Richmond House Dental Practice

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Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 26 October 2023 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. Emergency equipment and medicines were not checked in accordance with national guidance. Some life-saving equipment was not in date, and some was missing.

Summary of findings

- The practice did not have all the necessary systems to manage risks for patients, staff, equipment and the premises, particularly in relation to Legionella management, patient records, medicine and waste management and processes for the control and storage of substances hazardous to health.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff recruitment procedures did not fully reflect 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.
- There was scope for improvement to ensure leadership was effective and a culture of continuous improvement was maintained.
- Staff felt involved, 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 practice had information governance arrangements.

Background

Richmond House Dental Practice is in Stourbridge 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 2 dentists, 4 dental nurses (including 2 trainee nurses) and 1 dental hygienist. The practice has 2 treatment rooms.

During the inspection we spoke with 2 dentists and 1 dental nurse. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday to Friday from 9am to 6pm.

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

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

Summary of findings

- Take action to ensure audits of antimicrobial prescribing 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.
- 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.

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.

Although the practice had some procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, such as sampling the water routinely through an external microbiology laboratory, a risk assessment had not been completed by a competent person. The provider was logging hot water temperatures; however, records seen did not demonstrate that minimum temperature requirements were met. The provider sent us evidence immediately following the inspection they had booked an external assessment to assure themselves they were identifying, assessing and managing any risks to prevent an outbreak of Legionnaires' disease.

Clinical waste was not segregated and stored according to guidance. We found the waste bin was unlocked, not secured and was located in an area accessible to the public.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy to help them employ suitable staff, including for agency or locum staff. However, staff recruitment procedures did not reflect current legislation. References were not sought in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

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

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. The provider was recommended to fit rectangular collimators on the intra oral machines following the 3 yearly routine tests in 2021, this had not been actioned.

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 checked in accordance with national guidance. The oropharyngeal airways (sizes 0,1,2,3,4), the child sized self-inflating bag with reservoir, clear face masks for the self-inflating bag (sizes 1 and 2), the oxygen face mask with reservoir and tubing (children) were out of date. The adult sized self-inflating bag with reservoir had no expiry date on it. The clear facemasks for the self-inflating bag (sizes 0, 3 and 4), and the blood and bodily fluids spillage kits were missing. Staff did not have a system in place to assure themselves the Glucagon did not exceed the expiry date in line with the manufacturer's instructions. The provider sent us evidence that out of date and missing items had been ordered immediately and an effective checklist had been implemented following our inspection.

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

Are services safe?

The practice had not carried out risk assessments in relation to the safe storage and handling of substances hazardous to health.

Information to deliver safe care and treatment

The practice did not keep detailed dental care records in line with recognised guidance. Risk assessments for periodontal disease, caries, cancer and tooth wear and social history and the delivering better oral health toolkit and treatment options were not consistently recorded. Records 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 did not have all the required systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not carried out. Antibiotics dispensed to patients were not labelled with the patient's name and address and name of the practice. The tracking system for the prescriptions was not effective. The provider confirmed following our inspection that they had now logged all prescription numbers. This reduced the risk of prescription theft or misuse.

Track record on safety, and lessons learned and improvements

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.

We saw the provision of dental implants was in accordance with national guidance.

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. They 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 did not keep detailed patient care records in line with recognised guidance. For example, risk assessments for periodontal disease, caries, cancer and tooth wear and NICE guidelines including recall intervals according to risk were not recorded. The delivering better oral health toolkit and treatment options were not consistently recorded.

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 carried out radiography audits six-monthly following current guidance.

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 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.

We reviewed all forms of patient feedback including online reviews and the 'Friends and Family' test'. Patients reported staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

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

The dentists explained the methods they used to help patients understand their treatment options. These included photographs, study models, videos, 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.

The practice had made reasonable adjustments, including a fully accessible downstairs treatment room and toilet, for patients with access requirements. 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 website.

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. We did not see evidence in patient notes that 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 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. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed 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. 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 did not demonstrate effective and robust governance of the service. We found that despite this, the provider demonstrated a commitment and ambition to provide a transparent and open culture in relation to people's safety. For example, they provider sent us evidence they had addressed all our areas of concerns immediately following our inspection.

We found that where the inspection highlighted any issues or omissions, the provider took prompt action to address these.

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 and 1 to 1 meetings. 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

The provider had not established effective systems or processes 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 particularly in relation to Legionella management, patient records, medicine and waste management and processes for the control and storage of substances hazardous to health.

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.

We saw processes for managing risks, issues and performance were not always effective. This included a lack of an effective system of checks of medical emergency equipment and medicines, a legionella risk assessment and dental care records.

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

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

Feedback from staff was obtained through meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

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

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement, The provider completed infection prevention control, radiography, patient care record and the disability access audit. However, the audit of patient records did not reflect what we found during our inspection and the provider was not completing antimicrobial audits.

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
Surgical procedures Treatment of disease, disorder or injury Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 17 Good governance** 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. 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: How the Regulation was not being met • The practice did not keep detailed dental care records in line with recognised guidance. Risk assessments for periodontal disease, caries, cancer and tooth wear were not recorded. The delivering better oral health toolkit and treatment options were not consistently recorded. 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: • Although the practice had some procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, they did not have a risk assessment completed by a competent person. The provider was logging hot water temperatures; however, records seen did not demonstrate that minimum temperature requirements were met.

This section is primarily information for the provider

Requirement notices

- Clinical waste was not segregated and stored according to guidance. We found the waste bin was stored in an area accessible to the public but was unlocked and bins were not secured.

- Emergency equipment and medicines were not checked in accordance with national guidance. The oropharyngeal airways (sizes 0,1,2,3,4), the child sized self-inflating bag with reservoir, clear face masks for the self-inflating bag (sizes 1 and 2), the oxygen face mask with reservoir and tubing (children) were out of date. The adult sized self-inflating bag with reservoir had no expiry date on it. The clear facemasks for the self-inflating bag (sizes 0, 3 and 4), and the blood and bodily fluids spillage kits were missing. Staff did not have a system in place to assure themselves the Glucagon did not exceed the expiry date in line with the manufacturer's instructions. The provider sent us evidence that out of date and missing items had been ordered immediately and an effective checklist had been implemented following our inspection.

- The practice had not carried out risk assessments in relation to the safe storage and handling of substances hazardous to health.

- Staff recruitment procedures did not fully reflect current legislation. References were not sought in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.