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Merrystead Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 8 November 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 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:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- Staff generally worked as a team. However, improvements were needed to ensure that they were supported and involved in the delivery of care and treatment.
- The provider did not have suitable staff recruitment procedures to comply with legislation.
- There were ineffective systems to ensure that staff were up to date with their training.
- The practice did not have adequate systems to minimise the risk that could be caused from substances that are hazardous to health.

Background

Merrystead Dental Practice is in Blackfield, Hampshire and provides NHS and 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, including dedicated parking for disabled people, are available at the practice.

The dental team includes the principal dentist and 2 dental nurses. The practice has 1 treatment room.

During the inspection we spoke with the principal dentist and the dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday & Wednesday 8.45am to 4.30pm

Thursday & Friday 8.45 am to 12.30pm

We identified 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:

- Take action to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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.

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 had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

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. On the day of inspection, we noted an external clinical waste bin had been left unlocked. The provider took immediate action to rectify this and has taken steps to ensure this does not reoccur by carrying out daily checking.

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 though we noted that the policy was not always adhered to. We saw that recruitment checks had not been carried out in accordance with relevant legislation to help the practice employ suitable staff. In particular, there was no evidence of immunity to hepatitis B, no photographic identification and lack of satisfactory evidence of conduct in previous employment obtained for 2 members of staff.

Clinical staff were qualified and registered with the General Dental Council. We did not see evidence of professional indemnity cover.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions with the exception of the air compressor. We have been assured that this pressure vessel is scheduled to be checked. The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out by the principal dentist who had received appropriate training to carry this out. Improvements were required as the risk assessment had not identified that staff had not received fire safety training or that emergency lighting was not available throughout the building. No fire drills were carried out.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety. The practice had not carried out a lone worker risk assessment to help them manage risks to staff and patients. Additionally, we were told that there were no contingency arrangements to cover staff absences.

Two members of staff had not completed sepsis awareness training. Improvements could be made to ensure sepsis prompts to assist the staff to triage appointments, and patient information posters were displayed within the reception area.

Are services safe?

Emergency equipment and medicines were available with the exception of the Oromucosal Midazolam, a medicine to treat prolonged epileptic seizures, which had expired. The oropharyngeal airways had also exceeded their expiry dates. The practice replaced the expired medicine and airways following our inspection. Improvements were required to increase the frequency of medicines and equipment checks to comply with national guidance.

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

The practice did not have adequate systems to minimise the risk that could be caused from substances that are hazardous to health. In particular there were minimal risk assessments

in relation to the safe storage and handling of substances hazardous to health. We also noted that safety data sheets were not stored as to be easily accessible in the event of an accidental exposure to hazardous substances.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, but were not kept securely. Patient record cards were kept within unlocked cabinets in the reception area.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. Consideration should be given to allow staff access to the online referral system to enable monitoring of referrals.

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

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice had a system for receiving and acting on safety 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.

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 detailed dental care records in line with recognised guidance.

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 evidence the dentist justified, graded and reported on the radiographs they took. Improvements could be made to ensure the radiography audits were undertaken at six-monthly intervals in line with current national guidance.

Effective staffing

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

The practice did not have a structured induction for newly appointed staff and neither did they have effective systems in place to ensure clinical staff had completed continuing professional development (CPD) as required for their registration with the General Dental Council. In particular, one dental nurse had not completed safeguarding training at a level appropriate to their role.

We also noted that staff had not undertaken autism and learning disability awareness, fire safety or sepsis awareness training as required.

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.

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.

On the day of inspection, we spoke with 1 patient. The patient told us that the care given was faultless and said staff were compassionate and understanding. The patient had been receiving care at the practice for 30 years and had recommended family and friends.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

Paper records were not stored securely. Following our inspection, the provider has arranged to replace the old insecure filing cabinets.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

Staff 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 dentists described to us the methods they used to help patients understand treatment options discussed. These included for example study models and X-ray images.

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. It took account of patient needs and preferences.

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

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

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. Improvements were recommended to take the needs of the staff into consideration. Staff told us they struggled to clean the surgery and carry out the decontamination of instruments because there was not always adequate time between appointments.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff 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.

The practice demonstrated a transparent and open culture in relation to people's safety.

There had been a lack of leadership and oversight at the practice. This had been recognised by the provider following a remote assessment carried out by the CQC in January 2022. For example, the assessment had identified that the fixed wire electrical installation checks were overdue, there were no systems to monitor and track prescriptions and the fridge where medicines were stored was not temperature monitored. At our inspection on 8 November 2022, we observed that these had been addressed immediately after the remote assessment. We noted other improvements had taken place, in particular, a Legionella risk assessment had been carried out and all recommendations had been implemented.

We found that all staff members worked well together. However, improvements were needed to ensure information about systems and processes was readily available and embedded in the day to day running of the practice.

The inspection highlighted some issues and omissions such as relating to staff training and recruitment processes.

The information and evidence presented during the inspection process was clear.

We saw the practice had ineffective processes to support and develop staff with additional roles and responsibilities. For example, during periods of staff shortages, there were no contingencies to support remaining staff to carry out their roles effectively.

Culture

Staff stated they enjoyed their jobs, were proud to work in the practice and felt happy as a team providing excellent customer service.

We found that there were no arrangements in place for staff to discuss their training needs during meetings. We saw no evidence of completed staff appraisals.

Governance and management

The practice's management and governance structure required some improvements.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were reviewed on a regular basis. Improvements were required to ensure the policies were fully adhered to. For example, the recruitment and infection control policies stated that responses to the Hepatitis B vaccination were checked but we saw no evidence of this.

Improvements were needed to ensure processes for managing risks were effective. The practice did not have adequate systems in place for recognising, assessing and mitigating risks regarding the control of hazardous substances.

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

Are services well-led?

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

There was no evidence the practice gathered feedback from staff through meetings, surveys, and informal discussions.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and disability access. Improvements were required to ensure that audits of radiographs and infection prevention and control were carried out at six-monthly intervals in accordance with current guidance.

Staff kept records of the results of these audits and the resulting action plans and improvements.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Surgical procedures	
Treatment of disease, disorder or injury	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 were operating ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular: The registered person's recruitment procedures did not ensure that information as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. • Evidence of Hepatitis B immunity was unavailable for all members of staff. • There were no records in respect of conduct in previous employments for the dental nurses. • There were no records to prove the identity for the dental nurses. 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: • Risks associated with pressure vessel equipment had not been assessed effectively.

This section is primarily information for the provider

Requirement notices

- The fire risk assessment had not identified that staff had not received fire safety training or that the provision of emergency lighting was not adequate. No fire drills took place.
- There was limited information available to staff about substances hazardous to health. This was not in accordance with the Control of Substances Hazardous to Health (COSHH) Regulations 2002.
- The service provider had failed to ensure that persons employed in the provision of regulated activity received such appropriate support, training, professional development, and appraisal as was necessary to enable them to carry out the duties they were employed to perform.
- Patient records were not stored securely.

Regulation 17 (1)