Feedback specifically mentioned access to treatment and the friendly and supportive nature of the staff.

Comments indicated that patients felt 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. Patients could hold confidential conversations regarding their treatment and any issues away from the open plan reception area.

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 information leaflet 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 study models, X-ray images and an intra-oral camera.

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 a portable ramp for the main entrance, access to translation service and ground floor treatment rooms for patients with access requirements. Staff had carried out a disability access audit and had 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, patient information leaflet and front door.

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, information leaflet 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

There was scope for improvement in how the practice recorded and responded to concerns and complaints. Clear records of investigation and response to complaints was not kept and no analysis was carried out or learning shared from complaints raised.

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 practice staff demonstrated a commitment to providing a transparent and open culture in relation to people's safety. We found that procedures and polices did not always support this endeavour.

We identified a lack of leadership, governance and oversight. Systems and processes to support safe and well-led care were not embedded amongst the staff team or daily practice life.

We noted that where our inspection highlighted issues, the provider took action to address some of these and demonstrated a willingness and commitment to address the most significant concerns swiftly.

The information and evidence presented during the inspection process was not always clear or well documented. Records of required monitoring checks for help mitigate risk from legionella, fire safety and sharps injury were not kept. Monitoring of the availability and effectiveness of medical emergency equipment was not accurate. Procedures for safe disposal of hazardous waste were not followed and all risk assessments and policies required updating to reflect procedures at the service.

Culture

Processes to enable staff to show how they aimed to provide high-quality sustainable services and demonstrate improvements where not always effective.

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.

There was scope for improvement in the practice arrangements for ensuring staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities and roles. We found that systems of accountability to support good governance and management were not always effective.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff. We found that these were not always reviewed on a regular basis.

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

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

Are services well-led?

Feedback from staff was obtained through informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

The practice systems and processes for learning and quality assurance were not always effective. We found that audits of disability access, radiographs and antimicrobial prescribing were carried out in line with guidance. We noted that audits of infection prevention and control had never been carried out until October 2023. Audits of patient care records and handwashing were not carried out at all. We found that records of the results of these audits were not analysed and action plans were not developed to aid and monitor improvements.

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 12 CQC (Registration) Regulations 2009 Statement of purpose The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • Monitoring of disposal of hazardous waste was not effective. The provider did not have oversight to ensure amalgam was stored and disposed of in line with guidance. • Monitoring of completion of required checks to mitigate against the risk and spread of legionella, fire detection, suppression and evacuation and the availability of required medical emergency equipment, was not in place.

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 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: • Systems to ensure all required pre-employment checks for new staff were completed and evidence retained, were not effective. • Systems to ensure all policies, procedures and risk assessments were regularly reviewed to ensure their relevance and effectiveness were not established.

This section is primarily information for the provider

Requirement notices

- Audits of infection prevention and control were not completed in recommended time frames. Audits of radiography did not include action plans.