

Whitecross Dental Care Limited

# Mydentist, Broad Street Plaza, Halifax

## Inspection report

Broad Street Plaza  
Halifax  
HX1 1UX  
Tel: 01204799799  
[www.mydentist.co.uk](http://www.mydentist.co.uk)

Date of inspection visit: 2 March 2023  
Date of publication: 21/03/2023

### Overall summary

We carried out this unannounced focused inspection on 2 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.

The following 2 questions were asked:

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

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

Our findings were:

- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had some systems to help them manage risk to patients and staff. We found shortfalls in appropriately assessing and mitigating risks in relation to radiation safety, clinical waste and electrical safety.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. However, we could not be assured all staff had carried out training.
- The dental clinic appeared clean and well-maintained.

# Summary of findings

- The staff carried out some ‘highly recommended’ training as per the General Dental Council professional standards. Improvements were needed to the provider’s monitoring system to enable them to assure themselves that training was up-to-date and undertaken at the required intervals.
- The practice had staff recruitment procedures which reflected current legislation.
- Staff and patients were asked for feedback about the services provided.

## Background

The provider is part of a dental group, with multiple practices. This report is about Mydentist, Broad Street Plaza, Halifax.

The practice is in Halifax in West Yorkshire and provides NHS and 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. The practice is located close to local transport routes and car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 orthodontic specialist, 23 dentists, 17 dental nurses, 2 decontamination nurses, 8 trainee dental nurses, 1 orthodontic therapist, 3 dental therapists, 2 treatment coordinators, 1 practice manager and 6 receptionists. The practice has 17 treatment rooms.

During the inspection we spoke with numerous members of the team, the area manager and a regional regulatory officer who were visiting the practice. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 8am to 8pm

Friday from 8am to 6pm

Saturday from 9am to 5pm

Sunday from 10am 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 regulation 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?**

**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. However, we could not be assured all staff had carried out safeguarding training.

The practice had infection control procedures which reflected published guidance. The team had recently adapted the processes due to a shortage of sterilisation pouches. This had been rectified on the day of inspection.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. On the day of the inspection we could not be assured staff had the appropriate skills and knowledge to ensure any risks would be

identified and mitigated. Where temperatures were outside the recommended parameters, there was no evidence action had been taken to address this.

The practice had policies and procedures in place to ensure clinical waste was disposed of appropriately in line with guidance. On the day of the inspection, we noted the current storage arrangements needed improvements to ensure staff safety. Full clinical waste bags and used dental sharps containers were stored in the same area as empty, unused containers. We were not assured that the risks to staff of tripping, lifting or injury had been considered and mitigated.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean. We discussed improvements could be made to the storage arrangements to ensure the cleaning equipment is stored away from the clinical waste.

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

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice manager confirmed they would ascertain if there were servicing requirements for the implant motor and water heating equipment, as they were unsure of this on the day. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. We discussed the importance of ensuring all routine checks, carried out as part of the management of fire safety, are carried out consistently and at the correct interval.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. However, on the day of the inspection, we noted the X-ray unit control panels, located outside the surgeries, were set to the 'on' position, and the keys were not available to adjust this. The provider could not be assured the equipment would not be operated by unauthorised persons.

### **Risks to patients**

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. However, on the day of the inspection we saw an electric socket hanging from the wall in the decontamination room. No safety

# Are services safe?

precautions had been put in place to manage the risk to staff and there was no evidence the system for logging and raising the issue had been followed. Immediately after the inspection we were sent evidence that this had been fixed. We also noted some risk assessments had not been reviewed since 2019 and the information contained within them did not appear to have been shared with newer members of staff.

Emergency equipment and medicines were available and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency; however, records were not available to demonstrate all staff 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. We discussed with the practice manager that improvements could be made to ensure all the risk assessments included the relevant first aid requirements.

## **Safe and appropriate use of medicines**

The practice had introduced systems for the safe handling of medicines; however, we could not be assured these were effective. One of the logs used had not been completed accurately and we saw the storage of prescription pads, when not in use, was not always secure. Antimicrobial prescribing audits had previously been carried out.

## **Track record on safety, and lessons learned and improvements**

The practice had systems to review and investigate incidents and accidents; however, we could not be assured these were effective. We looked at the records available and noted that not all recent incidents were recorded and reviewed as an opportunity for shared learning.

# 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.

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered.

### **Leadership capacity and capability**

We found the provider had the capacity, values and skills to deliver high-quality, sustainable care. The information and evidence presented during the inspection process was clear and well documented. The inspection highlighted some areas such as risk management and staff training where improvements were needed.

### **Culture**

The practice had protocols in place to manage the service, these did not always operate effectively.

We saw staff carried out continuing professional development. Improvements could be made to the monitoring system to enable the practice manager to assure themselves that staff member's training was up-to-date and undertaken at the required intervals. Records were not available to demonstrate all staff had carried out training in important areas such as medical emergencies, safeguarding, infection control and radiography. In addition, systems were in place to ensure newly appointed staff had a structured induction, however in the records we were shown, we could not be assured this was carried out consistently.

### **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 manager had overall responsibility for the management of the practice and was responsible for the day to day running of the service.

Improvements were needed to ensure processes for managing risks were effective. The practice did not have adequate systems in place for recognising, assessing and mitigating the risks associated with electrical safety, clinical waste and legionella.

Staff described some challenges relating to recent staff shortages that they felt had impacted on some protocols not being adhered to. The wider management team were aware of the challenges and steps had been taken to address them. They felt confident improvements would be implemented and maintained.

### **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 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.

## **Continuous improvement and innovation**

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, 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
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>How the Regulation was not being met</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"><li>• The risks associated with the unauthorised use of the X-ray equipment had not been considered and mitigated.</li><li>• Records were not available to demonstrate:<ul style="list-style-type: none"><li>■ Comprehensive inductions were being carried out for all newly appointed members of staff.</li><li>■ All staff carried out highly recommended training at the recommended intervals.</li></ul></li><li>• Protocols were not consistently followed to adequately record, review and investigate accidents and incidents and share any learning.</li><li>• Protocols were not effective to ensure any legionella risks identified were acted on.</li><li>• NHS prescription pads were not consistently stored and monitored in accordance with guidelines.</li><li>• Clinical waste was not stored safely and the risks to staff had not been considered and mitigated.</li></ul> <p>Regulation 17(1)</p>