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The Mount Dental Practice

Inspection report

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Date of inspection visit: 12/12/2022
Date of publication: 12/01/2023

Overall summary

We carried out this announced focused inspection on 12 December 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 asked the following 3 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 dental clinic was visibly clean and well-maintained.
- The practice had infection prevention and control procedures which did not fully reflect published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines were available.
- Except for two items, all emergency equipment was available.
- Risk management systems could be improved for the management of dental sharps, fire safety, responding to safety alerts and incident reporting.
- 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.
- Improvements could be made to the level of detail recorded in patient care records.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.

Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- The practice had systems for continuous improvement; some audits were not in place. Audits we reviewed were not effective as they had not identified areas requiring improvement, for example, those found in this inspection.
- Patient referrals to other dental and health care professionals were not monitored.
- Leadership, oversight and management could be improved.
- 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 Mount Dental Practice is in York and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice in local car parks.

The dental team includes 3 dentists, 3 trainee dental nurses, 2 dental hygienists, 1 receptionist and a practice manager/dental nurse. The practice has 3 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses and the receptionists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 8.15am to 4.15pm and alternate Monday's 10am to 6pm

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.

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.

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

The practice did not have fully effective infection prevention and control procedures that reflected published guidance. In particular:

- Heavy duty gloves were not changed weekly in line with guidance.
- An appropriate level of sterilising and cleaning could not be guaranteed due to colour coded band and labelling tape used on dental instruments and instrument transport boxes.
- Reusable dental burs were not stored in line with guidance after the cleaning process.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. We were told the shower unit water supply in the bathroom was flushed regularly but not recorded, we discussed ensuring this was documented in line with the risk assessment.

The practice 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 an effective cleaning schedule to ensure the practice was kept clean.

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.

With the exception of the electrical wiring installation report, the practice ensured the facilities were maintained in accordance with regulations.

Records showed professional recommendations made on 2 previous electrical wiring installation reports had not been acted upon at the time of inspection. The provider sent evidence immediately after the inspection to confirm this was being investigated for completion.

A fire risk assessment was carried out in line with the legal requirements.

The in-house management of fire safety was not fully effective. In particular:

- Emergency lighting was not in place. Waiting to be fixed to the wall
- We were told in-house fire safety checks were completed but not recorded.
- Fire escape signage was not in place to assist staff and patients leaving the building in an emergency.
- Fire assembly signage was not located at or near the fire exits.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available, including for cone-beam computed tomography (CBCT).

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety.

Are services safe?

We reviewed sharps safety and found improvements could be made. A risk assessment was not in place to mitigate known risks for all in-use sharps. In addition, not all clinical staff were following current regulations in respect to using safer sharps; this had not been justified in a risk assessment.

Emergency medicines were available and checked in accordance with national guidance, we noted two items of equipment was missing from the medical emergency kit; these were ordered immediately.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training with airway management for staff providing treatment to patients under sedation was also completed.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Sepsis risk flow charts were visible in the practice and some staff had an awareness of how to identify and manage a patient with a risk of sepsis. We discussed options with the provider to ensure all staff had the opportunity to complete sepsis awareness training.

Information to deliver safe care and treatment

Dental care records we saw 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. Systems were not in place to ensure patient referrals to other dental or health care professionals were centrally monitored to ensure they are received in a timely manner and not lost.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines.

Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

There was no system for reviewing and investigating incidents and accidents.

We were told the practice had a system for receiving patient safety alerts. There was no follow-up process to document any action taken as a result of a dental related patient safety alert.

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.

The practice offered conscious sedation for patients; we identified some areas within record keeping, where improvement was needed to align with national standards. In particular, quality assurance systems to review clinical outcomes were not in place.

The practice offered dental implants, except for quality assurance systems to review clinical outcomes, the provision of dental implants was in accordance with national guidance.

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 dental care records in line with recognised guidance. Dental care records reviewed showed an inconsistent level of detail being recorded.

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 inconsistent evidence in dental care records, that the dentists justified, graded and reported on the radiographs they took.

The practice carried out annual radiography quality assurance audits, rather than a six-monthly audit following current guidance.

Audits we reviewed were not effective as they had not identified areas requiring improvement, for example, those found in this inspection.

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.

Are services effective?

(for example, treatment is effective)

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

The practice was a referral clinic for dental implants, and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

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 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 the provider had the capacity, values and skills to deliver high-quality, sustainable care.

The inspection highlighted areas such as risk management, adherence to published guidance and learning from accident and incidents where improvements were needed.

Culture

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

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

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 staff followed up-to-date published guidance.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff.

Improvement was needed to ensure systems were in place to assess, monitor, mitigate risk and improve the quality of the service.

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 some quality assurance processes to encourage learning and continuous improvement. Improvement was needed to ensure quality assurance systems were in place for sedation treatments and dental implants. Radiography audits were completed but these were not currently in line with guidance. Improvements could be made to ensure completed audits had resulting action plans for improvement.

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 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 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">• Infection prevention and control systems and processes did not reflect published guidance.• Systems to ensure facilities were maintained appropriately were not effective.• Arrangements for ensuring good governance and leadership are sustained in the longer term were not operating effectively.• Quality assurance systems were not effective. <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">• In-house fire safety systems were not effective.• Sharps risk management protocols were not effective.• Systems to ensure referrals to dental and other healthcare professionals were not monitored.• No system was in place for reporting, reviewing and investigating incidents and accidents.• Records were not kept to demonstrate follow-up action taken as a result of a dental related patient safety alert.

This section is primarily information for the provider

Requirement notices

Regulation 17(1)