

Amptrad Limited

# Old Tile House Dental Practice

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 12 March 2024 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Not all appropriate life-saving equipment was available, missing items were purchased immediately following this inspection.

# Summary of findings

- The practice had systems to manage risks for patients, staff, equipment and the premises, although there was scope for improvement.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. Some staff required an update regarding was not bought procedures. We were informed that this would take place and new procedures and guidance would be implemented.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- Staff felt involved, supported and worked as a team.
- Systems were not in place to ask for feedback from staff and patients.
- Systems were in place to deal with complaints efficiently.
- The practice had information governance arrangements.

## Background

Old Tile House Dental Practice is in Alcester, Warwickshire and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 dentist (the provider), 2 dental nurses (including 1 trainee dental nurse) and 1 receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with the dentist (the provider), 2 dental nurses, including the trainee dental nurse and the receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday and Tuesday from 9am to 5pm, Wednesday from 9am to 7pm and Friday from 9am to 1pm. The practice is open by appointment only on Thursdays.

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

- Improve the practice's protocols for medicines management and ensure all medicines are stored and dispensed safely and securely.
- Implement processes and systems for seeking and learning from patient and staff feedback with a view to monitoring and improving the quality of the service.

# 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. There was scope for improvement in staff knowledge regarding 'was not bought' (WNB) procedures, where children are not brought to their appointment. Following this inspection, we were informed that a staff meeting had been arranged to discuss and retrain staff regarding WNB and that templates and guidance documents had been made available to staff.

The practice had infection control procedures which reflected 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. We saw a copy of the risk assessment dated June 2020 and saw that appropriate action had been taken to address issues identified.

A further risk assessment had recently been completed on 6 March 2024; the risk assessment report was not available at the practice. Following this inspection, we received a copy of the action plan from this risk assessment which had been completed to show actions taken. The provider assured us that they had arranged for the outstanding issues to be addressed.

On the day of inspection, we saw that water quality checks that had previously been completed were not available, quarterly dip slide tests had not been completed recently.

There was no evidence of flushing of dental unit water lines for the ground floor surgery which was rarely used.

Following this inspection, we were informed that dip slides had been ordered and the results would be logged in future. The provider assured us that the ground floor surgery was being maintained as upstairs with flushing of water lines. A daily checklist had been implemented to record this. These items had been identified as issues for action on the legionella risk assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean. Staff kept daily checklists to ensure the surgeries were ready for the day and closed down at the end of the day.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

There was scope for improvement to ensure that equipment was safe to use, maintained and serviced according to manufacturers' instructions. There were no records of the daily, weekly, or quarterly tests on the ultrasonic. The ultrasonic cleaner did not appear to be working effectively. Staff were not completing weekly protein tests, there were no foil tests and the recently completed soil/cleaning efficiency test was showing as a possible fail. Following this inspection, we were informed that the ultrasonic bath had been taken out of service and sent for maintenance and service and that upon its return, daily weekly and quarterly tests for the ultrasonic bath would be implemented using the practice's compliance system.

# Are services safe?

Staff were not keeping Time Steam Temperature (TST) strips for the 1st cycle of the day from the autoclave, checklists seen recorded that these were completed. However, there was no evidence that they were completed. Following this inspection, we were informed that staff had been advised to retain the TST strips and staple them onto the decontamination room checklist.

A fire safety risk assessment was carried out in line with the legal requirements on the 5 March 2024 and as such the provider had only recently received a copy of the risk report. We were assured that action would be taken to address the issues for action identified in this risk assessment. There was scope for improvement in the management of fire safety. There was no documentary evidence to demonstrate that regular checks were completed on fire extinguishers, smoke alarms, emergency exits or escape routes. This was identified as an issue for action in the practice's fire risk assessment. Following this inspection, we received evidence to demonstrate that a smoke alarm, fire extinguisher and emergency exit log had been implemented and these would be checked monthly going forward. We were told that a quotation had been obtained for the fitting of a fire alarm and that other issues identified in the risk assessment would be addressed.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. The practice had local rules available, these had not been adapted to include the name and address of the dental practice. We were assured that this would be addressed immediately. Local rules are a requirement of the Ionising Radiations Regulations and are the key working instructions to minimise the risks from the use of X-ray radiation during radiography.

## **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Not all emergency equipment was available in accordance with national guidance. There were no needles to administer the adrenaline and there was no razor for use with the Automatic External Defibrillator. Following this inspection, we received evidence to demonstrate that these items had been purchased.

Emergency medicines were available and checked in accordance 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 provider had completed practical 'hands on training' whilst all other staff had completed online training only. Following this inspection, we were told that 'hands on training' has been booked for all staff.

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

## **Information to deliver safe care and treatment**

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national 2-week wait arrangements.

## **Safe and appropriate use of medicines**

There was scope for improvement in the practice's systems for appropriate and safe handling of medicines. We saw that the practice name and address was not recorded on medicine dispensing labels. The stock control system in place did not record details of all medicines on the premises at any time. The provider had not completed an antimicrobial prescribing audit. Following this inspection, we were told that new dispensing labels had been ordered which included the name and address of the practice and a new medicines stock control system with log sheet had been implemented.

## **Track record on safety, and lessons learned and improvements**

# Are services safe?

The practice had systems to review and investigate 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.

Staff were aware of national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

### **Consent to care and treatment**

There was some scope for improvement regarding informed consent to care and treatment in line with legislation and guidance. Treatment options were not recorded in patient care records seen. We were told that these were discussed verbally and not recorded but would be recorded going forward. Staff understood their responsibilities under the Mental Capacity Act 2005 and had completed training regarding this.

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**

Patient care records seen did not record risk assessments for periodontal disease, caries, or oral cancer. Following this inspection, we were informed that record keeping had been amended to include the above information.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice had carried out a radiography audit within the last 6-months following current guidance. Previous audits were not available to review. We were assured that these audits would be completed 6 monthly going forward.

### **Effective staffing**

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

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

### **Co-ordinating care and treatment**

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

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

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

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

On the day of inspection, we spoke with 1 patient and looked at the results of online patient feedback. Patient feedback indicated a high level of satisfaction with the level of service provided at Old Tile House dental practice.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality. A treatment room was always available for people to hold private conversations when required. Staff also said that they could speak with patients in the staff room if needed.

The practice had installed closed-circuit television (CCTV) to improve security for patients and staff. A CCTV policy was in place and the provider started to complete a privacy impact analysis during this inspection. CCTV signage was in place, although this was small and not prominent. Following this inspection, we were sent evidence to demonstrate that larger signage had been purchased and put in place both inside and outside of the building and the privacy impact analysis completed.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's information leaflet provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included photographs, study models, an educational tool on the computer system 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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care. We were told that reception staff would chat to patients to make them feel at ease. A note would be put on patient records to inform the dentist that the patient was nervous. Staff said that the nurse was very calm and reassuring and would hold the patient's hand and offer reassurance.

The practice had made reasonable adjustments, including a portable ramp to gain access to the dental practice, ground floor reception, waiting area and treatment room, for patients with access requirements. There was a large patient toilet, but this did not have an emergency pull cord or accessible toilet. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

### **Timely access to services**

The practice displayed its opening hours and provided information on their patient information leaflet.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. Patients with the most urgent needs had their care and treatment prioritised.

### **Listening and learning from concerns and complaints**

The practice had not received any formal complaints within the past 24 months. Systems were in place to ensure that the practice responded to concerns and complaints appropriately. We were told that staff would discuss outcomes to share learning and improve the service.

# Are services well-led?

## Our findings

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

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered.

### **Leadership capacity and capability**

There was scope for improvement in the governance and oversight of the practice. For example, checks of the effective operation fire safety systems, monitoring of steps to mitigate legionella risk, stock control of prescribed medicines and availability of medical emergency equipment were not effectively implemented.

Staff worked together in such a way that the inspection that where the inspection highlighted issues or omissions, action was taken swiftly to address them.

During this inspection and immediately following our inspection, the provider worked hard to address some of the shortfalls we identified demonstrating the practice's commitment to improving the service.

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

### **Culture**

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

Staff discussed their training needs during informal meetings as this was a small staff team. We saw that annual appraisals had previously taken place but there had been no appraisal meetings since 2017. We were assured that appraisal meetings would be re-introduced over the forthcoming month. These would be used to discuss 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 clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Information was available on the practice compliance system. The management of fire safety, legionella risk and medical emergency equipment required improvement.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of protecting patients' personal information.

### **Engagement with patients, the public, staff and external partners**

Although staff had previously gathered feedback from patients via the Friends and Family Test and the practice's patient satisfaction survey, these had not been re-introduced since Covid. We saw that the practice had received some positive online reviews and were told that they received positive feedback verbally from patients.

The practice was also a member of a good practice certification scheme.

### **Continuous improvement and innovation**

# Are services well-led?

The practice had systems and processes for learning, quality assurance, continuous improvement. We found these were not always implemented effectively or consistently. Audits of patient care records had failed to identify lack of recorded consent and treatment options. We were shown the recent audit for infection prevention and control and radiography, previous audits to confirm these were carried out within required timescales were not available. The provider assured us that these audits would be completed every 6 months going forward. The provider had not completed an antimicrobial prescribing audit. Following this inspection, we were informed that an antimicrobial prescribing audit had been planned for the following month. A disability access audit was completed.

## 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"><li>• Systems for checking medical emergency equipment were not efficient.</li><li>• The provider had not taken action to implement all recommendations in the Legionella risk assessment.</li><li>• A fire risk assessment had recently been completed. There was no evidence of fire risk being assessed prior to this. Fire safety management systems were not fully implemented or effective.</li><li>• The practice's systems for checking and monitoring equipment were ineffective, staff were not keeping evidence to demonstrate that time, steam, temperature strips were being completed for each cycle of the autoclave and there were no protein or soil tests for the ultrasonic.</li><li>• Audits for Infection prevention and control and radiography were not completed at the required frequency. The dental care records audit did not check that necessary information was recorded and there was no audit for antimicrobial prescribing.</li></ul>

This section is primarily information for the provider

## Requirement notices

There was additional evidence of poor governance in particular:

- There was no evidence that a system had been established for the on-going assessment, supervision and appraisal of staff.