Mr Samuel Odai

Mr & Mrs S Odai Dental Surgery - Stainforth

Inspection report

Tycho Brahe
Church Road, Stainforth
Doncaster
DN7 5AA
Tel: 01302845730

Date of inspection visit: 06/03/2023
Date of publication: 05/04/2023

Overall summary

We carried out this announced comprehensive inspection on 6 March 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, we always ask the following 5 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 appeared clean and well-maintained.
- Infection prevention and control systems were not carried out in accordance with published guidance.
- Emergency medicines and life-saving equipment were available but the system to monitor this was not effective.
- Improvement was needed to risk management systems in respect of fire, sharps, legionella, and lone working.
- Safeguarding processes were in place. A review of policy and protocols with staff would be beneficial.

Summary of findings

- The practice had staff recruitment procedures which reflected current legislation.
- Professional indemnity and Hepatitis B immunity records were not available for all staff; the missing records were sent after the inspection.
- Improvement was needed in respect to referral and prescription management.
- 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.
- Systems to ensure staff awareness of consent to care and treatment and requirements of the Mental Capacity Act 2005 should be improved.
- Quality assurance systems should be improved.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The practice had information governance arrangements.
- Arrangements to ensure good governance and leadership are sustained in the longer term were not operating effectively.

Background

Mr and Mrs Odai Dental Practice is in Doncaster and provides mainly NHS and a small amount of 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 are available near the practice on local roads. The practice has made reasonable adjustments to support patients with access requirements, including ramp access and two ground floor treatments rooms.

The dental team includes 2 dentists, 3 dental nurses and 1 receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist and 2 dental nurses. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday, Tuesday and Wednesday 9am – 5:30pm

Thursday 9am – 7pm

Friday 9am – 5pm

Saturday 9am – 1pm

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.

Summary of findings

Full details of the regulation 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 protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment, for example, grading of X-rays and quality assurance.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Improve and develop the practice's policies and procedures for obtaining patient consent to care and treatment to ensure they are in compliance with legislation, take into account relevant guidance, and staff follow them.
- Improve and develop staff awareness of the requirements of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

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. Staff were unfamiliar with some of the safeguarding protocols and policy documents, we highlighted this to the provider.

The practice had infection control (IPC) procedures which did, in some areas reflect published guidance. However, we found improvement was required to ensure the IPC system was fully aligned and that this was embedded within the team. We found the following areas were not in line with published guidance:

- Debris remained on some cleaned/sterilised and bagged dental instruments
- Colour coded banding remained on dental instruments
- Bur brushes remained in use
- Heavy duty gloves were not changed in line with guidance
- Instrument transport boxes were not clearly identified as for their function
- Reusable burs were being streamed (kept loose in the surgery) with no evidence of daily reprocessing in line with published guidance

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. We reviewed the process to disinfect the dental unit water lines and found the detergent supplied was not being used in line with manufacturer's instructions.

The practice had protocols in place to ensure clinical waste was segregated, stored, and removed appropriately in line with guidance.

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

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

Evidence to ensure all clinical staff had adequate immunity for vaccine preventable infectious diseases was not available to us; these documents were sent to us after the inspection.

Clinical staff were qualified and registered with the General Dental Council; evidence was sent to us after the inspection to confirm staff indemnity was in place.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice had ensured the facilities were maintained in accordance with regulations. Records to confirm the electrical condition of the building was satisfactory were sent to us after the inspection.

A fire safety risk assessment was carried out in line with the legal requirements; we identified areas of fire safety management where improvements could be made, in particular:

- A fire extinguisher was not housed, or wall mounted to prevent it from being moved or misused
- In-house fire appliance safety/function checks were done annually, this should be more frequent in line with British Standards
- Fire extinguisher signage was not in place in two areas
- In-house emergency lighting visual check was not being recorded in line with British Standards

Are services safe?

- An in-house fire safety risk assessment had been completed, but it had not identified the areas listed above

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

Risks to patients

The practice had implemented systems to assess and manage risks to patient and staff safety. The monitoring and oversight of risk management systems could be improved.

We found the risks associated with lone working were not appropriately managed; risk assessments were not in place.

There was no evidence available to assure us that a sharps risk assessment had been undertaken to mitigate associated risks for all sharps in use.

Emergency medicines were available, and in accordance with national guidance. The emergency medical equipment section was missing one item and some items had date expired. We also noted the emergency medicine Glucagon was not kept in a dedicated medicine fridge; the fridge was not being temperature monitored and also contained food and drinks.

Staff had completed training in emergency resuscitation and basic life support; however, we noted staff would benefit from further in-house training to embed their roles and responsibilities in the event of a medical emergency.

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 legible, kept securely and complied with General Data Protection Regulation requirements.

We reviewed a selection of patient care records and noted there were inconsistencies in the level of detail recorded in respect of consent to treatment, risks, benefits and treatment options.

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. There was no system in place to monitor and track the use of NHS prescriptions.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate 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.

Improvements could be made to ensure the practice remained up to date with current guidance. For example, record keeping, consent to treatment, radiography quality assurance and grading and responsibilities under the Mental Capacity Act 2005.

Helping patients to live healthier lives

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

Staff were aware of and involved with 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

Improvements could be made in respect of consent to care and treatment, for example:

- To ensure staff obtained patients' consent to care and treatment in line with legislation and guidance
- To ensure staff understood their responsibilities under the Mental Capacity Act 2005
- To ensure 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 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.

The dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly, however, current guidance was not being followed.

Effective staffing

Staff had the skills and experience to carry out their roles; awareness of underpinning knowledge of some systems, process and published guidance was limited in some areas.

Newly appointed 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 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.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

They stored paper records securely.

Involving people in decisions about care and treatment

The practice information leaflet provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included for example, study models 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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including a hearing loop for patients with hearing difficulties, ramp access for patients and ground floor treatment rooms for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information in the patient information leaflet.

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. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner.

Listening and learning from concerns and complaints

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

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 practice staff and provider demonstrated a transparent and open culture in relation to people's safety.

There was an emphasis on peoples' safety and continually striving to improve. Leadership, oversight and management could be improved.

The inspection highlighted areas of concern where improvements were needed; for example, systems and processes were not fully embedded. Risk management, oversight of and adherence to guidance was not fully effective. Information and evidence was not always readily available, and some key documentation and maintenance reports were missing; some of these were sent to us after the inspection.

We saw the practice had processes to support and develop staff with additional roles and responsibilities, more effective oversight of this would be beneficial.

Culture

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

Records showed that staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had responsibilities roles and systems of accountability to support governance and management. These could be improved upon to ensure systems were embedded and staff followed up-to-date published guidance.

Improvement was required to ensure more effective oversight and management of systems and processes. In particular:

- Infection prevention and control systems were not aligned to published guidance
- Systems to ensure the medical emergency kit was checked and restocked in line with guidance were not effective
- Systems were not in place to ensure prescriptions and patient referrals were monitored and tracked
- Systems to ensure fire safety management, sharps risk mitigation, legionella management and lone working were not fully effective
- Quality assurance systems were not fully effective
- Risk assessments were not available for staff who worked alone in the practice

Appropriate and accurate information

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.

Are services well-led?

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.

Continuous improvement and innovation

The practice had some systems and processes for learning, quality assurance, continuous improvement. These included audits of radiographs, antimicrobial prescribing, and infection prevention and control. We found the infection prevention and control audit did not reflect our findings on the inspection day and X-rays audits did not follow current guidance.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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: • Oversight and management of the infection prevention and control process was not effective. • The system in place to ensure the medical emergency kit was appropriately checked in line with guidance was not effective. • Systems to ensure prescriptions and patient referrals could be monitored and tracked were not in place. • Arrangements to ensure good governance and leadership are sustained in the longer term were not operating effectively. 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: • In-house fire safety systems were not fully effective. • Sharps risk mitigation and legionella management were not effective. • Risk assessments were not available for staff who worked alone in the practice. Regulation 17(1)(2)