

Medidenta Limited

Medidenta Medical Practice

Inspection Report

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Overall summary

We carried out this unannounced inspection on 07 March 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We planned the inspection in response to concerns we received. We checked whether the registered provider 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.

We asked the following questions:

- Is it safe?
- Is it well-led?

We focused on the practice's infection prevention and control processes and their management of medicines and materials.

Our findings were:

Are services safe?

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

Are services well-led?

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

Background

Medidenta Medical Practice is in Welling, in the Greater London Borough of Bexley. The practice provides private treatment to adults and children.

The dental team includes a dental hygienist and therapist, three dentists, a qualified dental nurse, a trainee dental nurse, and a compliance adviser/manager. The practice has two treatment rooms, one of which is rented out for physiotherapy services.

The practice is owned by a company, and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Medidenta Medical Practice is the dental hygienist and therapist.

During the inspection we spoke with a dentist, the qualified dental nurse, and the dental hygienist and therapist. We checked practice policies and procedures and other records about how the service is managed.

The practice is open from 9am to 5pm Mondays to Fridays.

Our key findings were:

- The provider's infection prevention and control processes did not reflect published guidance.

Summary of findings

- The provider had not established effective processes for managing medicines and materials; several items had passed their expiry dates.
- Staff had received vaccinations against Hepatitis B but the provider had not sought evidence that all clinical staff members were suitably immunised.
- The provider had not established effective systems to help them identify, manage and mitigate risks to patients and staff.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

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).

They had not established effective systems to help them manage and mitigate risks to patients and staff. In particular:

- The provider's infection prevention and control processes did not reflect published guidance. They did not follow this guidance for cleaning, sterilising and storing dental instruments.
- Staff had received vaccinations against Hepatitis B but the provider had not sought evidence that all clinical staff members were suitably immunised.
- They had not established effective processes for managing medicines and materials; several items had passed their expiry dates.
- Some clinical staff had not received training in infection prevention and control: this was completed shortly after the inspection.
- They had not established effective systems to help them mitigate risks to patients and staff.

Shortly after the inspection, the provider sent us an action plan to tell us what they would do to address the concerns we raised. These included the implementation of auditing, policies, training and monitoring.

Requirements notice 

Are services well-led?

We found that 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).

The provider had not suitably assessed, monitored or improved the quality and safety of the service provided. In particular, this related to the management of medicines and materials, staff training, and infection prevention and control processes.

Shortly after the inspection, the provider sent us an action plan to tell us what they were doing to address the concerns we had raised. These included the implementation of audit protocols, policies, staff training and monitoring.

Requirements notice 

Are services safe?

Our findings

Risks to patients

The provider had not established effective systems to enable them to manage and mitigate risks to patient safety.

We checked the practice's arrangements for safe dental care and treatment in relation to preventing and controlling the spread of infections.

The provider had ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. However, they had not checked the effectiveness of the vaccination for two members of clinical staff.

The practice's infection prevention and control procedures were not in line with guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care in several areas.

Areas of the premises, and some equipment, appeared to have not been properly cleaned. There was visible dust on the tops of cupboards in the treatment room. In the treatment room, the lower end of the dental chair, a pair of magnifying goggles, a light shield on a curing light machine, and a lighter were visibly soiled. It appeared the goggles had not been suitably cleaned before being placed into their carry case.

In the treatment room we observed that disposable covers for the dental chair, a display screen attached to the chair and a curing light machine were visibly soiled; it appeared they had not been changed since they were last used. Staff we spoke with confirmed this.

A mop we were told was used for cleaning the reception area had been used with a bucket we were told was used to clean the toilet. The mop had not been stored appropriately to allow it to dry.

It appeared that single-use items such as tooth polishing bristle brushes and rubber cups, dappens pots, matrix bands, and endodontic files were being re-used.. These items had residue on them and had been stored in the same boxes and/or drawers as similar items that appeared to be new. The provider told us these items were intended for the dental clinicians to use in practicing their dental skills.

A member of clinical staff had not completed infection prevention and control training. This member of staff completed infection prevention and control training shortly after the inspection. Another member of clinical staff had completed modules of training in Biofilm and disinfection of dental instruments, but we found this training was not effective as they had not ensured their goggles were suitably disinfected after use. This member of staff completed more modules of infection prevention and control training, including surface disinfection, shortly after the inspection.

The practice did not have suitable arrangements for transporting instruments. Staff told us a plastic box they previously used for this purpose was being used to store dental materials; we observed this box in the decontamination room.

The practice did not have suitable arrangements for cleaning or checking instruments. We observed a member of staff using a metal scourer to scrub contaminated instruments during the inspection. The instruments were rinsed under running water instead of being submerged to prevent the spread of aerosols.

The practice did not have suitable arrangements for checking instruments for the effectiveness of the cleaning process. There was an illuminated magnifier available but the light was not working and it was not clear whether it was routinely used.

Two instruments we were told were awaiting sterilisation were visibly rusted.

The practice did not have suitable arrangements for storing instruments. Some instruments in the treatment room had not been pouched. Some had been pouched but the pouches had not been sealed, and several pouches did not contain any indication of what date they were sterilised or what date the instruments should be used by. Other pouches had use-by dates that had expired.

A tray containing clean instruments had been placed in the treatment room's 'dirty' zone near the clinical waste receptacle.

An extracted tooth had been left in an open dappens pot on a shelf in the decontamination room. There was no storage facility for extracted teeth, including for those containing amalgam. Shortly after the inspection the provider told us a tooth collection box was in place.

Are services safe?

The records we checked indicated equipment used by staff for cleaning and sterilising instruments was validated, but this was not consistently recorded. The equipment was maintained in line with the manufacturers' guidance.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits twice a year. Their February 2019 audit showed the practice was meeting the required standards; however, it did not reflect the practice's protocols in all areas. For example, in relation to whether instruments were suitably dried before being sterilised, and whether a sharps container was available at the point of use. It had not identified all of the above-mentioned issues.

Shortly after the inspection, the provider sent us an action plan to tell us what they would do to address the concerns we raised. These included the implementation of auditing, policies, training and monitoring.

Safe and appropriate use of medicines

We found the provider had not established effective or reliable systems for the appropriate and safe management of medicines and materials.

The provider did not have a suitable stock control system of medicines and materials held on site to ensure they did not pass their expiry date.

A member of staff told us they regularly checked the treatment room for expired stock; however, we found some medicines and dental materials in the treatment room were not within their expiry date. These included, for example, eyewash, an antiseptic tooth dressing, oral anaesthetic gels, tooth restoration materials, restoration adhesives, etchant, impression materials, impression, fluoride varnishes, and rubber dam sealant.

Shortly after the inspection, the provider sent us an action plan to tell us what they would do to address the concerns we raised. These included the implementation of policies, training and monitoring.

Are services well-led?

Our findings

Governance and management

The registered manager had overall responsibility for the management and clinical leadership of the practice. The qualified dental nurse and the compliance adviser/manager were responsible for the day to day running of the service.

The provider had not established effective processes for assessing, monitoring and improving the quality and safety of the service provided. In particular, this was in relation to the management of medicines and materials, staff training, and infection prevention and control processes.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of infection prevention and control. They had clear records of the results of these audits; however, the most recent audit was not effective.

The registered manager showed a commitment to making the necessary improvements. Shortly after the inspection, the provider sent us an action plan to tell us what they would do to address the concerns we raised. These included the implementation of auditing, policies, training and monitoring.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met</p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.</p> <ul style="list-style-type: none">• They had not mitigated risks relating to infection control processes that required improvement.• They had not ensured that materials and equipment were suitably maintained.• They had not obtained evidence of suitable immunity against Hepatitis B for all clinical staff. <p>12 (1)</p>
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>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 operated 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>

This section is primarily information for the provider

Requirement notices

- They had not suitably assessed, monitored or improved the quality and safety of the services being provided in relation to infection prevention and control processes and the management of their equipment and materials.

17 (1)