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Benson Street Dental and Beauty

Inspection report

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Overall summary

We carried out this announced focused inspection on 16 August 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 was visibly clean and well-maintained.
- The practice had infection control procedures in place; these did not fully reflect recognised guidance.
- Staff knew how to deal with medical emergencies. Some items recommended to be held as part of emergency life-saving equipment were not available, and one of the medicines held was not in the correct format.
- The practice had systems to help them manage risk to patients and staff. Knowledge of and adherence to these systems was insufficient; some practice policies to support staff safety were out of date.
- Safeguarding processes were in place for child safeguarding. There was no protocol or policy in place for staff to refer to for adult safeguarding concerns.

Summary of findings

- The practice did not have staff recruitment procedures and processes in place which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines. Governance in the issuing of medicines to patients and provision of information to patients receiving medicines required greater oversight and management.
- 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 worked as a team to ensure patients experienced a good standard of care.
- The dental clinic had information governance arrangements.

Background

Benson Street Dental and Beauty is in Ulverston, Cumbria and provides private dental care and treatment for predominantly adults. It does provide services to children as and when requested.

Entry to the practice is via two flights of stairs. The practice is not accessible to those with mobility issues.

Car parking spaces, including dedicated parking for disabled people, are available near the practice in pay and display car parks.

The dental team includes three dentists, one of whom undertakes orthodontic treatment, four dental nurses, one of whom is a trainee, one dental hygienist, two decontamination room technicians, one of whom also works on reception, one practice co-ordinator, a receptionist and the practice manager. The practice has two treatment rooms and one beauty room.

The Care Quality Commission (CQC) does not regulate the beauty treatments provided by this practice and as such, this inspection report does not comment on beauty treatments provided by the practice.

During the inspection we spoke with the principal dentist, the dental hygienist, one receptionist, a decontamination room technician, 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 8am to 4pm; Tuesday 8.30am to 5.30pm; Wednesday 8am to 5pm; Thursday 8.30am to 5.30pm; and on Friday 8am to 4pm. The practice opens approximately two Saturdays per month, based on patient need, when the practice will open from 8am to 12pm.

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 regulation 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

- Improve the practice's waste handling protocols to ensure waste is segregated and disposed of in compliance with the relevant regulations and taking into account the guidance issued in the Health Technical Memorandum 07-01.
- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

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?	**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 staff told us they had processes in place for safeguarding vulnerable adults and children. The principal dentist confirmed that approximately 5% of the patients they treat were children. There was a policy in place for safeguarding children. There was no policy in place to support adult safeguarding. The majority of patients treated by the practice were adults.

The practice whistleblowing policy did not contain appropriate contact details of organisations that may need to be informed of concerns.

The practice had infection control procedures in place. However, staff working in the decontamination room had limited understanding of the Health Technical Memorandum 01-05 Decontamination in primary care dental practice. (HTM01 – 05). There was no written protocol for staff to refer to in respect of cleaning and management of dental instruments. For example, validation tests to assure the success of cleaning cycles were not being carried out at the correct intervals.

We were made aware of additional procedures the practice had introduced in relation to COVID-19 in accordance with published guidance.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. Staff lacked understanding of the principals of Legionella management. When staff recorded hot water temperatures below 50 degrees centigrade, they were not reporting this, and no corrective action was taken.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately. During inspection we observed that there was no separate waste bowl, placed underneath a plaster trimming machine, resulting in excess plaster not being disposed of appropriately. We signposted the practice to guidance for the management of Gypsum waste and its safe disposal.

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. All checks required to be undertaken when recruiting staff were not routinely and consistently applied. We checked a sample of recruitment records for five staff; for one staff member required documents that were missing included proof of identity, proof of address, health check questionnaire, confirmation of immunity to blood borne diseases. In the absence of a check on staff immunity bloodborne diseases, there was no risk assessment in place to reduce the risk of exposure to blood borne diseases. A Disclosure and Barring Service (DBS) check for this staff member was over six months old at the time of recruitment. For another staff member there was no identity check or proof of address.

For another two staff members, there was no recruitment documents at all. And for the last staff recruitment file we checked, there was no proof of identity, no proof of address and no references.

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. We observed that the compressor that serves the practice clinical treatment rooms was located in a shed to the rear of the practice. We saw that there was no process in place to ensure the compressor was turned off each evening.

Are services safe?

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

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. Some of these required updating, review or replacement. For example, we saw that the sharps policy was out of date, meaning that the details of occupational health contacts were no longer correct. The protocol for issuing medicines to patients, for example, providing single doses of a sedative for nervous patients, was not documented. Stock of this medicine and antibiotics was not kept securely. We observed they were kept in a cupboard which had been unlocked throughout our visit to the practice, with the key in the door to the cupboard. There was no stock control system in place for these medicines.

Emergency equipment and medicines were available and checked by staff. The equipment held did not include child defibrillator pads; there was no risk assessment in place to support this decision. The Midazolam held in the emergency kit was not in the format recommended for use in an emergency. There was no risk assessment or recorded rationale to support this decision.

We saw that some staff, according to training records, knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support. For permanent staff this should be refreshed annually. We were unable to confirm that two staff members had received update training, having last completed this training in 2018 and 2020 respectively. For a further three staff members there was no record of them ever having completed this training.

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 legible, were kept securely and complied with General Data Protection Regulation requirements. Review of a sample of patient records showed that these were insufficiently detailed. Audit of patient records had not identified this as a learning point for that clinicians.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. There was no system in place to monitor and track referrals.

Safe and appropriate use of medicines

Antimicrobial prescribing audits were carried out; however, there were no conclusions or learning points identified, to aid continuous improvement.

Track record on safety, and lessons learned and improvements

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.

The principal dentist carried out orthodontic treatment in line with recognised guidance from the British Orthodontic Society.

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

The practice offered conscious sedation for patients. We found the practice did not have systems to do this safely. For example, there was no evidence the practice carried out relevant patient checks before, during and after treatment. There was an absence of effective medicines management in respect of sedative medicine used, for example, Temazepam. The way in which the practice provided conscious sedation for patients did not reflect recognised guidance published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care' (2015, updated 2020).

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

The practice kept dental care records in line with recognised guidance. Some of the records we reviewed could be more detailed, for example more detail when prescribing antibiotics, to include diagnoses and justification for prescribing antibiotics.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with aged related dementia, and adults or 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. Audits did not contain learning points to help drive improvement.

Effective staffing

We found some staff had the skills, knowledge and experience to carry out their roles. We also observed that some staff members lacked insight on tasks they performed and how these contributed to the safe and effective running of the practice. For example; we found staff had received an induction, but training provided lacked detail relevant to the role undertaken. Key subject matter and recognised guidance to support this training was not made available to staff.

Are services effective?

(for example, treatment is effective)

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. Systems and processes to ensure referrals could be tracked and followed up, were not in place.

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 had a clearly defined staffing structure, with staff being supported by a practice manager, and the clinical team being led by the principal dentist. However, we found that systems and processes were not embedded; this was evidenced by the omissions and issues highlighted in our inspection.

We saw the practice had processes to support and develop staff with additional roles and responsibilities, but greater management oversight was required to ensure these were embedded and that a culture of continuous improvement was supported.

Culture

Staff were happy to work in the practice; they were engaged and committed to providing patients with the best possible standard of oral health care. In terms of the day to day management of the practice, our findings on inspection highlighted a number of shortfalls in governance processes.

Staff discussed their training needs during practice meetings and during less formal discussions.

The practice had arrangements in place to assist staff in keeping their training up-to-date and reviewed at the required intervals. However, our review of staff training showed that some key training for staff, including in safeguarding and infection control, had not been completed at the appropriate intervals. There was no system to help effectively monitor and manage staff training.

Governance and management

Staff had responsibilities roles and systems of accountability to support governance and management. The current arrangements for oversight and management of the practice were not effective. We found shortfalls in a number of areas including the correct completion of audits, for undertaking training in a timely manner and for submitting required recruitment documents when required to do so.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. Some of these policies required updating for example, the sharps policy, and an adult safeguarding policy was required.

Processes for managing risks, issues and performance required further development. For example:

- In greater oversight of medicines management, on medicines security and of issuing medicines to patients and the documented rationale for prescribing, being recorded correctly by clinicians in patient records.
- By regular antibiotic audit and audit of use of Temazepam
- Through regular audit of patient treatment records ensuring all audit, including infection prevention and control audit has the required action points completed, and documented findings in order to drive improvement.
- Through greater understanding of infection prevention and control protocols and standards, including those for management of Legionella, and access to correct information on occupational health services, and of staff training, to include providing access for staff to recognised guidance to support them in working in the decontamination room, for example the Health Technical Memorandum HTM01-05 Decontamination in primary care dental practice.

Are services well-led?

- In greater knowledge of the correct and required items for emergency medicines and equipment as described in recognised guidance from the Resuscitation Council UK.
- Through appropriate delegation of key tasks, for example, infection prevention and control audit and appropriate recruitment checks for all staff.
- Through appropriate and timely risk assessment of staff duties, where mitigation of risk is required.

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

The practice gathered feedback from patients through online and social media sources.

The practice gathered feedback from staff through meetings and informal discussions.

Continuous improvement and innovation

The practice had systems and processes for continuous improvement; further work was needed to ensure this was effective, through continuous audit cycles with documented results and action points to assist in driving improvement.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment There was no proper and safe management of medicines. In particular: • There were no stock control records for sedative medication, for example, Temazepam. This medicine was not being managed as described in recognised guidance; we observed it was kept in a cupboard which was unlocked throughout our visit, with the key in the door. • Patient information leaflets were not being provided to patients, following administration of this medicine. • There were no stock control records for antibiotic medicines. • The Midazolam available for use in an emergency was not in the form recommended for use, for example, buccal Midazolam. There was additional evidence that safe care and treatment was not being provided. In particular: • There was no protocol for carrying out conscious sedation, taking into account the guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015. Regulation 12(1)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

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:

Systems and processes to ensure policies and protocols were up to date, and continued to meet staff needs, were ineffective.

- There was no adult safeguarding policy in place.
- There was no protocol displayed in the decontamination room showing correct details of steps to take when a sharps injury occurred.
- The staff working in the decontamination room had no protocol to follow for the management of dental instruments through the decontamination process with instructions on the carrying out of recognised validation tests to assure the completion of each decontamination cycle.
- Staff carrying out decontamination processes were not aware of HTM01-05, the recognised guidance document which covers the work carried out in this part of the dental practice.

Systems and processes in place to support the management of Legionella were ineffective.

- Staff were checking and recording hot water temperatures to support thermic control of Legionella. When hot water fell below the temperature required in a primary care setting, this was not reported and acted on.

- Systems and processes for managing recruitment were ineffective. Processes in place did not align with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff recruitment records did not contain proof of identity, proof of address, evidence of immunity to blood borne diseases. Background checks, for example, Disclosure and Barring Service (DBS) checks, were not completed at the time of employment. Some checks submitted by staff due to start work were more than six months old.

Systems and processes to assess, monitor and manage risks to patient and staff safety were not fully embedded and, in some areas, did not fully cover risks presented.

This section is primarily information for the provider

Requirement notices

- The compressor that serves the practice clinical treatment rooms was located in a shed to the rear of the practice. There was no process in place to ensure the compressor was turned off each evening.
- The sharps policy was out of date; details of occupational health contacts were out of date.
- There was no system in place to monitor and track outward referrals, to prevent patients' referrals being lost or overlooked.

Systems and processes in place to monitor and manage performance and to drive improvement were not effective.

- Audits we reviewed lacked a summary of results, documented action points and conclusion.
- A sample of patient records we reviewed showed they required greater detail particularly in diagnoses and justification for prescribing antibiotics. Patient record card audit had failed to identify this.
- Infection control audit we reviewed had several questions unanswered. No steps had been taken to access the information to answer these questions.
- Infection control audit did not have a summary of findings or documented action points.
- Infection control audit had not identified that staff working in the decontamination room were unaware of HTM01-05 and did not have access to this guidance document.

Systems and processes to ensure all staff accessed and completed required and recommended training, and records to support this, were ineffective.

- For basic life support training which should be completed annually, the provider could not show records to demonstrate all staff had undertaken this training at the required intervals.
- For infection prevention and control training there were no records to evidence that all staff had received training on HTM01-05 or had access to this to refer to.

The systems and processes for oversight and management of the practice were ineffective.

This section is primarily information for the provider

Requirement notices

- Our inspection findings demonstrated there was no system or process in place for the practice manager and practice principal to review and discuss what was working well, and whether there were items or areas that required greater focus.

Regulation 17(1)