

Mr. Alan Moffatt

Pitsmoor Dental Health Centre

Inspection report

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Overall summary

We carried out this unannounced focused inspection on 6 March 2024 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

In response to information of concern received, we planned the inspection to check whether the 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 2 specialist dental advisers.

In response to the concerns raised we asked the following 2 questions:

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

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- Infection prevention and control procedures did not fully reflect published guidance.
- Systems to ensure the minimal standards of record keeping for general dentistry, sedation and dental implants were not effective.
- Systems were not in place to effectively monitor referrals to other dental or healthcare professionals.
- Systems and processes to deliver conscious sedation to patients following published guidance were not effective.
- Systems to ensure patients could be treated in an emergency were not effective.
- Systems to account for all dispensed medicines were not effective.
- Systems to help staff manage legionella, fire and clinical waste risk were not effective.

Summary of findings

- Evidence was not available to demonstrate facilities and dental equipment were being appropriately serviced and maintained.
- Evidence of up-to-date staff training in respect to sedation, basic life support, immediate life support and paediatric immediate life support was not available.
- Improvement was needed to ensure effective leadership, oversight and management.
- Systems to ensure good governance in the longer term were not effective.
- Systems to support a culture of continuous improvement (audit) were not in place.

Background

Pitsmoor Dental Health Centre is in Sheffield and provides NHS and private dental care and treatment for adults and children.

There is step free access at the rear of the practice for people who use wheelchairs and those with pushchairs. Limited car parking spaces are available at the practice. A small car park is available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 3 dentists, 6 dental nurses, 1 dental hygienist, a practice manager and 3 receptionists. The practice has 4 treatment rooms.

During the inspection we spoke with 2 dentists, dental nurses, reception staff 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 – 5.30pm and Friday 9am – 2pm.

We identified regulations the provider is 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.

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



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

- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry and the Scottish Dental Clinical Effectiveness Programme when completing dental care records, including general dentistry, sedation and implants.
- 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.
- Implement processes and systems for seeking and learning from staff feedback with a view to monitoring and improving the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	Enforcement action 
Are services well-led?	Enforcement action 

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 Enforcement Actions 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.

We are considering enforcement action in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

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

The practice had infection control procedures which did not fully reflect published guidance. For example:

- Sterilised dental instruments were not safely transported back to the treatment room in an appropriate transportation box.
- There was no evidence of heavy-duty protective gloves being used during the instrument cleaning process.
- A clinical waste sharps receptacle was not labelled appropriately.
- Pouched instruments were not stamped with an expiry date for reprocessing.

The practice had ineffective procedures to reduce the risk of Legionella or other bacteria developing in water systems; records showed hot and cold-water temperature checks had not been completed for the month of January 2024.

The practice had ineffective systems and processes to ensure clinical waste was segregated and stored appropriately in line with guidance. In particular:

- The clinical waste bins kept at the rear of the practice were not secure.
- One bin was unlocked and full of clinical waste.
- The lock which was used to secure the bins to the building had been lost; no action had been taken in response to this to ensure the bins were kept safe and secure.

The practice had ineffective fire safety management procedures. In particular:

- The fire risk assessment dated October 2022 had outstanding recommendations classified as high and medium risk, these had not been reviewed or actioned.
- The weekly in-house fire safety management checks on fire extinguishers, emergency lighting and the fire alarm had not been undertaken since 2 February 2024.
- The torch, which was to be used for an emergency situation in the cellar had been removed from its site.

No evidence was made available to confirm up-to-date maintenance and service schedules for the X-ray machines, orthopantomogram and pressure vessels. When we asked to see these documents, staff were unaware of where they were kept.

Risks to patients

The practice offered conscious sedation for patients; records reviewed showed inadequate record keeping and ineffective systems and processes to assess and deliver conscious sedation to patients following the recognised published guidance. The provider gave written assurance that conscious sedation would not be carried out until current systems and processes had been reviewed and the failures identified were fully addressed.

Emergency equipment and medicines were not available and checked in accordance with national guidance. In particular:

Are services safe?

- There were no records available to demonstrate weekly checks on the medical emergency kit contents up to end of February 2024.
- The portable suction unit had gone beyond its expiry date of 1 June 2023.
- Size 0-3 clear face masks were not present.
- Adult mask and tubing had gone beyond its expiry date of June 2023.
- A clear face mask had gone beyond its expiry date of 1 June 2023.

No evidence was made available to confirm up-to-date staff training in respect to sedation, basic life support, immediate life support and paediatric immediate life support.

The practice had systems for referring patients with suspected oral cancer under the national 2-week wait arrangements. We noted there was no effective system in place to ensure referrals to other dental or health care professionals were centrally monitored to ensure they are received in a timely manner and not lost.

Safe and appropriate use of medicines

The practice did not have an adequate stock control system of dispensed medicines which were held on site.

Information to deliver safe care and treatment

The dental care records we reviewed did not consistently reflect the minimum standards required in guidance; we reviewed a selection of dental care records for patients in receipt of general dentistry, sedation and implants.

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 Enforcement Actions 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.

We are considering enforcement action in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

Leadership capacity and capability

There was a lack of leadership and oversight at the practice to effectively support the team.

The systems and processes we reviewed had inadequate oversight, were not fully implemented or completed, nor were they effectively managed or completed in line with guidance and legislation.

Governance and management

- We found ineffective systems and processes to deliver conscious sedation to patients following the recognised published guidance.
- Infection prevention and control processes and the instrument decontamination process at the practice were not completed in line with guidance. This had not been identified by the practice.
- Legionella management safety systems were not operating effectively. This had not been identified by the practice.
- The system to ensure the security of clinical waste was ineffective. No action had been taken to address the security of the clinical waste.
- Systems to ensure the contents of the emergency medical kit accurately reflected published guidance to be able to assist during a medical emergency was not effective. This had not been identified by the practice.
- The system to ensure an adequate stock control system of dispensed medicines was not effective.
- Fire safety management systems were not operating effectively. This had not been identified by the practice.
- The system to ensure referrals to other dental or health care professionals were received in a timely manner and not lost was ineffective.

The inspection highlighted some issues or omissions. In particular:

- No evidence was made available to us to confirm up-to-date maintenance and service schedules for the X-ray machines, orthopantomogram and pressure vessels.
- No evidence was made available to us to confirm up-to-date staff training in respect to sedation, basic life support, immediate life support and paediatric immediate life support.

Practice meeting records showed no meeting had taken place since October 2023; staff had been unable to share their work experiences, communicate problems or concerns and provide feedback in an appropriate and dedicated setting.

Continuous improvement and innovation

The practice did not have appropriate quality assurance processes to encourage learning and continuous improvement; systems were not in place to ensure regular quality assurance on radiography, antimicrobial prescribing and record keeping.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Surgical procedures	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. In particular:
Treatment of disease, disorder or injury	The registered person had failed to ensure safe systems and processes were in place to deliver conscious sedation to patients following the published recognised guidance Standards for conscious sedation in the provision of dental care and the General Dental Council scope of practice requirements.
	The registered person had failed to ensure safe systems and processes were in place to manage the medical emergency kit in line with the requirements of the Resuscitation Council UK.
	The registered person failed to provide any evidence of up-to-date staff training in respect to sedation, basic life support, immediate life support and paediatric immediate life support.
	The registered person had failed to ensure safe systems and processes were in place to account for all dispensed medicines following current legislation and guidance.
	The registered person failed to provide evidence of up-to-date maintenance and service schedules for the X-ray machines, orthopantomogram and pressure vessels.
	The registered person had failed to ensure in-house fire safety systems and processes.
	The registered person had failed to ensure safe legionella management systems and processes.
	The registered person had failed to ensure the security of clinical waste.
	We sent the provider a Letter of Intent on Monday 11 March 2024 in relation to the practice of sedation as well

Enforcement actions

as other issues identified on the recent inspection. The provider responded to us by return email on 11 March 2024 where the provider stated, 'We are NOT going to carry sedation at the practice for the time being' 'We fully intend to continue carrying out conscious sedation as part of our patient care delivery AFTER we have implemented the changes and got your approval. For now, we have stopped sedation at our practice'.

Regulation 12 (1)

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Surgical procedures	The registered person had not established effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
Treatment of disease, disorder or injury	The registered person had failed to ensure effective systems and processes were in place to deliver conscious sedation to patients following Standards for conscious sedation in the provision of dental care and general dental council scope of practice requirements.
	The registered person had an ineffective system in place to ensure the appropriate emergency medical equipment was present, in-date and in line with current guidance.
	The registered person failed to demonstrate an effective system was in place in order to provide evidence of up-to-date staff training in respect to sedation, basic life support, immediate life support and paediatric immediate life support.
	The registered person failed to demonstrate effective systems were in place to account for all dispensed medicines following current legislation and guidance.
	The registered person failed to demonstrate an effective system was in place in order to provide evidence of up-to-date maintenance and service schedules for the X-ray machines, orthopantomogram and pressure vessels.
	The registered person had ineffective system in place to ensure in-house fire safety management.

This section is primarily information for the provider

Enforcement actions

The registered person had ineffective systems in place to ensure safe legionella management.

The registered person had ineffective systems in place to ensure the security of clinical waste.

The registered person failed to demonstrate effective systems were in place for quality assurance on radiography, antimicrobial prescribing and record keeping.

Regulation 17(1)