

Dr. Manori Balachandra

Manor Dental Surgery

Inspection report

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Overall summary

We carried out this announced focused inspection on 20 December 2021 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 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 a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we asked the following three questions:

- 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 practice appeared to be visibly clean.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies.
- The provider had systems to help them manage risk to patients and staff..
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults. Safeguarding children protocols required improvement.
- The provider's staff recruitment procedures were not operated effectively.
- The clinical staff provided patients' care and treatment in line with current guidelines but not all clinicians maintained detailed patient treatment care records.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.

Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- Not all staff felt involved and supported by the provider.
- The provider asked patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

Background

The Manor Dental Surgery is in Titchfield Common, Fareham and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for wheelchair users and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available outside the practice.

The dental team includes three dentists, four dental nurses, one trainee dental nurse, one dental hygienists and one receptionist. The practice has three treatment rooms.

During the inspection we spoke with one dentist, one hygienist and one dental nurse.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday 9am to 5pm
- Tuesday 9am to 5pm
- Wednesday 9am to 5pm
- Thursday 9am to 5pm
- Friday 9am to 5pm

The practice closes for lunch each day

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

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed and specified information is available regarding each person employed.

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

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

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

Where evidence is sent that shows the relevant issues have been acted on, we have stated this in our report but we cannot say that the practice is compliant for that key question as this would not be an accurate reflection of what was found on the day of our inspection.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	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 provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults.

The provider did not have processes and staff were unaware of their responsibilities for safeguarding a child who 'was not brought' for an appointment. The provider assured us they will implement 'was not brought' protocols as soon as practicably possible. Since our visit we have received evidence to confirm this shortfall has been addressed.

The provider had procedures to reduce the possibility of Legionella or other bacteria developing in water systems.

The provider 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 a cleaning schedule to ensure the practice was kept clean.

Cleaning equipment was not stored appropriately. Since our visit we have received photographic evidence to confirm this shortfall has been addressed.

Recruitment checks had not been carried out, in accordance with relevant legislation to help them employ suitable staff.

We reviewed five staff recruitment records and noted that none had a reference from their previous employer.

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

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

A fire risk assessment was carried out in 2008 and reviewed every year thereafter.

We noted:

- A self-closing fire door to the first-floor kitchen did not close independently. We have been advised this has been remedied.
- Rubbish bins at the front of the premises were neither lockable nor tethered away from the practice building. This posed an arson risk.
- Evidence to confirm that annual servicing of the emergency lighting had been carried out was not available. Since our visit we have been assured this shortfall is being addressed.

Damp was apparent on the ceiling of the first floor. We were told this was being addressed

Rust and cracked paint was visible on the grab rail in the patient toilet. Since our visit we have received photographic evidence to confirm this shortfall has been addressed.

Risks to patients

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support (BLS). We were told the provider had not arranged face to face BLS training in 2021, due to Covid 19 restrictions but would arrange training as soon as practicably possible.

The provider had adequate systems to minimise the risk that can be caused from substances that are hazardous to health.

Are services safe?

Sharps boxes were not dated correctly. Since our visit we have received photographic evidence to confirm this shortfall has been addressed.

Emergency equipment and medicines were not available and checked as described in recognised guidance. In particular, the practice first aid kit contained a number of pieces of out of date equipment. Since our visit we have received photographic evidence to confirm this shortfall has been addressed.

Information to deliver safe care and treatment

Dental care records we saw were legible, were kept securely and complied with General Data Protection Regulation requirements.

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

Safe and appropriate use of medicines

Local anaesthetic ampules stored in treatment rooms were not stored in their original blister packs to protect them from contamination. Since our visit we have been told this shortfall has been addressed

Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong.

The provider 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.

Staff were aware of 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 consent to care and treatment in line with legislation and guidance.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

The provider showed a limited understanding of consent for 'looked after children' and Gillick competence. They have assured us that they will undertake further training in these areas as soon as practicably possible.

Monitoring care and treatment

There were inconsistencies in the information recorded within the dental care records we looked at. For example, local anaesthetic type and batch numbers and treatment options, benefits and risks were not routinely recorded in notes.

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

The provider carried out radiography audits every year following current guidance and legislation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

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.

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 disorganised and poorly documented. For example, servicing records for decontamination equipment, x-ray machines and air conditioning equipment could not be found on the day of our visit. Since our visit the provider has sent us all of the information we requested to see on the day.

Culture

Most staff had been recently employed which meant appraisals were not due.

Some staff raised concerns and stated they didn't feel respected, supported and valued.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management, but improvements were needed to the practice's recruitment procedures to ensure accurate, complete and detailed records are maintained for all staff.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The provider 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

The provider gathered feedback from staff through meetings, surveys, and informal discussions.

Records seen confirmed that some staff offered suggestions for improvements to the service but were not always listened to and acted on.

Continuous improvement and innovation

The provider had systems and processes for learning continuous improvement and innovation.

The provider 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.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.</p> <p>In particular:</p> <p>We checked five staff recruitment files and found the following evidence was missing for all files:</p> <ul style="list-style-type: none">• Previous employment references.