

Miss Sally Meads

Miss S. P. Meads & Associates Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 14 February 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, the following 3 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 clean and well-maintained.
- The practice had infection control procedures which did not reflect published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available. This required some improvements.
- The practice had systems to manage risks for patients, staff, equipment, and the premises.
- Safeguarding processes required improvement as not all the information was available. We were assured staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The practice had staff recruitment procedures which did not reflect current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- 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.
- 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.

Background

Miss S P Meads and Associates Dental Practice is in Chatham and provides NHS and 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 3 dentists, 3 registered dental nurses, 2 trainee dental nurses, a dental hygienist, and a practice manager. Reception duties are shared by the dental nursing staff. The practice has 3 treatment rooms.

During the inspection we spoke with a dentist, 3 dental nurses, the dental hygienist, and the practice manager. We looked at practice policies, procedures, and other records to assess how the service is managed.

The practice is open:

- Monday to Thursday 9am to 5pm
- Friday 9am to 4pm
- The practice is closed for lunch Monday to Thursday between 1pm to 2pm and 1.30pm to 2pm on Friday.

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

- Care and treatment must be provided in a safe way for service users.
- 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.

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:

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	Requirements notice	✗
Are services effective?	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.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes which did not contain information regarding vulnerable adults. Although staff knew their responsibilities for safeguarding children. We noted there was limited information on what to do or who to contact in the event an adult safeguarding was suspected. We found that contact details for children's safeguarding were not the most current ones.

The practice had infection control procedures which did not wholly reflect published guidance. We noted that the reprocessed instruments stored in pouches were not dated with either the date of processing or the date of expiry. Staff told us that they were reprocessed annually and logged in a book. This poses a risk of instruments being missed and therefore expire. Staff sent evidence following our inspection to show that pouched instruments were dated with the date of processing and expiry.

The practice had some procedures to reduce the risk of Legionella, or other bacteria, developing in water systems. Yearly water sampling had been conducted by an external company. However, no risk assessment or monthly water temperature testing had been carried out.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. However, we noted the policy for clinical waste needed updating.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure which did not reflect current legislation. Of the 9 recruitment records we reviewed,

- 2 had unexplained gaps in their employment history.
- 6 did not have any information regarding conduct in previous employment.
- 3 members of staff did not have evidence of their Hepatitis B vaccination status.

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

The practice ensured most equipment was safe to use, maintained and serviced according to manufacturers' instructions. We saw there was no five-year electrical safety certificate or information for portable appliance testing. We were sent evidence to show both of these were carried out following our inspection.

A fire safety risk assessment was carried out by staff and some of their processes had not been risk assessed in line with the legal requirements. The management of fire safety was not completely effective. We were sent evidence following our inspection that as there was no fire alarm; staff would shout to alert others to a potential fire. This had not been tested. Following, our inspection, it was found that not all staff could hear shouted commands and the practice purchased whistles to be used to alert in the event the practice needs evacuation. The fire safety and evacuation procedure was updated to reflect this.

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

Are services safe?

Risks to patients

The practice had not implemented systems to assess, monitor and manage risks to patient and staff safety. In particular, sharps safety, sepsis awareness and lone working. Staff told us a paragraph regarding sharps was documented in the practice risk assessment. This was not sufficient as it did not list all of the types of sharps for reference.

Emergency equipment and medicines were available and checked in accordance with national guidance. However, we found the pads on the automated external defibrillator had exceeded their replacement date. We were sent evidence these were purchased and received following our inspection.

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 not complete or in some records legible. They were kept securely and complied with General Data Protection Regulation requirements.

Of the five records were reviewed we found;

- 3 did not have information recorded for intra oral soft tissue health.
- 3 did not have information for extra oral or temporomandibular jaw health.
- 3 did not have oral health information, periodontal status or basic periodontal examination recorded.
- None of the records had caries risk recorded or smoking, alcohol, and dietary information.
- Not all radiographic images had been justified.
- None of the records had documented the use of the rubber dam where appropriate.
- Recall intervals according to risk were not recorded.
- There was no information regarding costs involved
- 1 record did not have a medical history documented.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents, however, this could not be audited as the forms were given out to the person who had suffered an injury or incident and no other record was made. The significant event and incident process was not being used to record events, incidents, and accidents. No trend analysis could be conducted.

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.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. We noted that this information was not always recorded in the patient records. We discussed this with staff who told us they were looking at a computerised patient records to help them improve. We were informed that a computer programme for recording patient records was due to be implemented.

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

The practice did not keep detailed patient care records in line with recognised guidance.

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 did not always justify and report on the radiographs they took. Radiographs were graded accordingly. The practice carried out radiography audits six-monthly following current guidance.

Effective staffing

Some of the newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council. We noted that not all staff had been subject to an induction.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

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 information and evidence presented during the inspection process was not always clear and accessible. We were sent many items following our inspection to evidence that improvements were being made throughout the practice.

Systems and processes were in the process of being implemented and improved, and staff worked together.

Culture

The practice staff were working towards making improvements to provide sustainable services.

Staff discussed their training needs during annual appraisals. The practice had arrangements to ensure most staff training was up to date, however we noted that training mental capacity and sepsis awareness had not been completed by staff.

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

The practice was arranging a new process to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

The practice had a system of clinical governance in place which included policies, protocols and procedures which required improvement. These were not reviewed in appropriate timescales. We saw that policies did have a review date recorded but the information contained within the policies was out of date. We discussed this with staff who said they would obtain new policy templates and update them.

We saw there were processes for managing risks and issues which required improvement. The practice had a process for significant events and incidents. This was not being used to record incidents and events that had occurred at the practice such as accidents.

Appropriate and accurate information

Staff could not act on appropriate and accurate information as policies had not been properly reviewed and updated.

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.

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

The practice was also a member of a good practice certification scheme.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and continuous improvement which were not being used effectively. These included audits of patient care records, disability access, radiographs, antimicrobial

Are services well-led?

prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. We noted the infection prevention and control audit was conducted every two years and not every six months as per current guidance. We saw the radiographic quality assurance audit comprised of data collection with no percentages of diagnostic or undiagnostic images recorded. The patient care records audit had not picked up the gaps in recording information in the records. Therefore, audits conducted were ineffective.

We were sent an updated infection prevention and control audit following our inspection.

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>Regulation 12 Safe care and treatment.</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met.</p> <p>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:</p> <ul style="list-style-type: none">• Fire safety processes were not sufficiently risk assessed.• Emergency lighting had not been considered and there was no alternative available.• There was no sharps risk assessment• The practice did not have a process to report adult safeguarding concerns and no policy regarding vulnerable adults for staff to refer to. <p>The equipment being used to care for and treat service users was not safe for use. In particular:</p> <ul style="list-style-type: none">• The pads on the external automated defibrillator had expired• No current portable appliance testing had been conducted.• No current five-year electrical safety test had been conducted
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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

Requirement notices

Regulation 17 Good governance

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.

How the Regulation was not being met

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:

- Audits for radiographic quality, dental care records and fire safety were incomplete. There were no action plans or dates for re-audit. The fire safety audit had failed to identify issues regarding evacuation and emergency lighting. Dental care records audits had failed to identify gaps in the records and the illegible written entries and insufficient actions had been considered to rectify and improve this.
- Audits for infection prevention and control were not conducted on a six-monthly basis as per current guidance.
- Policies available to staff did not contain the most up to date information. There were no policies for adult safeguarding, consent, and mental capacity.