

Poringland Dental Surgery

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Inspection report

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Overall summary

We carried out this announced focused inspection on 13 July 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.

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 appeared to be visibly clean and well-maintained.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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.
- Staff felt involved and supported and worked well as a team.
- Staff and patients were asked for feedback about the services provided.
- The dental clinic had appropriate information governance arrangements in place.

Appropriate pre-employment references had not been obtained for new staff.

Summary of findings

- Auditing and risk management systems within the practice were not effective in driving improvement.
- Some of the practice's infection control procedures did not take into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices.

Background

Poringland Dental Practice 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. There are ground floor surgeries and a fully accessible toilet.

Car parking spaces are available on site.

The dental team includes three dentists, three nurses, a receptionist, and a practice manager. The practice has three treatment rooms, only two of which were in use at the time of our inspection.

During the inspection we spoke with two dentists, the practice manager, two nurses and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Mondays to Fridays from 9am to 5.30pm.

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

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

- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.
- Improve and develop staff awareness of the requirements of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	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 principal dentist was the lead for safeguarding matters and had undertaken additional training for this role. There was good information about protection agencies around the practice making it easily accessible to both patients and staff. However, it was not clear if all staff had received appropriate training in safeguarding people as staff training records we viewed were not complete.

There was no appointed lead for infection prevention and control to ensure nationally recommended guidelines were followed. Infection control audits were undertaken by staff but not as frequently as recommended by national guidance. The last one had been completed in November 2021, and there was no action plan in place to ensure that shortfalls identified had been implemented. We noted some loose and uncovered items in treatment rooms drawers that risked aerosol contamination and local anaesthetics that had been removed from their sterile packaging. Dental burs had not been pouched and we found some out date sterilised clamp holders. We noted limescale build up round taps in one dental surgery.

The decontamination of dirty instruments mostly reflected guidelines. However, staff did not measure the water quantity when scrubbing dirty instruments to ensure it was diluted correctly. There was no system in place to ensure that long handled brushes and heavy-duty gloves were changed weekly.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, including flushing through dental unit water lines and monitoring water temperatures.

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 premises were kept clean.

The practice did not have a recruitment policy to help them employ suitable staff, and we noted references had not been obtained prior to new staff starting their employment at the practice.

Clinical staff were qualified, registered with the General Dental Council.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. However, dental radiograph audits were not undertaken as frequently as recommended, and clinicians were not using the correct coding to assess radiography quality.

Risks to patients

The practice had undertaken a premises risk assessment, but we found some of its recommendations had not been implemented, such as the need to check smoke alarms, for staff to have moving and handling training, and to visually inspect portable appliances every six months.

We checked the practice's medical emergency equipment and noted several shortfalls. For example, it did not contain the correct dosage of adrenalin for an adult patient; we found out of date oral glucose and oropharyngeal airways, and there were missing clear face masks. There were no paediatric pads, scissors, razor or gloves for the practice's defibrillator. The portable oxygen cylinder was not the recommended size. Staff checks of the equipment had failed to identify these issues.

Are services safe?

Staff undertook regular fire evacuations from the building, and we saw that fire extinguishers had been serviced regularly. The practice had assessments to minimise the risk that could be caused from substances that were hazardous to health.

Safe and appropriate use of medicines

The practice dispensed antibiotics to patients, but we noted the labels on the containers did not contain information about the practice's address. There was no log kept of which dentist had dispensed the antibiotic. Clinicians did not undertake antimicrobial audits to ensure they were prescribing them according to NICE guidelines.

Track record on safety, and lessons learned and improvements

The practice did record accident and incidents, such as staff and patient injuries. However, there was no evidence to show how learning from them had been shared across the staff team to prevent their recurrence.

The practice had a system for receiving and acting on national patient 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 dental care provided was evidence based and focussed on the needs of the patients. The practice kept records of the care given to patients including information about treatment and advice given.

Patients' dental care records had been audited to check that clinicians recorded the necessary information.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Consent to care and treatment

The practice did not have specific policies in place in relation to the Mental Capacity Act 2005 (MCA) and Gillick competence guidance, and we found not all staff had a comprehensive understanding of their responsibilities under them.

Effective staffing

The practice had recently undergone a period of instability, with two long term members of staff having left, and a new practice manager having been recruited prior to our inspection. One clinician told us plans were in place to recruit further reception and nursing staff. Although the team was small, staff reported they had enough time for their job and did not feel rushed in their work.

All new staff underwent an induction to their role, evidence of which we viewed.

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. The practice did not have an effective system in place to ensure referrals made to other dental health care providers were monitored and tracked to ensure their timely management.

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 Notice 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 were two lead dentists at the practice, one of whom took responsibility for clinical matters, complaints, administration and staff pay. The other took responsibility for staffing issues, recruitment, patient feedback and social media. There was also a newly appointed practice manager who had day to day responsibility for the running of the service. We identified several issues in relation to the practice's recruitment procedures, staff training, infection control, the medical emergency kit, risk assessing and auditing systems which indicated that governance and oversight of the practice needed to be strengthened.

Culture

Staff stated they felt respected and valued, and told us they enjoyed their work. They described senior staff as approachable, and supportive of their suggestions for improvement.

Governance and management

The practice had a system of clinical governance in place which included some policies, protocols and procedures that were accessible to all members of staff and had been reviewed on a regular basis. Despite this, we noted that some of these policies contained out of date information and referenced staff who had left some years previously. The practice did not have specific policies in relation to key issues such as staff recruitment, the Duty of Candour and The Mental Capacity Act.

There were regular practice meetings attended by all, which staff told us they found useful as a means of sharing information and raising any concerns they had.

The practice had a complaints procedure in place, but it was not easily accessible to patients. We viewed the paperwork in relation to one recent complaint and noted it had been dealt with in a timely and professional way.

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

Staff told us they relied on on-line reviews as a way of receiving feedback. We noted that only nine reviews had been received about the practice in the last five years. There was also a suggestion box in the entrance to the practice. This was not easily visible and there were no forms or pens nearby to help patients submit their feedback. Staff told us it was rarely used.

One dentist told us they had recently introduced a QR code that patients could scan at reception and leave their feedback about the practice.

Continuous improvement and innovation

Prior to our inspection, we asked the practice to submit evidence that staff had completed all essential training. This was not provided, and it was not clear from the staff training records we viewed on the day, what they had completed. There was no formal system in place to ensure staff training was up-to-date and reviewed at the required intervals.

Are services well-led?

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiography, and infection prevention and control. However, not all audits were carried out as frequently as recommended or had clear actions plans in place to drive 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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 Good governance</p> <p>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.</p> <p>How the Regulation was not being met</p> <p>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:</p> <ul style="list-style-type: none">• Staff recruitment processes were not in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice did not have a recruitment procedure and references had not been obtained prior to staff starting their employment.• There was no system in place to ensure essential staff training was up-to-date and reviewed at the required intervals.• There was no system in place to ensure staff received formal appraisal and feedback about their working practices.• There was no system to ensure audits of radiography, antimicrobial prescribing, and infection prevention and control were undertaken at regular intervals to improve the quality of the service.

Requirement notices

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 might be at risk. In particular:

- 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 was no system in place to ensure that staff followed infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- There was no system in place to ensure that recommendations from the practice's risk assessment had been implemented.
- There was no evidence to show how learning from accidents and incidents had been shared across the staff team to prevent their recurrence.