

Mr. Matthew Morgan

Ridgeway Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 1 March 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 usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- 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:

- The dental clinic appeared to be visibly clean and well-maintained.
- The practice did not have infection control procedures which reflected published guidance.
- The practice hot water system was turned off and currently not used.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were not available.
- Mains wiring and portable appliance testing was not carried out in accordance with guidance.
- The practice did not ensure that practice fire protection was carried out in accordance with guidance.
- Clinical waste was not stored in accordance with guidance.

Summary of findings

- The practice did not keep detailed dental care records in line with recognised guidance.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- 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.
- Antimicrobial prescribing audits were not carried out in accordance with guidance.
- The practice had not undertaken audits of dental care records in accordance with guidance.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Governance was not effective.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

Ridgeway Dental Practice is in Broadstone and provides private dental care and treatment for adults and children.

The access to the practice is via a staircase, making it difficult for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes a dentist and two dental nurses. The practice has one treatment room.

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

The practice is open:

- Monday 8am to 6pm
- Tuesday 8am to 6pm
- Thursday 8am to 4pm

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

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

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

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

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

Summary of findings

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

Where evidence is sent that shows the relevant issues have been acted on, we have stated this in our report but we cannot say that the practice is compliant for that key question as this would not be an accurate reflection of what was found on the day of our inspection.

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.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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 did not have infection control procedures which reflected current published guidance.

The decontamination of instruments was not carried out in accordance with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) guidance. In particular, the validation of the autoclave and manual cleaning did not follow guidance:

- The autoclave's test mode was run each day however no validation testing was carried out. There was a mistaken belief as to how the test mode operated and no challenge test (Bowie Dick or helix) was being used within the machine during the test mode.
- The daily vacuum challenge was not carried out to confirm vacuum efficacy.
- Manual cleaning of instruments took place; however, the frequency of protective glove changes was not known.
- Warm water was not available (required for effective hand washing), nor was any thermometer available to check water temperatures, for manual cleaning.

The provider later sent evidence of the introduction of an external autoclave verification manual and it being completed.

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 hot water system was turned off and currently not used. The provider told us that alternative arrangements to supply hot water in line with guidance were being made.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. However, we did find a partially used sharps box in an unattended storeroom and had obviously been present there for some time. The used sharps box was removed for disposal by the provider.

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 and had checks in place for agency and locum staff. These reflected the relevant legislation.

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.

Mains wiring and portable appliance testing was not carried out in accordance with guidance. In particular:

- There was not fixed wiring testing certificate, arrangements had been put in place for this to take place in April 2022.
- The three-yearly portable appliance testing had last taken place in 2018 and was planned to take place in April 2022.

The practice did not ensure that practice fire protection was carried out in accordance with guidance:

- No staff were trained as fire marshals.

Are services safe?

- Regular weekly fire alarm testing did not take place.
- Annual full fire evacuation tests had not taken place.
- Fire escape routes were cluttered, and the surface carpet damaged presenting a trip hazard.
- An unattended storeroom was cluttered and presented a fire risk and enabled inappropriate storage of waste; for example, an older used sharps box.
- Unused electrical equipment was stored in the kitchen area.
- Whilst a fire safety record book was available, it had not been filled in.

The provider later sent us evidence that the materials stored in the fire escape route had been cleared.

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

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.

Emergency equipment and medicines were not available and checked in accordance with national guidance. In particular we found the following issues:

- Aspirin was not dispersible.
- One 'single use' syringe of (buccal) midazolam, which was not sufficient for repeated doses.
- Portable suction not found.
- Syringes and needles had expired in 2014.
- Oropharyngeal airways, sizes 1 to 3, had expired in 1995.
- Portable oxygen cylinder had expired in 2017
- Automated external defibrillator pads had expired in 2018.

The provider later sent evidence of the ordering of expired or missing equipment.

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

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

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

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 not carried out in accordance with guidance.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating when things went wrong. 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 (MCA).

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 did not keep detailed dental care records in line with recognised guidance.

In particular, we looked at six dental care records and found the following:

- Five records did not record have risk assessments relating to periodontal condition, cancer or tooth wear.
- Four records did not show records of diagnosis or prognosis.
- Two records did not detail rubber dam, or alternative protection methods.
- Five records did not detail social history.
- Six records did not reflect NICE guidelines, treatment options or informed consent.

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

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.

There was a lack of leadership and oversight at the practice. In particular, the implementation of the compliance system required further development to achieve successful operation.

The inspection highlighted some issues or omissions. For example:

- The practice did not have infection control procedures which reflected current published guidance.
- The practice hot water system was turned off and currently not used, which is not in line with guidance.
- Clinical waste was not stored in accordance with guidance.
- Mains wiring and portable appliance testing were not carried out in accordance with guidance.
- The practice did not ensure that practice fire protection was carried out in accordance with guidance.
- Emergency equipment and medicines were not available and checked in accordance with national guidance.
- Antimicrobial prescribing audits were not carried out in accordance with guidance.
- The practice did not keep detailed dental care records in line with recognised guidance.
- The practice had not undertaken audits of dental care records in accordance with guidance.

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

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 annual appraisals. 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 roles and systems of accountability to support good governance and management.

The practice 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 saw there were clear and effective processes for managing performance.

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.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

The practice had recently joined with an external compliance company.

Continuous improvement and innovation

The practice had systems and processes for learning and continuous improvement.

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of disability access, radiographs and infection prevention and control.

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

The infection prevention and control audit had not identified the deficiencies we found in the decontamination process.

The practice had not undertaken audits of dental care records in accordance with guidance.

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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 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.</p> <p>In particular:</p> <p>Infection Control</p> <ul style="list-style-type: none">• The decontamination of instruments was not carried out in accordance with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) guidance. In particular, the validation of the autoclave and manual cleaning did not follow guidance <p>Emergency Medicines and Equipment</p> <p>Emergency equipment and medicines were not available and checked in accordance with national guidance. In particular we found the following issues:</p> <ul style="list-style-type: none">• Aspirin was not dispersible.• One 'single use' syringe of (buccal) midazolam, which was not sufficient for repeated doses.• Portable suction not found.• Syringes and needles had expired in 2014.

Requirement notices

- Oropharyngeal airways, sizes 1 to 3, had expired in 1995.
- Portable oxygen cylinder had expired in 2017
- Automated external defibrillator pads had expired in 2018.

Premises

- The practice hot water system was turned off and currently not used, which is not in line with regulations.
- The practice did not ensure that practice fire protection was carried out in accordance with guidance, in particular the storage of materials and equipment along fire evacuation routes.
- Mains wiring and portable appliance testing was not carried out in accordance with guidance.

Waste

- Clinical waste was not stored in accordance with guidance. in particular a partially used sharps box was in an unattended storeroom and had obviously been present there for some time with old chemical containers.

Regulation 17 (1) (2)