Glenlyon Dental Healthcare Limited

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Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 25 October 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 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 practice had infection control procedures in place; these did not reflect published guidance.
- Staff knew how to deal with medical emergencies. Recommended medicines and life-saving equipment were available, but not in the quantity recommended for some items.

Summary of findings

- Systems to help manage risk to patients and staff were in place; equipment and premises checks ensured the safety of people who used the service.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. However, we observed that the practice safeguarding policy required updating, in that contact telephone numbers for local authority child safeguarding teams were out of date.
- Staff recruitment procedures were in place; not all required checks had been conducted.
- 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.
- The appointment system took account of patients' needs.
- Staff and patients were asked for feedback about the services provided.
- Systems were in place to deal with any complaints positively and efficiently.
- The dental clinic had information governance arrangements.

Background

Glenlyon Dental Healthcare Limited is in Accrington, Lancashire and provides NHS care and treatment for children and private dental care and treatment for adults and children.

Access to the practice for people who use wheelchairs and those with pushchairs is possible. Staff can provide help to navigate a small step at the entrance to the practice. Car parking spaces are available near the practice.

The dental team includes the principal dentist, 2 dental nurses,1 of whom is a trainee, and 3 dental hygienists. The practice has 3 treatment rooms.

During the inspection we spoke with the principal dentist 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, Tuesday, Thursday and Friday from 8.30am to 5.30pm.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular, by ensuring staff have access to local rules for the X-ray equipment in each room.

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. When we checked safeguarding policies, we found some of the contact details for local authority safeguarding teams required updating, for example, telephone numbers of designated child safeguarding teams.

The practice had infection control procedures in place. However, these did not reflect published guidance. Oversight of cleaning in the practice could be improved; there was no cleaning schedule available for staff to follow. The system in place to check equipment in use and products was ineffective; we saw that mops were stored incorrectly and some mop heads we saw were dirty and due for replacement.

The practice had introduced additional procedures in relation to COVID-19.

Procedures to reduce the risk of Legionella or other bacteria developing in water systems, did not extend to all pipework and water storage vessels in the practice. The monitoring of water temperatures was not being carried out at the frequency required to uphold a system of thermic control of Legionella.

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

The practice had a recruitment policy and procedure to help them employ suitable staff. When we checked recruitment records, we saw the provider had not taken steps to confirm whether 3 staff members had sufficient immunity to blood borne diseases. There was no risk assessment in place for these staff, to reduce risks faced when carrying out their daily duties, for example, the cleaning and processing of dental instruments.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was appropriate.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw most of the required radiation protection information was available for equipment at the practice. We observed that Local Rules for X-ray sets were not immediately available for staff using this equipment.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. However, although a sharps policy was in place which provided that the principal dentist would dismantle sharps, we found that staff did not follow this and were dismantling matrix bands in the decontamination room.

Staff demonstrated sepsis awareness and an understanding of the dangers of sepsis.

Most recommended emergency equipment and medicines were available. We found that adrenaline was out of date. An alternative source of adrenaline held by the provider included two adrenaline auto-injectors, but these would not deliver a sufficient dose of adrenaline, as described in recognised guidance in the event of an anaphylaxis emergency. The medical oxygen cylinder was two thirds full; this meant the practice would not have sufficient quantities of medical oxygen to provide 30 minutes supply at the recommended flow rate, as referred to in recognised guidance.

Are services safe?

Staff had completed training in emergency resuscitation and basic life support.

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

We reviewed dental care records. Most of these were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.Some dental care records we reviewed did not contain the level of detail recommended by recognised guidance. For example, information on periodontal examination, diagnoses, treatment options and recording the use of safety devices used during treatment.

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

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.However, we found that prescription pads were not managed in accordance with recognised guidance. The system in place meant prescription sheets could not be tracked and traced as required.

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.

Staff were aware of and involved with 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

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

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 dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation.

Effective staffing

Staff had the 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 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.

Feedback gathered by the practice showed patients said staff were compassionate and understanding. Patients commented that staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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.

Staff gave patients clear information to help them make informed choices about their treatment.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included, for example, 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. There was a ramp leading to the entrance to the practice. A small step could be negotiated with the help of staff. Downstairs treatment rooms were wheelchair accessible.

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.

Listening and learning from concerns and complaints

The practice responded to all feedback promptly. Processes to deal with any concerns and complaints were in place. The practice had not received any complaints in the past 12 months.

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 practice demonstrated a transparent and open culture in relation to people's safety, but some policies, systems and process required review.

There was visible and accessible leadership and emphasis on improving.

Staff worked together as a team and were supportive of each other. The practice was highly responsive to feedback provided on the inspection day and omissions found during our inspection were acted on quickly .

The practice had processes to support and develop staff with additional roles and responsibilities.

Culture

The practice could show how they ensured sustainable services.

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

Staff discussed their training needs during one to one meeting. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities and roles to support good governance and management. We discussed how these could be further developed and improved.

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

We saw there were processes for managing risks, issues and performance. Where omissions in oversight of these had occurred, the practice confirmed they would act quickly to address them. We drew the attention of the practice to the following:

- The policies in relation to safeguarding and whistle blowing required updating, to include the correct contact number of local authority child safeguarding teams in the safeguarding policy and the telephone numbers of CQC and the General Dental Council (GDC) in the whistle blowing policy, or other easily accessible source.
- The infection prevention and control (IPC) audit did not cover all areas of the practice. As a result of this, oversight and management of domestic cleaning of the practice was absent.
- Infection prevention and control audit should be completed on a 6 monthly basis; at present this is audited every 12 months. The audit had failed to identify the issues we raised on inspection. For example, staff without sufficient immunity to bloodborne diseases, that staff were cleaning and processing dental instruments in the incorrect order, that a domestic schedule was not in place for the practice, and that checks on equipment used for cleaning were not in place.
- Evidence of immunity to blood borne diseases was not held for all staff, as required by recruitment checks. There was no risk assessment in place for staff carrying out duties in the decontamination room, whose immunity status had not been confirmed.

Are services well-led?

- There was no sharps protocol for staff on display in the decontamination room and no poster giving contact details of occupational health services in the event of a needlestick injury.
- The flow of work in the decontamination room and the processing of dental instruments was not in line with recognised guidance. Oversight of work carried out by nurses had failed to identify this.
- The system for checks on emergency medicines were not effective; we saw adrenaline was out of date; the auto-injectors available would not provide the required doses of adrenaline in an emergency. The medical oxygen cylinder was not full; the quantity available was below that recommended, for use in an emergency.
- The Legionella risk assessment did not identify dead leg piping on the water supply, some of the infrequently used outlets or a hot water storage cylinder that was in use. The lack of a schematic drawing meant not all sentinel points had been correctly identified. Water temperature checks should be carried out weekly, rather than annually.
- Audit of patient dental records did not identify those records that lacked sufficient detail and were not completed to recognised standards.
- The management of NHS prescription pads did not reflect recognised security guidance; there was no system in place that allowed each prescription sheet to be tracked and traced, if required.

Appropriate and accurate information

Staff acted on appropriate information. We discussed how steps should be taken to ensure staff are working to the most up to date guidance, for example, when processing dental instruments and making checks on medical emergency medicines and equipment.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients and a demonstrated commitment to acting on feedback.

The practice 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

The practice had systems and processes for learning and improvement.

These included audits of radiographs, antibiotic prescribing and infection prevention and control.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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: • Policies in relation to safeguarding and whistle blowing required updating. • Infection prevention and control (IPC) audit was not effective. This did not cover all areas of the practice. Oversight and management of the cleaning of the practice was absent. • Evidence of immunity to blood borne diseases was not held for all staff members. • The flow of work in the decontamination room and the processing of dental instruments was not in line with recognised guidance. Audit and supervision had failed to identify this. • The system for checks on emergency medicines was not effective. • Systems and processes for audit of patient dental records failed to identify those records that lacked sufficient detail, and which were not completed to recognised standards. • The Legionella risk assessment did not take account of all areas of redundant pipework, a hot water cylinder and infrequently used outlets . There was no schematic drawing including sentinel points. Water temperature checks were not carried out at the recommended frequency. • The management of NHS prescription pads did not reflect recognised security guidance. The system in place meant the practice would not be able to track and trace any missing prescription sheets, as required. Regulation 17(1)