

Alan Lam Family Dental Practice Limited

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Inspection Report

6 Weardale Terrace
Ropery Lane
Chester Le Street
County Durham
DH3 3PQ
Tel: 0191 3888381
Website: www.lamdentalcare.com

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Overall summary

We carried out this announced inspection on 16 July 2019 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 CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five 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:

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this practice was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Background

Alan Lam Family Dental Practice is in Chester le Street and provides private treatment to adults and children.

Summary of findings

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

The dental team includes two dentists and three dental nurse/receptionists. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Alan Lam Family Dental Practice is the practice owner who we were told is no longer in day to day contact with the practice. We advised the role of registered manager of the organisation may be better placed with the principal dentist at the practice who is presently in day to day control.

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

The practice is open:

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures in place. Improvements could be made to some of these procedures and the decontamination room to meet relevant guidance.
- Staff knew how to deal with emergencies. On the day of inspection not all medical emergency equipment was available as described in nationally recognised guidance.

- Improvements could be made to the process for managing the risks associated with the carrying on of the regulated activities. These include the risks associated with, fire and gas safety.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures in place.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Ensure care and treatment is provided in a safe way to patients.
- 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 always ask the following five questions of services.

Are services safe?	Requirements notice	✗
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 that this practice was not providing safe 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.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The provider had a recruitment policy and procedure to help them employ suitable staff. All staff had worked at the practice for many years. We looked at three staff recruitment records. These showed the provider followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC).

Staff ensured that that equipment was maintained according to manufacturers' instructions. We asked if a gas safety check and electrical fixed wire tests were in place. The principal dentist was not aware if any checks had been made.

A fire risk assessment had been carried out. Records showed that firefighting equipment was regularly serviced. We asked if a regular check of the domestic smoke alarms was carried out and we were told that these were done

annually. We also noted that there was no regular checks on the fire safety within the building, such as potential hazardous and clear fire exits. The health and safety policy stated that both these would be checked regularly. We discussed with the principal dentist that weekly checks would help ensure safety.

The practice had arrangements to ensure the safety of the X-ray equipment. We saw evidence that the X-ray machines had been tested at the appropriate intervals.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken. We noted that the sharps bins were not signed or dated.

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, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

During the inspection we checked the emergency equipment and medicines. We noted some emergency equipment was missing. These were, portable suction, a full assortment of masks for the self-inflating bags, oropharyngeal airways, some masks were also not bagged. Glucagon (for low blood sugar) were not safely stored as this was in the fridge and the temperatures were not monitored. The midazolam (used for seizures) was an intravenous version, the principal dentist told us that they

Are services safe?

had made arrangements for a buccal midazolam to be in place, but we were told this had not arrived. The provider confirmed after the inspection that these items were now in place.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

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

The provider had an infection prevention and control policy and procedures. Staff had completed infection prevention and control training in July 2019.

We reviewed the decontamination room and found that this room did not meet the current guidance. For instance, the floor was carpeted and there was a domestic style kitchen sink in place, with no hand washing facilities for staff. We also noted cleaning equipment stored in this area. The staff toilet was accessed through this space, which could compromised control of the clean areas.

Staff described the end to end process for decontaminating and sterilising used dental instruments. We were told that there was no system in place to ensure the heavy-duty gloves worn whilst manually cleaning used instruments were changed on a weekly (or more frequent) basis. We were saw that supermarket disinfectant was used in the manual cleaning process. We noted that a thermometer was not provided to ensure the water temperature was effective for manual cleaning. When we spoke with principal dentist and staff they did not seem familiar with the working detail in the HTM 01-05 guidance decontamination in primary dental care practices.

The practice had an autoclave which was both vacuum and non-vacuum autoclave. Staff did not seem clear when type of process would be used. We asked staff about what daily validation tests were carried out on the vacuum autoclave. We noted that the Helix test had failed on two occasions and that staff had not acted by alerting the principal dentist or repeating the test.

We saw a 2013 legionella risk assessment was in place and staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. We noted that the lead had not completed any training in legionella.

All recommendations from the risk assessment had been actioned. We noted that the recommendation was for an annual water temperature test. We discussed with the principal dentist that as the risk assessment had been some time ago further guidance may be useful as to the frequency of the water temperature tests.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

Whilst there were policies and procedures in place to ensure clinical waste was segregated, we noted that four bags of clinical waste were placed in the back yard and this area was not secure. There was no dedicated storage bins and the gate to the yard was unbolted. These were not stored in line with guidance.

The service carried out infection prevention and control audits. The latest audit suggested the practice was meeting the required standards but had not identified some areas. Manual cleaning; heavy-duty gloves were not changed on a weekly basis, inappropriate cleaning product was used and a thermometer was not in place. The infection prevention and control audit had not identified that the decontamination room did not meet the current guidance.

We also noted that actions the auditor had listed in the infection control audit had not been completed. The principal dentist said this was an oversight and assured that the actions had been completed and would record as such.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

Are services safe?

During the inspection we noted that some materials and medicines used in the carrying out of the regulated activities were not in place or not safely stored. The system in place to check these materials and medicines was not working effectively.

The dentist was aware of current guidance with regards to prescribing medicines.

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons identified themes and acted to improve safety in the practice.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

We found that 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 practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by one of the dentists at the practice who had undergone appropriate post-graduate training in the provision of dental implants which was in accordance with national guidance.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The clinicians where applicable, discussed smoking and diet with patients during appointments. The practice provided health promotion leaflets to help patients with their oral health.

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice and recording detailed charts of the patient's gum condition

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check that the dentists/clinicians recorded the necessary information.

Effective staffing

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

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the 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 if they needed treatment the practice did not provide.

Are services effective?

(for example, treatment is effective)

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Staff monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

We found that this practice was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

We saw thank you cards and surveys from patients. Patients commented positively that staff were professional, caring and friendly. We saw that staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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 were aware of the

Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpretation services were available for patients who did speak or understand English. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example models, pictures and X-ray images which could be shown to the patient and/or relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that 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. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

Patients described high levels of satisfaction with the responsive service provided by the practice. Many patients had been coming to the practice for several years and staff described a culture of familiarity with the patients which helped them feel at ease, especially for those patients who were nervous about dental treatment.

The practice had made reasonable adjustments for patients with disabilities. These included step free access and a ground floor toilet.

Patients could request to receive text message reminders prior to their appointments. For patients without a mobile phone then staff would offer other means to remind them of appointments for example by telephone.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their information screen in the waiting room.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent

appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Patients requiring emergency dental treatment outside normal working hours were signposted to the NHS 111 out of hour's service.

The practice's information screen and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff on how to handle a complaint. Information on how to make a complaint was available on the TV screen in the waiting area and on the web site.

The principal dentist was responsible for dealing with these. Staff would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the principal dentist had dealt with their concerns.

We looked at complaints the practice received in the previous 12 months.

These showed the practice responded to concerns appropriately.

Are services well-led?

Our findings

We found that 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.

Culture

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

The staff focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

The principal dentist had overall responsibility for the day to day running of the service, management and clinical leadership of the practice.

Systems and processes were not working effectively to ensure the risks associated with the carrying out of the regulated activities were appropriately managed:

- The systems and processes in place to manage the risks associated with fire and gas safety were not effective. There were no regular checks of the smoke alarms and gas safety checks and fixed wire test had not been carried out.
- The systems in place to ensure infection prevention and control procedure reflected nationally recognised guidance were not effective. The infection control lead was not clear about procedures and whether the vacuum or non-vacuum cycle were used during decontamination. We noted that heavy duty gloves were not changed on a weekly basis and a suitable cleaning substance was not used for manual cleaning. Water temperatures were not monitored during manual cleaning and staff had not acted or repeated tests when the Helix tests had failed.

- The design of the decontamination room did not meet the current guidance. The room had carpeted floors and a domestic sink with no hand washing facilities available. The route to the staff toilet was through this area and cleaning equipment was stored in this area.
- The systems and processes in place to ensure medical emergency equipment reflected nationally recognised guidance was not effective. The medical emergency equipment kit did not meet the current guidance, items were missing such as, portable suction, masks and oropharyngeal airways and self-inflating bag. Emergency medicine was stored in a fridge where the temperature was not monitored.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Staff involved patients, the public, staff and external partners to support high-quality sustainable services.

The provider used surveys and verbal comments to obtain patients' views about the service.

The provider gathered feedback from staff through 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

There were 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, radiographs and infection prevention and control.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Are services well-led?

Staff receive appraisals of their performance. We were told that they could approach the principal dentist with any training requirements or performance needs.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met</p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The practice did not have available all the medical emergency equipment as recommended in recognised guidance, including;• Portable suction• A full range of masks for self-inflating bag• oropharyngeal airways• The practice did not hold, and store equipment and medicines safely as recommended in recognised guidance, including.• Some masks were not bagged.• Glucagon was stored in a fridge where the temperature was not monitored.• The midazolam was in the wrong form and not assessed for use in the event of an emergency.• The registered person was unsure as to when the last fixed electrical installation test and gas safety inspections took place.• The decontamination room did not meet the HTM 01-05 guidance.• The floor was carpeted.• No hand washing facilities were available for staff.• Domestic cleaning equipment was stored in this area• The staff toilet was accessed through this space, which compromised control of the areas. <p>Regulation 12 (1)</p>

Requirement notices

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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.

How the regulation was not being met:

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 improve the quality and safety of the services being provided. In particular:

- The infection prevention and control audit had not identified that heavy duty gloves were not changed on a weekly basis and inappropriate cleaning products were being used in the manual cleaning processes.
- The infection prevention and control audit had not identified that decontamination room did not have cleanable sealed surfaces, no hand washing sink, storage of cleaning equipment and the staff toilet was accessed through the decontamination area.
- Some materials and emergency medicines used in the carrying out of the regulated activities were not in place or not safely stored. The system in place to check these materials and emergency medicines was not working effectively.

There was additional evidence of poor governance. In particular:

- Staff did not have the knowledge skills or competence to ensure effective decontamination procedures were in place.
- Fire system detection tests and fire safety checks were not completed regularly to ensure the system was safe.

Regulation 17 (1)