

Mr Ishtiyaq Shaikh

Moor Park Dental Practice

Inspection report

67 Garstang Road
Preston
PR1 1LB
Tel: 01772555453

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Overall summary

We carried out this announced focused inspection on 20 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 asked the following 3 questions:

- 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 did not appear clean and tidy.
- The practice had instrument decontamination procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines were available. However, several items of equipment had expired.
- The practice did not have systems to identify and manage risks for patients, staff, equipment and the premises.
- 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. However, these were not followed.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved, supported and worked as a team.

Summary of findings

- Staff and patients were asked for feedback about the services provided.
- The practice had information governance arrangements.

Background

Moor Park Dental Practice is in Preston and provides NHS and private dental care and treatment for adults and children.

There is step free access at the rear of the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available at the rear of the practice.

The dental team includes 1 dentist, 5 dental nurses (of which 1 manages the practice and 3 are trainees), 1 dental therapist and 1 receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with the dentist, 2 dental nurses, the dental therapist, the receptionist and the practice manager. 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 5:30pm

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

- Ensure care and treatment is provided in a safe way to patients.
- 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:

- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.
- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	Requirements notice	✗
Are services effective?	No action	✓
Are services well-led?	Enforcement action	✗

Are services safe?

Our findings

We found this practice was not providing safe 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 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 safeguarding processes could be improved. Information was provided but this did not include the range of issues staff may encounter, and the flowchart displayed was for child concerns only. Staff completed training and knew their responsibilities for safeguarding vulnerable adults and children. We highlighted that new trainees should also complete safeguarding awareness training.

The dental instrument infection control procedures reflected published guidance. However, there was no cleaning schedule in place to ensure effective cleaning of the practice environment. As a result, we saw walls and surfaces, including X-ray machines and overhead lights in clinical rooms were visibly dusty and dirty. We saw surfaces that were damaged, torn dental chairs had been covered with tape and we saw sticky residue from previously placed tape which prevented effective cleaning. Staff carried out infection prevention and control audits. However, these had not identified the issues we observed.

The practice did not have effective training or procedures to reduce the risk of Legionella, or other bacteria, developing in water systems. A risk assessment was carried out in October 2023, but staff told us they had not read the report, and therefore recommendations had not been actioned. These included identifying and flushing lesser used outlets, annual inspection of the hot water storage vessel and ensuring thermal control was maintained by monthly temperature checking of the correct outlets.

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 which reflected the relevant legislation to help them employ suitable staff, however, this was not followed. Up to date right to work information and professional references were not obtained where appropriate.

The practice did not obtain evidence of appropriate vaccinations and their effectiveness against bloodborne viruses for clinical staff.

Disclosure and Barring Service (DBS) checks were not carried out or risk assessed at the time of employment, but the manager had identified this prior to the inspection day and had now introduced a system and applied for these.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover. We highlighted where staff are covered by the provider's indemnity, they should be provided with the details of the policy.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. We noted there were gaps in some of the service records history and were not assured the practice had systems to ensure servicing and maintenance was consistently carried out at appropriate intervals.

The practice did not ensure the facilities were maintained in accordance with regulations. A premises health and safety risk assessment was carried out but this did not highlight environmental issues such as lifting flooring on the steps, unsealed floors, a cracked window pane and damaged walls in the toilet.

Are services safe?

The management of fire safety was ineffective. There was no fire safety policy and a fire safety risk assessment was not carried out in line with the legal requirements. Staff did not carry out checks of the smoke detectors to ensure these were working. The provider was not aware of the unsuitability of the fire extinguishers in place. Staff participated in weekly fire drills but these did not include a process to check all rooms to ensure all staff and visitors were evacuated prior to staff leaving the building.

The practice had arrangements to ensure the safety of the X-ray equipment and 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. Staff had completed sepsis awareness training prior to the inspection but they struggled to recall the signs and symptoms, and prompts were not provided to support staff to recognise the signs and triage patients effectively; We signposted them to resources to support them.

A sharps risk assessment was not in place in line with The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. There was no information provided to staff to risk assess inoculation injuries and ensure quick access to appropriate follow up advice and treatment where required.

Emergency medicines were available and checked in accordance with national guidance. However, staff were aware that several items of medical emergency equipment including automated external defibrillator pads, self-inflating bags, masks and airways had passed their expiry dates and action had not been taken to replace these. We were not assured the emergency medical oxygen was of sufficient size to be in line with Resuscitation Council UK guidance, and staff did not know how many minutes of oxygen this would provide.

Staff completed training in emergency resuscitation and basic life support every year. We were not assured all staff would understand or be confident to participate in a medical emergency.

The practice had safety data sheets for substances that are hazardous to health. However, risk assessments were not in place to ensure manufacturer's instructions were followed.

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 two-week wait arrangements.

Safe and appropriate use of medicines

The systems should be improved to ensure appropriate and safe handling of medicines. Logs were not in place to track the use of NHS prescription pads. Antimicrobial prescribing audits were not carried out.

Track record on safety, and lessons learned and improvements

An accident book was in place for staff to report any incidents, however, the manager was unaware if there was a policy or procedure to support them to review and investigate incidents and accidents. We discussed a previous significant event which had not been documented.

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 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 kept detailed patient care records in line with recognised guidance.

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 dentist 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.

Not all newly appointed staff had a structured induction. 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 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 and Enforcement Actions 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

Information and evidence presented during the inspection process was not clear or well documented.

During the inspection, the provider and staff were open to discussion and feedback to make necessary improvements.

Culture

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

Staff discussed their training needs informally, during annual appraisals and 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. We highlighted that new trainees should also complete safeguarding awareness training.

Governance and management

The governance system which included policies, protocols and procedures was ineffective. Policies were not personalised to the systems in use at the practice, and not reviewed on a regular basis. The recruitment, Legionella and fire safety policies were not followed, staff were unaware of policies or procedures to follow for health and safety and incident investigation.

We saw there were ineffective processes for managing risks, issues and performance. The inspection raised concerns in relation to standards of cleanliness, medical emergencies, fire safety, recruitment and immunity checks, Legionella and water quality, sharps risks, hazardous substances, and the security of NHS prescriptions.

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

Staff gathered feedback from patients, the public and external partners. We highlighted the benefits of responding to these to demonstrate a commitment to acting on feedback.

Feedback from staff was obtained 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 where appropriate.

Continuous improvement and innovation

The practice had some systems and processes for learning, quality assurance and continuous improvement. However, these were ineffective:

- Audits of infection prevention and control had not highlighted the concerns we observed.
- Radiographic audits were not accurately completed, these had not highlighted visible damage to X-ray plates indicating they should be replaced and staff had ticked sections of the audit which were not relevant to the practice.

Are services well-led?

- Audits of patient care records did not highlight that patient medical histories were not updated at appropriate intervals.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • The registered person did not ensure appropriate environmental cleaning taking into account the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and current national specifications for cleanliness in the NHS. • A fire risk assessment was not in place in accordance with The Regulatory Reform (Fire Safety) Order 2005. There was no evidence that advice had been sought on the suitability of fire or smoke detection systems. • The registered person did not ensure the medical emergency equipment was in date to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council. • The registered person did not ensure clinical staff had adequate immunity for vaccine preventable infectious diseases. • The registered person did not carry out a sharps risk assessment or implement sharps safety procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Regulation 12(1)

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

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 not established effective systems and processes to ensure good governance in accordance with the fundamental standards of care: • Effective systems and processes were not operated to make sure services were assessed and monitored against Regulations 4 to 20A of Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was a lack of leadership and oversight to assess, monitor and improve the quality and safety of services provided which led to the issues highlighted by the inspection visit. • The registered person did not have effective systems in place to assess, monitor and improve the quality and safety of the services being provided. Infection prevention and control audits did not highlight the issues we identified during the inspection, clinical audits did not have any conclusions or action plans, and cleaning schedules were not in place to ensure the effective cleaning of the clinical environment. • The registered person did not have systems to ensure appropriate medical emergency equipment was in place to enable timely response to a medical emergency, and that these items were checked and replaced as necessary. We were not assured the emergency medical oxygen was of sufficient size in accordance with the Resuscitation Council UK guidance. • We saw that practice policies and procedures did not provide clear instruction or guidance for staff. Policy templates were generically worded, and not

Enforcement actions

personalised to the systems in use at the practice to ensure their effectiveness. Policies and procedures were not consistently followed and had not been kept sufficiently under review and updated.

- The registered person did not ensure the oversight and mitigation of Legionella risks.
- Oversight of recruitment processes were not effective. We found the recruitment policy was not followed, not all essential pre-employment checks specified in the policy were carried out.

Regulation 17(1)