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The Forge Dental Surgery

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 22 February 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:

Delete as appropriate:

- 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 appeared clean.
- The provider's infection control procedures were not operated effectively.
- Appropriate medicines and life-saving equipment were not available.
- The provider did not operate effective systems to help them manage risk to patients and staff.
- Staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider's staff recruitment procedures were not operated effectively.
- Staff provided preventive care and supported patients to ensure better oral health.

Summary of findings

- The provider asked staff and patients for feedback about the services they provided.
- The provider's information governance arrangements were not operated effectively.
- The provider did not have effective leadership and a culture of continuous improvement.

Background

The Forge Dental Surgery is in Bourton on the Water and provides private dental care and treatment for adults and children.

The practice is based on the first floor and is not accessible to wheelchair users.

There is a stairlift for patients who find stairs a barrier.

The dental team includes 2 dentists, 1 student dental nurse, 1 dental hygienist and a qualified dental nurse who also is the practice manager.

The practice has 2 treatment rooms of which one is in use.

During the inspection we spoke with 1 dentist, 1 dental nurse and a student dental nurse.

We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

- Monday 9am to 5pm
- Tuesday 9am to 5pm
- Wednesday 9am to 5pm
- Thursday 9am to 4pm

We identified regulations the provider was not complying with.

They must:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure persons employed in the provision of the regulated activity receive the appropriate training necessary to enable them to carry out their duties.
- 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 protocols regarding the prescribing and recording of antibiotic medicines taking into account guidance provided by the Faculty of General Dental Practice in respect of antimicrobial prescribing.

Summary of findings

- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.

The provider accepted the clinical and managerial issues raised and started to take action to address these.

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 always ask the following five questions of services.

Are services safe?	Requirements notice	✗
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 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.

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.

Records showed that four out of five staff carried out safeguarding children training appropriate to their position.

The practice did not have effective infection control procedures in place which reflected published guidance. We found:

- Cleaning equipment storage arrangements did not follow national guidance.
- A decontamination room worktop-to-wall seal was incomplete.
- Floors-to-skirting board seals in clinical rooms were incomplete. Since our inspection we have received evidence to confirm this shortfall has been addressed.
- The latest infection control audit indicated the practice was meeting the required standards. However, we found that audit findings were inaccurate. Since our inspection we have received evidence to confirm this shortfall has been addressed.

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 had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance, but these were not being followed. In particular:

- Clinical waste was not stored securely in the cupboard used to store full bags.
- A clinical waste bin in the decontamination room was not foot operated.

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

Recruitment checks had not been carried out, in accordance with relevant legislation to help them employ suitable staff.

We looked at two staff recruitment records and the following check was not available:

- Conduct in previous employment (references). Since our inspection we have received evidence to confirm this shortfall has been addressed.

Records available confirmed that 3 out of 4 of the qualified clinical staff had professional indemnity cover. We identified that one clinician did not have professional indemnity cover in place to treat patients. We raised this and they immediately suspended treatment.

The provider did not ensure facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Specifically:

- A five yearly electrical installation test had not been carried out at the appropriate frequency of every five years. Evidence presented to us confirmed a test was carried out in 2014.

Are services safe?

- An emergency fire escape at the rear of the practice was not signed appropriately.
- A fire risk assessment was carried out by a someone who could not demonstrate competence in fire safety management.

Emergency lighting took the form of hand held battery-operated torches. By not having automatic emergency lighting could lead to sudden darkness and possible danger to occupants, either through physical danger or panic.

A carbon monoxide detector was not sited appropriately in the room the boiler was situated in.

The practice did not have effective arrangements in place to ensure the safety of the X-ray equipment. Specifically:

- Annual mechanical test certificates were not available for the X-ray machine.
- A current three yearly physics test certificate was not available for the X-ray machine. Evidence presented to us confirmed a test was carried out in 2017.

Risks to patients

The practice had not implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working. In particular:

- Sharps injury information was not available in the treatment room.
- Sharps injury information in the decontamination room did not include an occupational health advice telephone number.
- Immunity to Hepatitis B status was not known for one clinician.
- Three sharps boxes in the decontamination room were beyond their 3 month use by date.
- Two sharps boxes were filled beyond the maximum fill line.
- A clinician we spoke with could not demonstrate an understanding of the detection and management of Sepsis.
- The cleaner worked when the practice was closed. A lone worker risk assessment had not been carried out.

Emergency equipment and medicines were checked in accordance with national guidance, however we found areas that required attention:

- The oxygen cylinder was in use beyond its use by date of 2020.
- The oxygen cylinder available was 340ltr. National guidance states the cylinder size should be 460ltr.
- Glucagon expiry date had not been adjusted to reflect the 'non-refrigerated' storage arrangements.

Since our inspection we have received evidence to confirm these shortfall have been addressed.

- Midazolam was not available.
- Emergency medicines were not checked correctly. We found out of date medicines in the emergency bag.

Four of the 5 staff had evidence to confirm they carried out basic life support training in the previous 12 months.

The practice had some risk assessments to control substances that are hazardous to health (COSHH). Improvement were needed. In particular:

- COSHH risk assessments were not available for all relevant substances.
- COSHH products were not stored securely or labelled appropriately.

Information to deliver safe care and treatment

Records were not kept securely and did not comply with General Data Protection Regulation requirements. In particular:

- Patient records were stored in the administration office and the rear staff area of the practice. These areas were not able to be secured.
- Accidents were not recorded on General Data Protection Act (GDPR) compliant documentation.

Are services safe?

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, but improvements were needed to ensure audits were analysed and reported on appropriately.

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, but improvements were needed to ensure alerts were actioned appropriately.

- Evidence presented showed the last patient safety alert relevant to dentistry was received in February 2021. Since our inspection we have received evidence to confirm this shortfall has been addressed.

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.

Dental implants

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.

involvement in local schemes

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

There were inconsistencies in the information recorded within the dental care records we looked at. Omissions included:

- Justification, grading and reporting of X-rays taken.
- Diagnosis and treatment options were not documented.
- Treatment plans were not routinely completed and signed by patients.

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.

The practice carried out radiography audits six-monthly following current guidance.

Effective staffing

Evidence was not available to demonstrate all staff had the skills, knowledge and experience to carry out their roles. In particular records showed that:

- Training was not monitored to ensure relevant staff had carried out training at required intervals.
- Four out of five staff had carried out online Basic Life Support training in the previous 12 months.
- Three out of 5 staff had evidence to confirm they carried out fire safety training in the previous 12 months.
- Four out of 5 staff had carried out the appropriate level of safeguarding children training.
- Three out of 5 staff had evidence to confirm they carried out learning disability and autism training.
- Neither of the 2 dentists had carried out five hours of IR(ME)R (Radiography) training in the previous five years.

Newly appointed staff had a structured induction.

Are services effective?

(for example, treatment is effective)

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.

On the day of inspection, we spoke with 5 patients. They all 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.

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

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 study models, videos, 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 which included:

- A stairlift to enable patients with limited mobility to access the first-floor practice.
- A magnifying glass.

A disability access audit was completed August 2022. The latest audit indicated the practice was meeting the required standards. However, we found that audit findings were inaccurate. Answers were ticked when a cross was appropriate. The audit was not analysed or reported on and an action plan was not created to improve access for disabled visitors to the practice.

A hearing loop was not available. Since our inspection we have received evidence to confirm this shortfall has been addressed.

Timely access to services

The practice displayed its opening hours and provided information on their patient information leaflet and front door of the practice.

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 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 systems in place to respond to concerns and complaints appropriately. We were told there had been no complaints in the previous 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

There was a lack of leadership and oversight at the practice.

Systems and processes were not embedded among staff.

The inspection highlighted some issues which included, health and safety, fire, sharps, infection control and medicines risk management.

Culture

The practice did not demonstrate a culture of high-quality sustainable care. In particular, the provider could not demonstrate that all of the current standards were followed.

Staff discussed their training needs at an annual appraisal.

Governance and management

The provider had a system of clinical governance in place which included policies, protocols and procedures but systems were not followed.

The management of radiography, fire safety, recruitment, COSHH, infection control, training, sharps and medical emergencies required immediate improvement.

Appropriate and accurate information

The provider had ineffective information governance arrangements. In particular, patient care records were not stored securely.

Engagement with patients, the public, staff and external partners

The provider involved patients and staff to support the service.

The provider gathered feedback from staff through informal discussions.

Continuous improvement and innovation

The provider did not have systems and processes in place for learning from continuous improvement and innovation.

The provider did not have appropriate quality assurance processes to encourage learning and continuous improvement.

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 person 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: Assessments of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated were not carried out: Cleaning • Cleaning equipment storage arrangements did not follow national guidance. • A decontamination room worktop-to-wall seal was incomplete. • Floors-to-skirting board seals in clinical rooms were incomplete. • The latest infection control audit indicated the practice was meeting the required standards. However, we found that audit findings were inaccurate. Clinical Waste • Clinical waste was not stored securely in the cupboard used to store full bags. • A clinical waste bin in the decontamination room was not foot operated. Sharps • Sharps injury information was not available in the treatment room. • Sharps injury information in the decontamination room did not include an occupational health advice telephone number. • Immunity to Hepatitis B status was not known for one clinician.

Requirement notices

- Three sharps boxes in the decontamination room were beyond their 3 month use by date.
- Two sharps boxes were filled beyond the maximum fill line.

Medical Emergencies

- Midazolam was not available.
- The oxygen cylinder was in use beyond its use by date of 2020.
- The oxygen cylinder available was 340ltr. National guidance states the cylinder size should be 460ltr.
- Glucagon expiry date had not been adjusted to reflect the 'non-refrigerated' storage arrangements.
- Emergency medicines were not checked correctly. We found out of date medicines in the emergency bag.
- Four of the 5 staff had evidence to confirm they carried out basic life support training in the previous 12 months.

Control of Substances Hazardous to Health (COSHH)

- COSHH risk assessments were not available for all relevant substances.
- COSHH products were not stored securely or labelled appropriately.

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 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:

Requirement notices

Fire Safety

- A five yearly electrical installation test had not been carried out at the appropriate frequency of every five years. Evidence presented to us confirmed a test was carried out in 2014.
- An emergency fire escape at the rear of the practice was not signed appropriately.
- A fire risk assessment was carried out by a someone who could not demonstrate competence in fire safety management.

Radiography

- Annual mechanical test certificates were not available for the X-ray machine.
- A current three yearly physics test certificate was not available for the X-ray machine. Evidence presented to us confirmed a test was carried out in 2017.

Lone working

- The cleaner worked when the practice was closed. A lone worker risk assessment had not been carried out.

Professional Indemnity

- We identified that one clinician did not have professional indemnity cover in place to treat patients.

Recruitment

We looked at 2 staff recruitment records. Evidence presented to us confirmed that:

- None had any references (in line their own internal recruitment policy).

Patient Safety Alerts

- Evidence presented showed the last patient safety alert relevant to dentistry was received in February 2021.

Data protection

- Patient records were stored in the administration office and the rear staff area of the practice. These areas were not able to be secured.
- Accidents were not recorded on General Data Protection Act (GDPR) compliant documentation.

Requirement notices

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person did not ensure persons employed in the provision of the regulated activity received the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

We looked at 5 staff training records. Evidence presented to us confirmed that:

- Training was not monitored to ensure relevant staff had carried out training at required intervals.
- Four out of five staff had carried out online Basic Life Support training in the previous 12 months.
- Three out of 5 staff had evidence to confirm they carried out fire safety training in the previous 12 months.
- Four out of 5 staff had carried out the appropriate level of safeguarding children training.
- Three out of 5 staff had evidence to confirm they carried out learning disability and autism training.
- Neither of the 2 dentists had carried out five hours of IR(ME)R (Radiography) training in the previous five years.