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A R Dental

Inspection report

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Overall summary

We carried out this announced focused inspection on 14 February 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.

To get to the heart of patients' experiences of care and treatment, 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.
- The practice had infection control procedures which reflected published guidance.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Patients were asked for feedback about the services provided.
- Appropriate medicines and life-saving equipment were not all available as described in nationally recognised guidance.
- Systems to manage the risks associated with the use of hazardous substances, fire and Legionella were not effective.
- Care and treatment were not delivered in line with current guidelines.

Summary of findings

- Staff were not all up to date with their required training and were not subject to regular appraisal or performance review.
- Quality assurance processes were not used to improve the quality and safety of the service.

Background

A R Dental is in Cheadle and provides NHS and private dental care and treatment for adults and children.

There are steps to access the premises. The practice has a dedicated car park.

The dental team includes one dentist, one dental nurse (who is also the practice manager) and two receptionists. The practice has one treatment room.

During the inspection we spoke with the dentist, the dental nurse and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9am to 5pm

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


- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.
- 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 was not meeting are at the end of this report.

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?	Requirements notice 
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.

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.

The practice had infection control procedures which reflected published guidance. However, we noted when staff were manually cleaning used instruments a nail brush was being used. Current guidance states that a long-handled brush should be used to avoid the likelihood of sustaining a sharps injury. After the inspection we were told that a long-handled brush had been ordered.

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

The practice did not have adequate procedures to reduce the risk of Legionella or other bacteria developing in water systems. We were told a risk assessment had been undertaken in respect of Legionella contamination. However, this was not available on the day of inspection. Dental unit water lines were appropriately managed, and we saw evidence of monthly water temperature checks being carried out. After the inspection we were told that a new Legionella risk assessment had been arranged.

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 practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We noted there was no evidence of the effectiveness of the Hepatitis B vaccination for one clinical member of staff. We were told that the staff members GP had advised that no booster was required. However, there was no evidence of this recorded in the personnel folder.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions.

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

Risks to patients

The practice had not implemented systems to assess, monitor and manage risks to patient and staff safety. The practice had not carried out a fire risk assessment to help them manage risks to staff and patients. Staff had not completed fire awareness training and we were told fire drills had not been carried out. There were three smoke detectors in the premises, however, there was no smoke detector in the basement. There was no emergency lighting within the premises. The fire extinguishers had not been serviced on an annual basis (these were manufactured in 2018). A fixed wire test had not been carried out. After the inspection we were told that a fire risk assessment and a fixed wire test had been arranged. In addition, rubber dam was not used when carrying out root canal treatment.

Emergency equipment and medicines were not available and checked in accordance with national guidance. In particular, there was no Automated external defibrillator (AED). We asked if there was any other arrangement to access in

Are services safe?

an emergency and we were told there was not. There was only an adult sized self-inflating bag and mask, and this was visibly dusty. National guidance states that there should be both child and adult sized self-inflating bags and sizes 0 to 4 face masks. The midazolam was of the intravenous variety. National guidance states that this should be the oro-mucosal (oral) variety. In addition, we noted there were two boxes of out of date aspirin (as well as in date aspirin) and the needles and syringes used to administer adrenaline had also passed their expiry date. After the inspection we were told that an AED had been ordered, oro-mucosal midazolam had been ordered and the expired medicines removed.

On the day of inspection there was no evidence staff had completed basic life support within the past 12 months.

The practice did not have adequate systems to minimise the risk that could be caused from substances that are hazardous to health. In particular, the practice had not carried out risk assessments in relation to the safe storage and handling of substances hazardous to health.

Information to deliver safe care and treatment

Dental care records we saw were legible and were 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.

Safe and appropriate use of medicines

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

Track record on safety, and lessons learned and improvements

The practice had systems for reviewing and investigating when things went wrong. There had been no recorded incidents or accidents in the previous 12 months.

Are services effective?

(for example, treatment is effective)

Our findings

We found this practice was not providing effective 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.

Effective needs assessment, care and treatment

The practice did not have systems in place to ensure dental professionals provided care and treatment in line with national guidance. As part of the inspection we reviewed a selection of dental care records and had discussions with the dentist. The dentist told us that they did not carry out a Basic Periodontal Examination (BPE) on patients as part of their examinations. A BPE is simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. We noted that there was no evidence in the dental care records that the medical history had been checked and updated. We also noted radiographs to diagnose dental decay were infrequent and not taken in line with national guidance.

Helping patients to live healthier lives

The dentist told us that they provided preventive care and supported patients to ensure better oral health. However, this was not always documented in the dental care records. We saw evidence that fluoride varnish was applied to the teeth of children.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff had an awareness of their responsibilities under the Mental Capacity Act 2005 (MCA).

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 dental care records in line with recognised guidance. In particular, dental care records were brief and did not contain information as required by national guidance such as evidence the patient's medical history had been checked and a BPE. Dental care records were also completed with details of an examination prior to the patient attending their appointment.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentist justified, graded and reported on the radiographs they took. The practice had not carried out radiography audits six-monthly following current guidance and legislation.

Effective staffing

The practice did not have systems in place to ensure clinical staff had completed CPD as required for their registration with the General Dental Council. On the day of inspection, the only training certificates available were from 2012 for one member of staff.

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 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.

Culture

The practice did not have arrangements for staff to discuss their training needs. Staff were not subject to appraisal or performance reviews.

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.

The practice did not have clear and effective processes for managing risks, issues and performance. System and processes were not working effectively to ensure the risks associated with the carrying out of the regulated activities were appropriately managed. The included the risks associated with fire, Legionella and hazardous substances. In addition, the system to ensure care and treatment was provided in line with national guidance was not effective.

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.

The practice gathered feedback from staff through informal discussions. However, staff meetings were not carried out. We were later told these would be introduced for staff to discuss topics which mattered to them.

Continuous improvement and innovation

The practice did not have effective systems and processes in place for learning, continuous improvement and innovation.

The practice had undertaken audits of disability access and infection prevention and control in accordance with current guidance and legislation. However, the infection prevention and control had not identified that a long-handled brush was not used when carrying out manual scrubbing of used instruments. In addition, radiography audits were not carried out six-monthly following current guidance and legislation.

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>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>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 may be at risk. In particular:</p> <ul style="list-style-type: none">• The system for identifying and disposing of out of date medical emergency medicines was not effective.• The system for ensuring medical emergency medicines and equipment reflected national guidance was not effective.• The system for managing the risks associated with fire was not working effectively.• The system for managing the risks associated with Legionella was not working effectively.• The system for managing the risks associated with hazardous substances was not working effectively.• The system for ensuring all clinical staff have evidence of the effectiveness of the Hepatitis B vaccination was not effective.• The system for ensuring staff are up to date with training requirements was not effective. <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 improve the quality and safety of the services being provided. In particular:</p>

Requirement notices

- Systems and processes had not identified that care and treatment was not provided in line with national guidance.
- Audits of radiography had not been carried out.

There was additional evidence of poor governance. In particular:

- A long-handled brush was not used when manually cleaning used instruments.
- Staff were not subject to regular appraisal or performance management.

Regulation 17(1)

Regulated activity

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

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Care and treatment of service users must be appropriate, meet their needs and reflect their preferences.

Assessments of the needs and preferences for service user care and treatment were not being carried out collaboratively with the relevant person. In particular:

- The registered provider did not take into account nationally recognised evidence-based guidelines when providing care and treatment.

Regulation 9(1)

Regulated activity

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

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

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:

- A fire risk assessment had not been carried out.

Requirement notices

- There was no emergency lighting within the premises.
- The fire extinguishers had not been serviced on an annual basis.
- Staff had not completed fire training.
- Fire drills were not carried out.
- A fixed wire test had not been carried out.
- A legionella risk assessment was not available.
- Not all hazardous substances had a risk assessment.

There were insufficient quantities of equipment to ensure the safety of service users and to meet their needs. In particular:

- An Automated external defibrillator was not available.
- There was no child sized self-inflating bag in the emergency resuscitation kit.

There were insufficient quantities of medicines to ensure the safety of service users and to meet their needs. In particular:

- There was no oro-mucosal midazolam in the emergency medicine kit.

Regulation 12(1)