

Silver & Charlton Dental Practice

50 John Street

Inspection report

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Date of inspection visit: 16 November 2021
Date of publication: 10/12/2021

Overall summary

We carried out this announced focussed inspection on 16 November 2021 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 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 three 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:

Are services safe?

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

Are services effective?

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

Are services well-led?

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

Summary of findings

Background

50 John Street dental practice is in Sunderland and provides NHS and private dental care and treatment for adults and children.

The entrance to the practice is stepped, so help is provided for people who may require it, such as those with pushchairs. Car parking spaces are available near the practice.

The dental team includes 12 dentists, 21 dental nurses, two dental hygienists and three dental hygiene therapists. Management and practice support are provided by a practice manager, four receptionists, a practice supervisor, a sterilisation technician and two cleaners. The practice has 13 treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC 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 50 John Street is the practice manager.

During the inspection we spoke with four dentists, three dental nurses, a dental hygiene therapist, and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 8.45am to 5pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance with the exception of Legionella control.
- The provider had implemented standard operating procedures in line with national guidance on COVID-19.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were not available. Evidence was sent to us the following day to confirm all items were purchased.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider did not have staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Leadership and management systems were not effective in managing risks to patients and staff.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had information governance arrangements.

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.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Summary of findings

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Improve the practice's processes for the control of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken for all hazardous substances.

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)

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 had 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 practice manager and a principal dentist were safeguarding leads at the practice. The practice manager was knowledgeable about safeguarding protocols, however had not undergone any formal training. We discussed the importance of this, and the practice manager sent us evidence the following day to confirm they had completed training.

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 showed us their 'was not brought' management protocol for safeguarding children. This included alerting the practice manager through use of an 'application' and subsequent follow up of the child.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care, apart from in relation to Legionella control. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

A Legionella risk assessment had not been completed to identify and manage the risk of Legionella within the dental practice. The provider had a brief Legionella policy which included procedures (water temperature testing and management of dental unit water lines) however we found inconsistencies in the application of these. We observed a staff bathroom was no longer in use however the outlets were not flushed to control bacteria growth. A chemical disinfectant was used to maintain the waterlines; manufacturer's instructions recommended leaving the dental unit water bottles on overnight in order for the product to work. We observed inconsistency in this, and staff were unclear of the protocol.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. The provider had an agreement with a waste disposal company for the removal of clinical waste from the practice. We saw evidence of the collection of sharps and clinical waste bags. The provider told us amalgam waste was also collected by the company and gypsum study models were kept by patients. We explained the need to ensure appropriate disposal of all clinical waste and referred the provider to the legislation relating to this.

Are services safe?

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The provider had a Speak-Up (Whistleblowing) policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we were told a risk assessment was completed.

The provider had a recruitment policy and procedure to help them employ suitable staff. We looked at five staff recruitment records. These showed the provider followed their recruitment procedure however this did not comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Disclosure and Barring Service (DBS) checks were not completed prior to employment for any new employees since 2011. There were no risk assessments to mitigate the risk of not doing so. They assured us they would apply for DBS checks for all staff and we received confirmation of this the following day. Qualification certificates were not sought as evidence during recruitment, in line with legislation. The provider assumed registration with the General Dental Council meant staff were qualified. All staff had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. The provider had appointed a company to perform the maintenance checks and pressure vessel inspections of the autoclaves and compressors. The company had carried out maintenance checks however had not completed pressure vessel inspections for the equipment at the same time, as they usually would do. The practice manager had not recognised this at the time but took action to have these carried out immediately.

A fire risk assessment was carried out in line with the legal requirements and was reviewed every two years. This recommended staff were not to work in isolation in the dental laboratory as a fire safety precaution for both the laboratory staff and the dental practice staff. The risk assessment also noted that record keeping of visual checks was not adequate. These recommendations had not been actioned by the provider. We observed there were cupboards filled with empty cardboard boxes and paper; these were not accounted for in the fire risk assessment. The provider told us they would review their risk assessment and sent evidence to show they had acted on this.

We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The provider had registered with the Health and Safety Executive in line with changes to legislation relating to radiography. Local rules for the X-ray units were available in line with the current regulations. The provider used digital X-rays.

We did not see evidence the dentists justified, graded and reported on the radiographs they took when we asked the provider. The provider did not carry out radiography audits following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography however this was inconsistent amongst staff. The practice usually attended an all-day training course, but this was not currently available due to the pandemic. The practice manager took action to ensure staff completed an equivalent course as soon as possible.

Risks to patients

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

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. Staff used traditional needle and syringes with protective guards. A sharps risk assessment had not been undertaken in line with relevant safety regulation when using needles and other sharp dental items.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, however we saw there was inconsistency in checking the effectiveness of the vaccination amongst staff. We viewed five staff files and found two members of staff had evidence of their Hepatitis B vaccines, but not of their immunisation status.

Staff demonstrated sepsis awareness. Sepsis prompts for staff and patient information posters were available.

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 was also completed for staff providing treatment under sedation.

Emergency equipment and medicines were not available as described in recognised guidance. We found the practice did not have a child-sized self-inflating bag and masks to attach to it. The expiry date on the oropharyngeal airways (used to maintain the airway in an emergency) had passed. These items were ordered the following day. We noted the medicine used for a diabetic emergency was not stored in line with manufacturer's guidance and showed this to the provider. We found staff kept records of items to check if they were available, within their expiry date, and in working order but this system needed reviewing.

A dental nurse worked with the dentists, the dental hygienists and dental hygiene therapists when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Not all hazardous substances within the dental practice were included in the risk assessments, and we advised the provider to review this.

The practice occasionally used agency staff. We observed that these staff received an induction to ensure they were familiar with the practice's procedures.

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 dental care records with clinicians to confirm our findings and observed that individual records were written or typed 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 requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

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

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored NHS prescription pads securely, but the practice stamp was not secure. We found staff did not keep records of prescriptions which would enable the practice to monitor if any were missing, as described in current guidance. Following the inspection, we received evidence of a log and secure storage was confirmed.

Are services safe?

The dentists were aware of current guidance with regards to prescribing medicines.

The provider told us the most recent antimicrobial prescribing audit was completed five years ago. We explained the importance of following national guidance in relation to this.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

Where there had been a safety incident we saw this was investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had 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 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 saw 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 conscious sedation for patients. This included patients who were very anxious about dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the guidance.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen content of the blood.

The operator-sedationist was supported by a trained second individual. The name of this individual was recorded in the patients' dental care record.

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dental professionals where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The dental professionals described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with 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.

Are services effective?

(for example, treatment is effective)

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' 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 in certain circumstances. 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.

Effective staffing

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

Staff new to the practice including locum or agency staff underwent an induction 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 dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Staff monitored referrals through a system to ensure they were responded to promptly.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The provider and practice manager shared equal responsibilities for the running of the practice. They were knowledgeable about issues relating to the governance of the dental practice however misconceptions of guidance and a lack of understanding of regulation was apparent.

The provider and practice manager understood the issues identified on the inspection day and were very keen to learn and put right any shortcomings. They assured us they would review their management systems, and delegate roles to other staff where possible. They responded promptly to address any urgent issues and sent evidence of all their actions the following day.

Leaders at all levels were approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

Culture

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

Staff discussed their training needs at appraisals, meetings and during clinical supervision. We were told appraisals were scheduled annually, however due to the pandemic no appraisals had been completed since 2019. The practice manager assured us they would be re-introducing these. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. The dental practice was an 'urgent dental care' hub and provisions for emergency care were available for any patient, regardless of whether they were registered with the practice or not.

Openness, honesty and transparency were demonstrated when responding to incidents. 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 provider had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

We found the governance processes for managing risks, issues and performance were not effective. For example, the provider and practice manager's systems of governance did not recognise:

- The need to carry out recruitment checks prior to employing staff, in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The pressure vessel inspections of the autoclave and compressor had not been completed.
- A legionella risk assessment was required for the premises.
- Recommendations from the fire risk assessment had not been acted upon.

Are services well-led?

- The need for a system, such as a record or logbook, to identify if a prescription was missing.
- Equipment to manage medical emergencies was not in line with recommendations.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS BSA performance information and surveys were 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 the service.

The provider used patient surveys to obtain staff and patients' views about the service.

Patients were also encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. Feedback had not been sought since 2019 due to the pandemic however the provider was planning to re-start this.

The provider 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 provider did not have quality assurance processes to encourage learning and continuous improvement in relation to dental care records or radiographs.

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

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

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>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 provider had ineffective systems to ensure the risks from Legionella, sharps, fire and medical emergencies were adequately assessed. Appropriate control measures were not in place.• Audits were not completed for radiography or record keeping in line with national recommendations. <p>There was additional evidence of poor governance. In particular:</p> <ul style="list-style-type: none">• The provider did not have an effective system in place to ensure servicing of pressure vessel equipment was completed.• There was no system in place, such as a prescription log, to reduce the risk of prescription fraud.• The provider did not have an effective system in place to ensure that all clinical staff had adequate immunity for Hepatitis B. <p>Regulation 17 (1)</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person's recruitment procedures did not ensure that potential employees had the necessary qualifications, competence, skills and experience before starting work.

In particular:

- The registered person had not completed Disclosure and Barring Service (DBS) checks or seek evidence of qualification prior to employment of staff.

Regulation 19 (1).