

Manchester Dental Care Limited

Manchester Dental

Inspection Report

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Date of inspection visit: 7 April 2017
Date of publication: 25/05/2017

Overall summary

We carried out this unannounced inspection on 7 April 2017 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 provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a second inspector.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

On this occasion we inspected as a result of information of concern. We focused on the safe and well led questions.

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

Manchester Dental is located in Urmston, Manchester and provides private treatment to adults and children. The practice also offers private orthodontic treatment, dental implants, intravenous sedation and cosmetic treatments. A chiroprapist operates alongside the service but this does not come under our regulation.

There is access for people who use wheelchairs and pushchairs. Car parking spaces, including for patients with disabled badges, are available at the practice with additional on-street parking available.

The dental team includes three dentists, six part time dental nurses and two dental hygiene Therapists. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission 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 Manchester Dental was the principal dentist.

Summary of findings

During the inspection we spoke with the principal dentist, two dental nurses, one of whom was an agency nurse and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open from 9am to 6pm Monday, Wednesday and Friday, 9am to 8pm Tuesday, 9am to 5pm Thursday and 9am to 4pm Saturday.

Our key findings were:

- The practice did not have infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Emergency medicines and life-saving equipment were available but some of these had expired.
- The practice was working to improve systems to help them manage risk.
- The practice had safeguarding processes and staff knew how to report their concerns but up to date safeguarding training had not been provided.
- Staff recruitment procedures were insufficient.
- There had been a change in the leadership arrangements for the practice and they were working to improve policies and procedures.

We identified regulations the provider was not meeting. They must:

- Ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD).
- Ensure that all staff have undergone relevant training, to an appropriate level, in the safeguarding of children and vulnerable adults.
- Ensure the practice's infection control procedures and protocols are suitable giving due 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 the practice implements the required actions from the Legionella risk assessment giving due 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 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. This includes ensuring checks are in place for agency staff.
- Ensure that the practice is in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.
- Ensure systems are put in place for the proper and safe management of medicines.
- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure the practice's audit protocols of various aspects of the service, such as radiography and infection prevention and control are reviewed at regular intervals to help improve the quality of service. Practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure the practice responsibilities and storage with regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).

Summary of findings

- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result.
- 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 storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded and review the process to identify and dispose of out-of-date stock.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

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 at the end of this report).

Staff had not received up to date training in safeguarding adults and children but they knew how to recognise the signs of abuse and how to report concerns.

The practice did not complete recruitment checks and evidence that staff and agency staff were qualified for their roles could not be provided.

COSHH risk assessments were not in place and improvements were needed in the storage of COSHH substances.

Recommended safety checks of equipment were not in place.

Improvements were required with the processing of decontaminated instruments and staff knowledge of validation of equipment.

The practice had arrangements for dealing with medical and other emergencies. A number of items had expired or were missing and staff were not aware.

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 at the end of this report).

The practice had adopted generic policies but many were overdue a review and referred to old guidance. The practice manager was working to improve the governance of the practice.

Staff were not up to date with their mandatory training and Continuing Professional Development (CPD).

The practice held regular staff meetings and staff were encouraged to contribute to these.

Audits of dental care records and X-rays were not carried out but the principal dentist told us there were plans to implement these. An infection prevention and control audit had been carried out in 2015. There was no evidence that the recommended actions had been completed.

The practice was not able to show evidence that all staff had completed recommended training, including medical emergencies and basic life support, infection control and safeguarding.

The practice did not have quality assurance processes to encourage learning and continuous improvement. Audits of dental care records and X-rays were not carried out.

Requirements notice



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had recently implemented a procedure to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. Staff told us there was an accident book but this could not be located on the day of the inspection.

Staff told us that there had not been any incidents at the practice. We discussed incidents that had occurred and had not been recorded including staff behaviours, equipment failure and recent structural damage to the building.

The practice manager told us they occasionally checked for relevant national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We saw that recent alerts were printed out and stored for future reference but they did not record the actions taken in relation to these. One alert related to checking Glucagon which we found had expired in July 2016. The practice manager told us they would register to receive alerts and ensure actions were recorded.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that the principal dentist was the lead for safeguarding and had received training which was due for review in 2015. This was not to the expected level two. There was no evidence available to show training had been completed for any other staff members.

The practice did not have a whistleblowing policy.

We looked at the practice's arrangements for safe dental care and treatment. A sharps risk assessment had been carried out but this did not include the risk from items other than dental needles. The practice followed relevant safety guidance when using needles.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

Medical emergencies

We saw evidence that five members of staff had completed training in emergency resuscitation and basic life support in 2016. We were told that training was booked for all staff to take place in June 2017.

Emergency equipment and medicines were available and accessible to staff. The practice manager told us that these were checked on a monthly basis and kept records of their checks to make sure these were available and in working order. We found Glucagon which had expired in July 2016, which is required in the event of clinically low blood sugar. This was kept unrefrigerated and the expiry date had not been reduced in line with the manufacturer's guidance. The plastic tubing on the oxygen masks had an aged yellowish appearance. A self-inflating oxygen mask and bag was not available and we saw that emergency airways, oxygen masks, syringes and needles had expired.

Staff recruitment

The practice did not have a staff recruitment policy and procedure to help them employ suitable staff. We looked at 13 staff recruitment files. References and up to date DBS checks were not available and one DBS check from previous employer contained information which had not been risk assessed. Identification was only available for three members of staff. Evidence of qualifications were not available. The practice manager had been recruited six months ago, there was no evidence of an ID check, immunisation check, DBS or that references had been sought.

We found that clinical staff were registered with the General Dental Council (GDC) but the practice did not ensure that all clinical staff had up to date GDC registration and professional indemnity cover.

The practice used a local dental nurse agency when they were short staffed. We were told that the agency only supplied them with a name. No checks were carried out by the practice to confirm their ID, GDC registration or indemnity. The practice were in the process of employing

Are services safe?

two trainee dental nurses. The practice manager showed us new interviewing procedures that had been put in place and gave assurance that DBS and reference checks would be carried out.

An induction was in place and the practice used a checklist to evidence that staff were familiarised with the practice and the location of equipment but an induction checklist was not in place for agency staff.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were not up to date. A Control Of Substances Hazardous to Health (COSHH) file was available which contained safety data sheets for hazardous products used but risk assessments had not been carried out. A health and safety risk assessment had been carried out in November 2016 which stated that an external fire safety assessment would be carried out but this had not been acted upon. Staff did not check the fire alarm system or carry out fire drills. Fire extinguishers were available and these had been serviced in November 2016.

The practice did not check each year that the clinicians' professional indemnity insurance was up to date. The practice had current employer's liability insurance.

The practice's roof had suffered structural damage as a result of recent storms and the practice had taken immediate action to ensure the safety of the structure. Support braces were in place an insurance evaluator attended on the day of the inspection to assess the damage.

A dental nurse worked with the dentists and dental therapists when they treated patients. The practice offered an intravenous sedation service but the principal dentist could not recall when this service had last been used. A dental nurse told us that sedation had been carried out recently but the dentist who provided this service brought their own equipment and they were not available to speak to on the day of the inspection.

Infection control

The practice did not have effective infection prevention and control policy and procedures in line with The Health Technical Memorandum 01-05: Decontamination in

primary care dental practices (HTM01-05) published by the Department of Health. Evidence was not available to demonstrate that staff had completed infection prevention and control training.

The practice had suitable arrangements for transporting, cleaning, checking and sterilising instruments in line with HTM01-05. Sterile pouches were available to bag sterilised instruments but several items were stored open in drawers and staff did not ensure that all pouches were marked with a date of either processing or expiry. This included the implant equipment. The principal dentist told us that the kit was sterilised immediately before a dental implant procedure.

Some pouched instruments had passed their expiry date and staff were not clear if pouches should be stamped with the date of sterilisation or the expiry date. We discussed this with the principal dentist who gave assurance that they would introduce procedures that are clear for all staff to follow.

The equipment staff used for cleaning and sterilising instruments was not maintained in line with the manufacturers' guidance. The practice owner told us that one of the three autoclaves was out of use but it had not been decommissioned and there was no signage to identify that it should not be used. The agency nurse working on the day of the inspection was not sure which of the sterilisers was in use. The practice did not have procedures to ensure that records of sterilisation cycles were recorded and retained.

The last infection prevention and control audit was carried out in December 2015. An action plan was available that included introducing written standard of duties for equipment validation and recommendation to introduce a safer sharps system. There was no evidence that the recommended actions had been carried out.

Staff told us a Legionella risk assessment had been carried out but this could not be located. A template was available to carry out monthly water temperature testing and the minutes of a staff meeting in February 2017 stated that this was now in use but no members of staff had received Legionella awareness training and no temperatures were recorded on the template. Staff used a cleaning agent to prevent the growth of Legionella in the dental unit waterlines.

Are services safe?

Staff told us the cleaner attended the practice on Mondays and staff carried out cleaning in-between. On the day of the inspection, floors were stained, the clinical waste bin in the downstairs surgery was full and had not been emptied and the bin in the staff kitchen was overflowing. Damp reusable towels were in use in the decontamination room. We brought this to the attention of the practice owner. Later we saw that these towels had been placed in a drawer with sterile supplies.

Equipment and medicines

We saw evidence that a current service contract was in place but appropriate servicing documentation was not available for one of the autoclaves and a basic service had been carried out on a second autoclave. The dental compressor had not been serviced since 2012; this was confirmed by the company who were contracted to carry out testing for the practice. We were told there were no up to date pressure vessel certificates for the equipment.

Staff showed us how they carried out checks of the autoclaves in line with the manufacturers' recommendations. A log book was used to record the time, pressure and temperature of a test load each day but they could not identify which machine the tests related to and steam penetration tests were not carried out on the vacuum autoclave. We found not all staff were aware of the validation process and how to record the information. The systems for prescribing, dispensing and storing medicines required improvement. Containers of paracetamol and antibiotics were available but these had expired. Further supplies of bottled antibiotics were stored unsecured in the surgery upstairs; the dentist could not confirm whether the tablets had been dispensed from the container that had expired.

A hazardous liquid, Phenol, which was stored in a dental surgery used by the Chiropodist had expired in 2008 and was stored in a drawer. Phenol is highly toxic when inhaled and causes burns. The bottle was leaking and there was no warning signs on the packaging, COSHH risk assessment in place or guidelines for clinical and support staff.

Dental materials including teeth whitening systems, sterile saline and injectable cosmetic medicines were stored in the kitchen fridge with food items. We saw bags of mouldy dental impressions in the bottom drawer of the fridge. This had been identified at a recent practice meeting and had not been addressed.

Radiography (X-rays)

The practice did not have suitable arrangements to ensure the safety of the X-ray equipment. There was a radiation protection file but this was not up to date and the servicing of the equipment was not up to date.

The X-ray machine had not been serviced since November 2013. The principal dentist agreed that no X-rays would be taken until the machine had been examined and certified.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice had not carried out X-ray audits in line with current guidance and legislation.

We saw evidence of completed continuous professional development in respect of dental radiography for one clinician.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. A new practice manager had been employed for six months. They were responsible for the day to day running of the service. Staff that we spoke to knew the management arrangements. We saw evidence that the new practice manager was working to improve the governance of the practice but staff shortages and an urgent need to recruit more staff had impacted their capacity to implement change.

The practice had adopted generic policies but many were overdue a review and referred to old guidance. Risks assessments including sharps, COSHH and fire had not been carried out. Procedures including infection control, equipment maintenance and certification were not in place.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. We found records that contained patient identifiable information were not stored securely; staff told us that these were from the chiropody service. They gave assurance that the storage and security of these would be removed.

Leadership, openness and transparency

During the inspection the provider was responsive to feedback and actions were taken quickly to address our concerns. We saw evidence that the practice manager had

discussed incident reporting with staff in a recent staff meeting. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear that staff were encouraged to raise concerns and contribute to the agenda of staff meetings. A staff member had raised the issues of mouldy dental impressions in the kitchen fridge at the meeting in January 2017. We observed several bags of mouldy impressions in the fridge on the day of the inspection. These were brought to the attention of staff who disposed of them immediately.

Learning and improvement

The practice did not have quality assurance processes to encourage learning and continuous improvement. Audits of dental care records and X-rays were not carried out but the principal dentist told us there were plans to implement these. The last infection prevention and control audit had been carried out in 2015.

There was evidence of a basic appraisal for the new practice manager only but there was no evidence of a discussion, identification of learning needs, general wellbeing or aims for future professional development.

The practice were not able to show evidence that all staff had completed highly recommended training, including medical emergencies and basic life support, infection control and safeguarding. The General Dental Council requires clinical staff to complete continuous professional development. The practice manager told us they had attempted to book some training for staff but had been unsuccessful due to a high demand for courses.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at Manchester Dental were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider did not ensure the practice's infection control procedures and protocols were suitable giving due 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'.• The provider did not ensure that the required actions from the Legionella risk assessment were implemented giving due 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'.• The provider did not ensure the practice fulfilled responsibilities and storage with regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002. Documentation was not up to date and staff did not minimise risks associated with the use of and handling of these substances.

This section is primarily information for the provider

Requirement notices

- The provider did not ensure that the practice was in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.
- The provider did not ensure systems were in place for the proper and safe management of medicines.
- The provider did not ensure that all staff had undergone relevant training, to an appropriate level, in the safeguarding of children and vulnerable adults.

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

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 Manchester Dental 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 provider did not ensure there was an effective system to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- The provider did not ensure staff were up to date with their mandatory training and their Continuing Professional Development (CPD).
- The provider did not ensure the practice audited various aspects of the service, such as radiography and infection prevention and control.

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

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

The registered person did not have effective systems in place to ensure that the regulated activities at Manchester Dental 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 provider did not ensure that the practice's recruitment policy and procedures were suitable and the recruitment arrangements 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. This includes ensuring checks are in place for agency staff.