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Abbey Street Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 13 November 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.
- The practice infection control procedures did not consistently reflect published guidance.
- Staff knew how to deal with medical emergencies. Appropriate emergency medicines were available but not all items of life-saving equipment were available.
- The practice had some systems to manage risks for patients, staff, equipment and the premises. Additional risks were highlighted by the inspection in relation to fire safety, radiation protection, sharps safety, staff immunity, prescription security and electrical safety.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The practice had staff recruitment procedures which reflected current legislation.
- 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.
- We found leadership and oversight of the service had lapsed in some areas.
- Staff felt involved, 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 practice had information governance arrangements. The CCTV policy should be reviewed and updated.

Background

Abbey Street Dental Practice is in Accrington, Lancashire and provides NHS and private dental care and treatment for adults and children. The provider has another dental practice in nearby Darwen.

There is a small step at the front entrance to the premises, a portable ramp is provided for people who use wheelchairs and those with pushchairs. On street parking is available near the practice. Reasonable adjustments have been made to support patients with access requirements. The practice does not have an accessible toilet.

The dental team includes 2 dentists and an implant dentist who attends when required, 4 dental nurses, 1 dental therapist, 1 practice manager and a receptionist. The practice has 2 treatment rooms.

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

The practice is open:

Monday 9am to 6.30pm

Tuesday, Wednesday and Thursday 9am to 5.30pm

Friday 7.45am to 3.30pm

We identified a regulation 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.

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

- Implement protocols for the use of closed-circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

Summary of findings

- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

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.

The inspection highlighted some issues but the impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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. There was a safeguarding lead with additional training to oversee safeguarding awareness and training.

The practice had an infection control policy and procedures which reflected published guidance but were not appropriate to the equipment and processes in use.

- There was a mixture of pouched and unpouched instruments in one of the surgeries not in use on the day of the inspection, some of these instruments and pouches had visible contamination. Staff told us unpouched instruments were reprocessed weekly, rather than daily as specified in the policy and national guidance.
- The free-standing fans in the treatment rooms were visibly dusty.
- Staff used a wire bur brush to clean instruments. This was removed in response to our feedback. This can damage instruments and poses a sharps risk to staff.
- Water for the autoclave was kept in a container that had visible biofilm. This was removed and replaced immediately.
- The ultrasonic cleaning process displayed in the decontamination room did not reflect the processes staff followed.
- The air extraction fan was not working in the decontamination room.
- Some surfaces in the decontamination room and flooring in the toilet was not sealed to ensure effective cleaning.

Processes to audit infection prevention and control were not effective. The audit did not highlight the issues we observed and there was no consistency between the findings of the 3 most recent audits. The audits all highlighted different concerns and there were no conclusions, comments or action plans to demonstrate the findings of these were analysed and acted on.

After the inspection, the manager confirmed these issues had been immediately discussed with staff and rectified. The instruments were reprocessed, and procedures updated. Investigations were underway to identify the source of contamination on the instrument pouches and prevent reoccurrence. Free-standing fans in surgeries had been cleaned and this task had been added to weekly checking processes. The decontamination room extraction fan was now working, and surfaces had been sealed to ensure effective cleaning. The practice manager provided assurance that a new thorough audit would be completed.

There were no processes in place for the implant dentist to ensure the equipment and tools they brought to and from the practice were serviced, validated, transported and decontaminated in a timely way after use. We were assured this would be addressed and rectified.

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.

The practice appeared clean and tidy. There was an effective schedule in place to ensure it was kept clean.

Are services safe?

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 appropriate professional indemnity cover. We highlighted that dental nurses should be given information about the indemnity provided by the practice so they can be assured it is sufficient for their registration.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. We were not assured that reports from electrical safety testing were reviewed as the latest Portable Appliance Testing (PAT) report showed 3 extension cables had failed the test. The manager was not aware of this in the report and did not know where the leads were located or if they had been removed. The electrical installation inspection report also had 2 'further investigation without delay' recommendations which had not been queried or actioned. After the inspection, evidence of clarification sought from their contractor was sent showing the affected items were removed on the day of testing and no further action was required for the electrical installation.

A fire safety risk assessment was carried out in line with the legal requirements. We noted the risk assessment did not reflect the current situation at the premises where the provider had a tenant in the accommodation above the dental practice. The management of fire safety should be improved. In particular, we highlighted a powder extinguisher had been placed in an enclosed space (the use of powder fire extinguishers indoors is not recommended as per British Standards). Fire drills were carried out and the most recent one highlighted that staff should evacuate the premises faster, but no time was documented to compare future evacuations against. We were assured these issues would be addressed and rectified.

The practice had some arrangements to ensure the safety of the X-ray equipment. Not all the required radiation protection information was available. We discussed the need to define the controlled zone and reflect this in local rules for operators. (The controlled zone is an area in which the annual radiation doses may exceed the annual maximum permissible doses for exposed workers, detailed procedures need to be followed to restrict exposure). We showed the manager there was visible damage to the head of an X-ray machine and staff were not aware of this. We discussed the value of carrying out and documenting six-monthly visual checks of the equipment to look for any visible damage, oil leaks or inappropriately moving parts. After the inspection the manager confirmed the X-ray unit was being assessed and the source of the damage removed. They were in the process of confirming the controlled zone, completing the radiation protection file and introducing six-monthly visual checks.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. This included lone working. The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. Evidence of immunity to Hepatitis B was not available for some clinical members of staff and this had not been risk assessed. The manager confirmed they were in the process of obtaining this evidence.

A sharps risk assessment was in place but the procedures to access post-exposure advice and follow up treatment were unclear. There were 3 different processes displayed, and staff were not clear about the appropriate triage and post exposure timescales. We saw a sharps injury had been documented in the accident book in August 2021. This had not been reported to the manager in line with the policy, so they were unaware, and no investigation had been carried out.

Staff had received sepsis awareness training but discussions with them on the day of the inspection highlighted this should be refreshed. We noted reception staff had no sepsis awareness prompts to refer to when triaging patients. The manager confirmed this was addressed and rectified after the inspection.

Are services safe?

Improvements were needed to the emergency equipment and medicines available. Oropharyngeal airways and self-inflating bags and masks for adults and children were missing from the kit. There was insufficient adrenaline to enable staff to administer further doses as needed. The gauge on the emergency medical oxygen tank appeared to show there was insufficient oxygen to enable staff to provide sufficient respiratory support. We brought this to the attention of the practice manager.

After the inspection the practice manager confirmed the missing items had been obtained and checking processes updated in accordance with national guidance. Clarification was required from the tank provider who provided evidence the tank was full and an explanation of the reduced number showing on the gauge.

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 some risk assessments to minimise the risk that could be caused from substances that are hazardous to health. We asked the manager to locate the information for a specific substance, but this could not be found. We highlighted that hazardous substance safety data sheets and risk assessments should also be available to the cleaner for the substances they use. The manager confirmed the system would be reviewed and rectified.

Information to deliver safe care and treatment

Patient care records were legible, 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. Antimicrobial prescribing audits were carried out. We noted the log of NHS prescriptions would not identify any fraudulent activity or if any were missing. The practice manager confirmed this would be addressed and rectified.

Track record on safety, and lessons learned and improvements

The systems to review and investigate incidents and accidents should be reviewed. We discussed a recent significant incident which had not been documented, and a previous sharps injury had been documented but the process to inform the practice manager had not been followed.

The practice had a system for receiving and acting on safety alerts. The practice was not aware if the implant dentist also received these 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.

We discussed the provision of dental implants with staff and reviewed the documentation of these. The provision of dental implants was in accordance with national guidance. We noted that not all the information that was included in the assessment was part of the dental care record. We discussed the importance of ensuring all records are contemporaneous and complete.

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

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.

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.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

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 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.

Patient feedback provided a positive view of the dental team and care provided by the practice. Patient comments included that staff were welcoming and attentive, and showed compassion and understanding when they were in pain, distress or discomfort.

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. We noted these did not include assessing the impact of audio recording in the reception area and the displayed signage did not indicate that audio recording took 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 and gave patients clear information to help them make informed choices about their treatment.

The practice's website and 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 photographs, study models, X-ray images and an intra-oral camera.

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 portable ramp 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. Staff made wheelchair users aware an accessible toilet was not available at the practice and, where appropriate, offered care at their other practice which is fully accessible. Staff had undertaken training in autism and learning disability awareness to increase their understanding of patients with these conditions.

Timely access to services

The practice displayed its opening hours in the premises and provided information on their website and 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's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. The practice was part of a local scheme to provide urgent dental care to patients who did not have a dentist through the NHS 111 system.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

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

We found leadership and oversight of the service had lapsed in some areas. The information and evidence presented during the inspection was not always relevant to the equipment and processes followed by staff. During the inspection we found all staff were responsive to discussion and feedback to improve the systems in relation to people's safety.

We saw that immediate action was taken by the manager to address the highlighted issues during and after the inspection with support from staff members.

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

Culture

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

Staff discussed their training needs during annual appraisals, 1 to 1 meetings and during clinical supervision. 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.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff. We noted these were not always relevant to the equipment and processes in use at this location. Staff were not following the policies on infection prevention and control or incident reporting.

The systems for identifying and managing risks and issues were not working effectively. The inspection highlighted risks in relation to medical emergency arrangements, infection prevention and control, sharps safety, staff immunity, fire safety, radiation protection, prescription security, implant assessment processes and electrical safety. The practice manager took immediate action to show they were in the process of addressing these risks and updating the practice systems to prevent reoccurrence of these issues. Evidence was sent after the inspection to demonstrate this. These systems were yet to be embedded.

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.

Feedback from staff was obtained through meetings 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.

Are services well-led?

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, and antimicrobial prescribing. Staff kept records of the results of these audits and the resulting action plans and improvements. We found the antimicrobial audit tool lacked information to highlight where antimicrobials had not been justified in dental care records, or whether local measures were attempted. We signposted the manager to a nationally approved antimicrobial prescribing audit tool to support them to improve the process.

Audits of infection prevention and control had not been effective at highlighting the issues we observed on the inspection day.

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>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">• The practice did not have effective systems to ensure medical emergency arrangements and checking processes were in line with Resuscitation Council UK guidance.• The practice's infection prevention and control policy was not applicable to the equipment and processes being followed. As a result, infection prevention and control processes (including the risks associated with the transport of contaminated instruments outside the practice's premises) were not in line with the Health Technical Memorandum 01-05: Decontamination in primary care dental practices from the Department of Health.• Systems were not in place to obtain evidence of immunity to Hepatitis B for all clinical staff. Risk assessments were not in place where immunity levels were unknown.• Sharps safety processes were not effective. Differing procedures were provided to staff who were unclear about the appropriate triage and post exposure timescales.• Systems to ensure the mitigation of fire safety risks were not operating effectively.• Incident reporting systems were not effective. Staff were not following the incident reporting policy.

This section is primarily information for the provider

Requirement notices

- The required radiation protection information was not available. Systems and checks were not in place to identify damaged equipment and ensure local rules for operators included information about the controlled zone.
- Systems were not in place to ensure advice from external contractors were read to identify and act on any risks identified.
- Systems were not in place to ensure all hazardous substances were risk assessed and appropriate information provided to cleaning staff.

Regulation 17(1)