

Mr. William Dryden

Castle Rising Dental Surgery

Inspection report

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Overall summary

We carried out this announced focused inspection on 10 May 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.

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 appeared to be visibly clean and well-maintained.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Infection control procedures mostly reflected published guidance.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked well as a team.
- Staff and patients were asked for feedback about the services provided.
- The dental clinic had appropriate information governance arrangements in place.

Summary of findings

- Recruitment procedures were not effective and appropriate references and disclosure and barring service checks had not been completed for staff.
- Auditing and risk management systems within the practice were not effective in driving improvement.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- The appointment system took account of patients' needs.

Background

Castle Rising Dental Practice provides private dental care and treatment for adults and children.

There is ramped access to the practice for people who use wheelchairs and those with pushchairs. There are ground floor surgeries and a fully accessible toilet. Car parking is available directly in front of the building.

The dental team includes three dentists, three hygienists, a practice manager and six dental nurses. The practice has four treatment rooms.

During the inspection we spoke with two dentists, a hygienist, the practice manager, two dental nurses and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Mondays, Tuesdays, Wednesdays and Saturdays from 9am to 4.30pm; and on Thursdays and Fridays from 8.30am to 4.30pm.

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.

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

- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.

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. There was helpful information about support services in patient areas, making it easily accessible.

The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice had infection control procedures which mostly reflected published guidance. Staff carried out infection prevention and control audits twice a year which showed the practice was meeting the required standards.

As there was no washer disinfectant or ultrasonic bath, staff manually scrubbed dirty instruments. We explained that manual scrubbing was the least effective method of cleaning and risked the most injury to staff. We noted that one member of staff had sustained a sharps injury whilst cleaning dirty instruments.

The practice had some procedures to reduce the risk of Legionella or other bacteria developing in water systems, including flushing through dental unit water lines and monitoring water temperatures. A legionella risk assessment had been completed in November 2022, and no concerns had been identified.

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 premises were kept clean. Cleaning materials were stored correctly.

The practice had a recruitment policy and procedure to help them employ suitable staff, but we noted that appropriate Disclosure and Barring Service checks, and two references had not always been obtained prior to new staff starting their employment at the practice.

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

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. However, we noted that one X-ray unit did not have rectangular collimation to reduce patient exposure.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety.

The practice had undertaken a range of risk assessments in relation to the premises and staff, however many of these were dated 2015 and had not been reviewed since to ensure they were still relevant and up to date. The practice's sharps risk assessment was very basic and stated that the overall risk of injury to staff was low. This was despite an injury to a member of staff whilst manually scrubbing a dirty instrument.

We noted some loose and uncovered items in treatment room drawers that risked aerosol contamination.

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.

Are services safe?

A fire risk assessment had been carried out in line with the legal requirements. There were fire extinguishers and fire detection systems throughout the building, and fire exits were kept clear. However, staff did not regularly undertake fire evacuations so they would know what to do in the event of an incident. Not all staff had received fire safety training.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, although we noted that fixed wire electrical testing had become overdue.

The practice had assessments to minimise the risk that could be caused from substances that were hazardous to health.

Safe and appropriate use of medicines

The practice held some medicines on site and there was a system of stock control in place. However, there was no system in place to easily identify missing prescriptions.

The hygienists administered local anaesthetics and patient group directions were in place for this.

Glucagon was stored in the practice's fridge, and the fridge's temperature was checked daily to ensure it was functioning correctly.

Track record on safety, and lessons learned and improvements

The practice recorded all unusual incidents and accidents, although there was no evidence to show how learning from them had been shared across the staff team to prevent their recurrence.

The practice had a system for receiving and acting on national patient 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. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice kept records of the care given to patients including information about treatment and advice given.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Consent to care and treatment

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. They reported they had enough time for their job and did not feel rushed in their work. All hygienists worked with chairside support.

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

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. However, there was no system in place to ensure referrals made to other dental health care providers were monitored and tracked to ensure their timely management.

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 Notice 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 principal dentist had overall responsibility for the practice and clinical matters. There was also a practice manager who had day to day responsibility for the running of the service. We identified several issues in relation to the practice's recruitment procedures, risk assessment, staff appraisal and auditing systems which indicated that oversight of the practice needed to be strengthened.

Culture

Staff stated they felt respected and valued and told us they enjoyed their work. They described both the principal dentist and the practice manager as approachable and supportive of their personal circumstances.

Staff were aware of the Duty of Candour and of the obligations it entailed.

Governance and management

Staff had clear responsibilities roles and systems of accountability to support good 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.

There was a patient complaints procedure in place and paperwork we viewed in relation to recent complaints showed they had been dealt with in a satisfactory way.

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.

Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The practice had some quality assurance processes to encourage learning and continuous improvement. The practice paid for staff's membership to an accredited on-line training provider. However, auditing systems were poor; no dental care records audits had been undertaken at all, a radiography audit had only been started for the first time just prior to our inspection, and an antibiotic prescribing audit had not been undertaken since 2015.

None of the staff had received an appraisal of their working practices since 2018.

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 Treatment of disease, disorder or injury Surgical procedures	<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 mitigate the risks relating to the health, safety and welfare of service users and others who might be at risk. In particular:</p> <ul style="list-style-type: none">• Staff recruitment processes were not in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. DBS checks and references had not been completed for staff to ensure they were suitable to work with vulnerable adults and children at the point of their employment.• There was no system in place to ensure that missing prescriptions held on the premises could be easily identified and accounted for.• There was no system in place to ensure that five yearly fixed wire testing was undertaken. <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>

This section is primarily information for the provider

Requirement notices

- There was no effective system for recording, investigating and reviewing incidents or accidents with a view to preventing further occurrences and ensuring that improvements are made as a result.
- There was no system in place to ensure staff received regular appraisal of their working practices.
- There was no effective audit system in place to ensure that patient dental care records contained the necessary information, that patient radiographs were assessed, or that antibiotics were prescribed appropriately.

Regulation 17(1)(2)