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Silverdale Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 8 November 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 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?

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

Our findings were:

- The dental clinic was well maintained but not visibly clean.
- The practice had infection control procedures which reflected published guidance however these were not always followed by staff.
- Staff knew how to deal with medical emergencies. Appropriate medicines and most life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff, however the management of fire safety was not effective.

Summary of findings

- 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.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and 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 dental clinic had information governance arrangements.

Background

The provider has 1 practice and this report is about Silverdale Dental Practice.

Silverdale Dental Practice is in Stoke and provides NHS dental care and treatment for adults and children.

There is no level 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 refers to a sister practice who can support patients with additional needs.

The dental team includes 1 dentist, 1 dental nurse and 1 dental nurse/receptionist. The practice has 1 treatment room.

During the inspection we spoke with 1 dentist, 1 dental nurse and 1 dental nurse/receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 8am to 4pm.

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 regulations the provider was 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'.

Summary of findings

- Take action to ensure clinicians record in the patients' dental care records or elsewhere the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

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 and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice did have infection control procedures which reflected current published guidance. However, these were not always followed and therefore the decontamination of instruments was not carried out in accordance with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) guidance. Heavy duty gloves and brushes were used to manually clean instruments however these were visibly worn and there was no log of when these were last replaced. Staff did not place instruments into dedicated lidded boxes for clean and dirty instruments when transporting them to and from the surgery. Following our inspection, the provider submitted evidence that new heavy-duty gloves and brushes had been ordered and a log created for their use. Relevant information from the data logger for the autoclave had been downloaded, boxes had been ordered to transfer instruments safely to and from the surgery.

The practice had procedures to reduce the risk of legionella or other bacteria developing in water systems, in line with a risk assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. However, we noted that the practice details were missing from the clinical waste bags. Following our inspection, the provider submitted evidence to show the waste management policy had been updated to ensure the practice's postcode would be added to each clinical sack.

We observed that some areas of the practice required a deep clean and the drawers within the surgery contained out of date materials. Following our inspection, the provider submitted evidence that all expired materials had been disposed of and the practice had been deep cleaned.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

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

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

The provider did not have effective fire safety management procedures. There was no evidence that a fire risk assessment has been completed at the practice. The fire drill log was basic and lacked details. There were no weekly fire alarm checks. The fire alarm was not serviced. Following our inspection, the provider submitted evidence that an external fire risk assessment, a service of the fire alarm and fire safety training for all staff had been scheduled within the following few weeks. A new log for fire drills and regular fire alarm tests had been implemented.

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 implemented some systems to assess, monitor and manage risks to patient and staff safety. The practice did not have a sharps risk assessment to mitigate risks associated with all the sharps used in the practice. Following our inspection, the provider submitted evidence that a sharps risk assessment had been completed.

Are services safe?

During our inspection we noted that not all emergency equipment and medicines were available or checked in accordance with national guidance. We noted the following medical emergency equipment items were all out of date, oropharyngeal airways (sizes 0, 1, 2, 3, 4 and 5), some needles and syringes, the children's self-inflating bag with reservoir and one oxygen mask. Glucagon was available however this was not kept refrigerated and the expiry date had not been adjusted to reflect this. There were regular checks of the oxygen however there were no logs available for the medical emergency kit or the Automated External Defibrillator (AED). Following our inspection, the provider submitted evidence that all expired or missing items had been ordered.

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

Dental care records we saw were complete, legible, 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, there was no system for disposing of out of date medicines. There was no prescription log at the practice. Antimicrobial prescribing audits were carried out. Following our inspection, the provider submitted evidence that they had implemented a prescription log.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating 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.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Consent to care and treatment

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

Staff 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 kept detailed dental care records in line with recognised guidance. However, there was no quality assurance regarding any radiographs. Following our inspection, the provider submitted evidence that this would be recorded within the patient's clinical records.

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 dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation.

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. Staff told us they had enough time for their role and did not feel rushed in their work.

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 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.

Staff were clear about the importance of emotional support needed by patients when delivering care and gave us specific examples of where they had gone out of their way to support patients. They also described to us some of the practical ways they supported nervous patients to undergo their treatment.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television, to improve security for patients and staff. Relevant policies and protocols were in place.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

Staff gave patients clear information to help them make informed choices about their treatment.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example mirrors 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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

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.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

We found this practice was providing not well-led care in accordance with the relevant regulations.

Leadership capacity and capability

The practice demonstrated a transparent and open culture in relation to people's safety. There was a lack of leadership and oversight at the practice. In particular, we found no fire or sharps risk assessments had been completed, expired or missing items from the medical emergency kit and no appraisals for staff had been undertaken.

Staff worked together in such a way that where the inspection highlighted any issues, action was taken to address these as soon as possible.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

We saw no evidence of completed staff appraisals. Following our inspection, the provider submitted evidence to show that staff appraisals would be arranged for all members of staff.

The practice had arrangements 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 that were accessible to all members of staff and were reviewed on a regular basis.

The practice did not have clear and effective processes for managing risks, issues and performance. For example, there was no fire risk assessment, items were missing or had expired within the medical emergency kit, there was no sharps risk assessment and no evidence of staff appraisals.

Appropriate and accurate information

Staff acted on 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 and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff 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.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.

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
Treatment of disease, disorder or injury Surgical procedures Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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:</p> <ul style="list-style-type: none">• A systematic comprehensive approach had not been implemented for staff appraisals. <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">• A fire risk assessment had not been undertaken to monitor and manage risks associated with fire safety.• Oversight of medical emergency equipment checks required review as checks of medical equipment were not recorded.• A sharps risk assessment had not been undertaken to monitor and manage risks associated with sharps used in the practice.