

Dr. Richard Davis

Market House Dental Surgery

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 23 May 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 provider's infection control procedures were not operated effectively.
- The appointment system worked efficiently to respond to patients' needs.
- The provider did not operate effective systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider's staff recruitment procedures were not operated effectively.
- Staff provided preventive care and supported patients to ensure better oral health.

Summary of findings

- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff knew how to deal with medical emergencies, but improvement was needed to ensure emergency equipment was appropriate.
- 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.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.
- Improvements were needed to ensure the provider could demonstrate effective leadership and a culture of continuous improvement.

Background

Market House Dental Surgery is in Chalfont St Peter 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 near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 dentist, 2 dental nurses, 1 dental hygienist and 1 receptionist. The practice has 1 treatment room but shares the practice building with a second dentist. Both dentists have a cost share agreement for communal areas and services.

During the inspection we spoke with the principal dentist, 2 dental nurses and the receptionist.

We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

- Monday – Thursday 8.00am to 6.00pm
- Friday 8.00am to 1.00pm

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:

- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

Summary of findings

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Take action to ensure the availability of an interpreter service for patients who do not speak English as their first language.

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, 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, but improvements were needed. Specifically:

- Contaminated instruments in the hygienist room were neither soaked nor sprayed whilst they waited to be decontaminated.
- We found a rip in the headrest on one patient treatment chair.
- A contaminated instrument was found in a treatment room drawer.
- Out of date hand gel pouches were in a treatment room cupboard.
- Single use items were found immersed in box filled with a clear solution.
- Staff were seen to rinse instruments under running water against infection control guidance.
- Temperatures of the solution used to manually scrub instruments was not taken to ensure it was not above the recommended temperature.
- The instrument inspection magnifier was positioned above an autoclave machine which made effective inspection a barrier to nursing staff.
- We found undated pouched instruments in the store room.
- The chairs in the waiting area had material covers which made cleaning them a barrier.
- X-ray holders were not pouched in a treatment room drawer.
- Infection control audits did not contain a summary or action plan which meant the practice could not demonstrate improvement over time.

Evidence presented to us confirmed that a legionella risk assessment was in progress. Completion of any resulting action plan will be reviewed at our follow up inspection.

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, there was not an effective cleaning process in place to ensure the practice was kept clean. Specifically:

- Colour coded cleaning equipment was not separated which presented a possible cross-infection risk.

Recruitment checks had not been conducted in accordance with relevant legislation to help them employ suitable staff. We looked at 3 staff recruitment records and evidence presented to us showed:

- One staff did not have evidence of eligibility to work in the UK.
- Two staff did not have evidence of conduct in their previous employment.
- Three staff did not have evidence that a health assessment was conducted.

Three staff did not have a second reference; this was not in accordance with the requirement in the practice's recruitment policy.

A display screen assessment had not been carried out for the receptionist.

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

Are services safe?

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus. However, the effectiveness of the vaccination was not known for one member of clinical staff.

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.

Evidence presented to us confirmed that a fire safety risk assessment was in progress. Completion of any resulting action plan will be reviewed at our follow up inspection.

Records to confirm that fire drills were carried out were not available.

Air conditioning servicing evidence was not available.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

Risks to patients and staff

The practice had not effectively implemented systems to assess, monitor and manage risks to patient and staff safety. Specifically:

- Sharps injury information was not available in any of the clinical areas of the practice.
- A lone worker risk assessment was not available for the hygienist.
- The x-ray machine did not have a rectangular collimator in place.

Evidence presented to us confirmed that a health and safety risk assessment was in progress. Completion of any resulting action plan will be reviewed at our follow up inspection.

Records were not available to confirm that emergency equipment and medicines were available and checked in accordance with national guidance. In particular:

- Equipment not available included a child self-inflating bag, a child oxygen facemask with reservoir, mercury spillage kit and clear facemasks sizes 0-4.
- Out of date equipment included 25g needles, airways sizes 0-4, adult self-inflating bag with reservoir, oxygen cylinder, child size defibrillator pad, eyewash kit, aspirin 300mg, blood monitor and test strips.
- The quantity of adrenaline, midazolam and oxygen fell short of the Resuscitation Council's recommended amounts required to treat a medical emergency.

We have received evidence to confirm these shortfalls have been addressed.

Glucagon was refrigerated. The temperature of the fridge was not taken to ensure it was stored between 2 and 8 degrees Celsius.

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 risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

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.

Are services safe?

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.

Dental implants

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.

involvement in local schemes

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.

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

We looked at a sample of dental care records and found inconsistencies in the information clinicians recorded. Omissions included:

- Basic Periodontal Examination (BPE) screening results
- Justification, grading and reporting of X-rays taken
- Periodontal risk assessment
- Written consent

The record keeping audit we reviewed did not contain periodontal diagnosis and risk assessment questions.

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 dentist justified, graded and reported on the radiographs they took.

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.

Are services effective?

(for example, treatment is effective)

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.

On the day of inspection, we spoke with 4 patients. They all told us 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.

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 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 for example photographs, study models and 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 step free access, a hearing loop, a wheelchair accessible toilet.

Evidence presented to us confirmed that a disability access audit was in progress. Completion of any resulting action plan will be reviewed at our follow up inspection.

Language translation services information was not available.

Timely access to services

The practice displayed its opening hours and provided information on their website and patient information leaflet.

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 and 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

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 Notice section at the end of this report).

We will be following up on our concerns to ensure they have been put right.

Leadership capacity and capability

We found improvements were needed to ensure the management and oversight of procedures that supported the delivery of care was effective.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Governance and management

The provider had overall responsibility for the clinical leadership of the practice.

The provider had a system of clinical governance in place which included policies, protocols and procedures. These were accessible to all members of staff, but systems were not routinely followed.

We saw there were clear and effective processes for managing risks, issues and performance but these were not followed which resulted in poor risk management at the practice.

The management of infection control, emergency medicines and equipment, and recruitment required improvement.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Engagement with patients, the public and staff

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

Continuous improvement

The provider had quality assurance processes to encourage learning and continuous improvement, but these were not operated effectively.

- Infection control audits were not carried appropriately.
- Patient care record audits were not carried out using current nationally recognised audit tools.

The provider should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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>Infection Control</p> <ul style="list-style-type: none">Contaminated instruments in the hygienist room were neither soaked nor sprayed whilst they waited to be decontaminated.We found a rip in the headrest on one patient treatment chair.A contaminated instrument was found in a treatment room drawer.Out of date hand gel pouches were in a treatment room cupboard.Single use items were found immersed in box filled with a clear solution.Staff were seen to rinse instruments under running water against infection control guidance.Temperatures of the solution used to manually scrub instruments was not taken to ensure it was not above the recommended temperature.The instrument inspection magnifier was positioned above an autoclave machine which made effective inspection a barrier to nursing staff.We found undated pouched instruments in the store room.The chairs in the waiting area had material covers which made cleaning a barrier.X-ray holders were not pouched in a treatment room drawer.Infection control audits did not contain a summary or action plan which meant the practice could not demonstrate improvement over time. <p>Equipment</p> <ul style="list-style-type: none">Colour coded cleaning equipment was not separated which presented a possible cross-infection risk.Air conditioning servicing evidence was not available.

Requirement notices

Recruitment

We looked at 3 staff recruitment records and evidence presented to us found:

- One staff did not have evidence of eligibility to work in the UK.
- Two staff did not have evidence of conduct in their previous employment.
- Three staff did not have evidence that a health assessment was conducted.

Health and Safety

- A display screen assessment had not been carried out for the receptionist.

Fire Safety

- Records to confirm that fire drills were carried out were not available.

Risks to patients and staff

- Sharps injury information was not available in any of the clinical areas of the practice.
- A lone worker risk assessment was not available for the hygienist.
- The x-ray machine did not have a rectangular collimator in place.

Medical Emergencies

- Equipment not available included a child self-inflating bag, a child oxygen facemask with reservoir, mercury spillage kit and clear facemasks sizes 0-4.
- Out of date equipment included 25g needles, airways sizes 0-4, adult self-inflating bag with reservoir, oxygen cylinder, child size defibrillator pad, eyewash kit, saline, aspirin 300mg, blood monitor and test strips.
- The quantity of adrenaline, midazolam and oxygen fell short of the Resuscitation Council's recommended amounts required to treat a medical emergency.
- Glucagon was refrigerated. The temperature of the fridge was not taken to ensure it was stored between 2 and 8 degrees Celsius.

Regulation 17(1)