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The Coach House

Inspection report

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Overall summary

We carried out this announced focused inspection on 4 May 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 which reflected published guidance but these were not always followed.
- Staff knew how to deal with medical emergencies but appropriate medicines and life-saving equipment were not always available.
- The practice did not have systems to help them manage risk to patients and staff, they carried out a recent fire risk assessment in January 2022 but we saw no evidence that any other risk assessments were completed.
- Safeguarding processes required improvement as the safeguarding lead had not completed safeguarding training and no safeguarding policy was in place.
- The clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- Patients were treated with dignity and respect and staff always took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- There was no effective leadership or culture of continuous improvement.
- Staff and patients were not asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements which required improvement.

Background

The provider has one practice and this report is about The Coach House. The Coach House is in Stoke and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice on a nearby road.

The dental team includes one dentist and one dental nurse/receptionist. The practice has one treatment room.

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

The practice is open:

Tuesday to Friday, 9am to 4pm, closing between 1pm and 2pm for lunch.

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.

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

- Implement an effective system for identifying, disposing and replenishing of out-of-date stock.

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

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?	**Requirements notice** 
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 which required improvement as the safeguarding lead had not completed appropriate training in safeguarding vulnerable adults and children. The dental nurse had up to date safeguarding training for adults and children. The practice did not have information or policies available to staff in relation to safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected current published guidance. However, these were not always followed and therefore the decontamination of instruments was not carried out in accordance with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) guidance. Instruments were transported from the surgery into the decontamination area using the existing instrument trays. They did not place instruments in to dedicated lidded boxes for clean and dirty instruments when transporting them to and from the surgery.

The floor within the decontamination area was not sealed. The temperature of the water used to manually clean instruments was not checked or logged and heavy-duty gloves were not used to manually clean instruments. Generic washing up liquid was used to manually clean the instruments. No log of the foil tests for the ultrasonic bath were kept. Following our inspection, the provider submitted evidence to show that the standard household gloves have been replaced with heavy duty gloves and they have replaced the generic detergent with a hospital grade detergent.

The practice had not introduced additional safety measures in relation to COVID-19 in accordance with current guidance. The practice were not screening patients for COVID-19 prior to their appointment over the telephone, no COVID-19 questions were asked for any patients visiting the practice on the day of the inspection.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, but they had no risk assessment for this.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

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

The practice ensured that most equipment was safe to use and maintained and serviced according to manufacturers' instructions however the ultrasonic bath was not serviced. The practice ensured most of the facilities were maintained in accordance with regulations.

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

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

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. However, the practice had not carried out legionella or sharps risk assessments to help them manage risks to staff and patients. The practice did not have any information for staff or patients relating to sepsis awareness.

Are services safe?

Emergency equipment and medicines were not available and checked in accordance with national guidance. In particular, the practice had no glucagon (a medicine used to treat low blood sugar), the oxygen cylinder expired in 2011 and this was too small at 340 litres and an oxygen mask with reservoir was missing. There were no logs of any regular checks on the medical emergency medication or equipment. Following our inspection, the provider submitted evidence that a replacement oxygen cylinder has been ordered but the provider has submitted no evidence regarding the missing reservoir mask.

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

The practice had adequate systems to minimise the risk that could be caused from substances that are hazardous to health. The practice had 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 dental care records we saw were legible but not complete. In particular, the hand-written notes were very brief and did not meet the College of General Dentistry (COGD) guidelines, no Basic Periodontal Examination (BPE) was recorded for any of the notes we reviewed.

The practice sent referrals for patients with suspected oral cancer under the national two-week wait arrangements electronically. The practice did not have adequate monitoring systems to ensure the referrals were followed up to ensure patients received care in a timely manner.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice did not have a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We found this practice was not providing effective 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.

Effective needs assessment, care and treatment

The practice did not have systems in place to ensure dental professionals were up to date with current evidence-based practice. In particular guidelines regarding COVID-19. The practice did not screen patients for COVID-19 prior to their appointment and no COVID-19 questions were asked for any patients visiting the practice on the day of the inspection. There were limited records of periodontal assessments recorded.

Helping patients to live healthier lives

There was limited evidence the practice provided preventive care and supported patients to ensure better oral health. In particular smoking cessation, alcohol use and dietary advice were not recorded in the clinical records we reviewed.

Consent to care and treatment

Dental care records we looked at showed there was a lack of consistency in staff obtaining patient's consent to care and treatment. Clinical staff did not obtain patients' consent in line with legislation and guidance. In particular consent for treatment was verbal, no consent forms were seen during the visit nor were they recorded in the clinical notes.

The safeguarding lead had not completed training in the Mental Capacity Act 2005.

Records were not available to demonstrate staff undertook training in patient consent.

Monitoring care and treatment

The practice did not keep detailed dental care records in line with recognised guidance. In particular, patients' medical histories had not been updated at every visit. The dental care records did not include a record of risks, benefits or treatment options having been discussed with the patient. Consent and basic periodontal examinations were not recorded.

Evidence was not available to demonstrate the dentist justified, graded and reported on the radiographs they took. The practice had not carried out radiography audits six-monthly following current guidance and legislation.

Effective staffing

The practice had systems in place to ensure clinical staff had completed Continuous Professional Development (CPD) as required for their registration with the General Dental Council.

Co-ordinating 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 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. In particular systems and processes were not embedded amongst staff. The inspection highlighted some issues and omissions. For example, items missing from the medical emergency kit, no clinical audits (with the exception of an infection prevention and control audit although this lacked detail or any action points), the decontamination process for instruments was not followed in line with current guidelines, patient records lacked detail, consent was given verbally but not recorded and there were no covid-19 arrangements at the practice.

The information and evidence presented during the inspection process was disorganised and poorly documented. For example, personnel folders contained waste consignment notices and each folder was not clearly labelled.

Culture

The practice did not demonstrate a culture of high-quality sustainable care. In particular no covid-19 screening for patients, the decontamination processes did not follow HTM 01-05 and medical emergency equipment and medicines were not all available or had expired.

There were opportunities for staff to discuss learning needs, general wellbeing and aims for future professional development due to the small size of the team. However, we saw no evidence of completed staff appraisals or team meetings.

Governance and management

The practice did not have effective governance and management arrangements. In particular, with the exception of one infection prevention control audit, they did not complete regular clinical audits.

The practice had an ineffective clinical governance system in place. For example, there was no evidence the practice's policies, protocols and procedures were reviewed on a regular basis. The practice did not have safeguarding policies for staff to access.

The practice had some processes for managing risks, issues and performance which required improvement. We were not shown risk assessments for legionella and sharps safety.

Appropriate and accurate information

The practice did not use quality and operational information, for example surveys, audits or external body reviews to ensure and improve performance.

The practice had information governance arrangements which required improvement. In particular, maintenance and service records were spread across numerous folders, staff were not able to easily locate relevant documents and we found waste consignment notices within staff recruitment files.

Engagement with patients, the public, staff and external partners

There was no evidence staff gathered feedback from patients, the public and external partners.

There was no evidence the practice gathered feedback from staff through meetings, surveys, and informal discussions.

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes in place for learning, continuous improvement and innovation.

The practice did not have appropriate quality assurance processes to encourage learning and continuous improvement. The practice had not undertaken audits of disability access, radiographs and infection prevention and control in accordance with current guidance and legislation. There was no evidence staff kept records of the results of these audits and any resulting action plans and improvements.

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
Treatment of disease, disorder or injury Diagnostic and screening procedures Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The provider did not have systems in place to ensure effective cleaning, decontamination and storage of dental instruments in line with Department of Health guidance, HTM 01-05. The floor within the decontamination area was not sealed. The temperature of the water used to manually clean instruments was not checked or recorded and heavy-duty gloves were not used to manually clean instruments. There were no logs for the ultrasonic bath. Generic washing up liquid was used to manually clean the instruments. • There were insufficient quantities of equipment to ensure the safety of service users and to meet their needs and there were insufficient quantities of medicines to ensure the safety of service users and to meet their needs. In particular, the oxygen cylinder expired in 2011 and there was no glucagon available during the inspection. The provider has submitted no evidence that these missing items have been ordered since the inspection.

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 systems or processes in place that operated 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: • Quality assurance audit of infection prevention and control did not reflect findings on the day of the

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Requirement notices

inspection. This did not have accurate learning outcomes and action plans. Audits of radiography, antimicrobial prescribing, record keeping and disability access were not completed.

- Patients' dental assessments were not recorded in accordance with nationally recognised evidence-based guidance.

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,

- There were ineffective systems for tracking patient referrals. There were no means of identifying which patients had been referred or for identifying significant dates in the referral process.

- There was no system in place for documenting any action required or taken to address any relevant patient safety alerts. There was no system in place to ensure these were shared with other staff.

- The provider had not ensured 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. There were no systems in place for checking the availability of medical emergency medicines and equipment to identify missing or expired items.

- The practice's systems for checking and monitoring equipment required improvement to take into account relevant guidance and ensure that all equipment is well maintained. In particular there were no records of validation or testing for the ultrasonic bath.

- The practice's systems for managing safeguarding required improvement. The practice had no safeguarding policy. The safeguarding lead had not completed any level of safeguarding training.

- There were no sharps or legionella risk assessments.

This section is primarily information for the provider

Requirement notices

There was additional evidence of poor governance. In particular:

- There were no documented appraisal records for any of the employed staff.
- The provider did not have effective oversight to ensure that all staff had completed training recommended by the General Dental Council. For example, safeguarding, mental capacity and consent.