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St Owen Dental Studio

Inspection report

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Date of inspection visit: 16 May 2023
Date of publication: 12/06/2023

Overall summary

We carried out this announced comprehensive inspection on 16 May 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:

- 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 dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff had not completed training on how to deal with medical emergencies. Not all appropriate medicines and life-saving equipment were available.
- The practice did not have systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place however staff had not completed the required safeguarding training.
- The practice did not have staff recruitment procedures which reflected current legislation.
- We were not assured that clinical staff always provided patients' care and treatment in line with current guidelines.

Summary of findings

- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- We found shortfalls in the leadership and oversight of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

St Owen Dental Studio is in Hereford and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 dentist, 2 dental nurses (including 1 trainee), and 1 receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental nurse, 1 trainee nurse and 1 receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

- Monday from 11am to 7pm
- Tuesday to Thursday from 9am to 5pm
- Friday from 9am to 1pm

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:

- Take action to ensure dentists are aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.

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. However, we were not provided with evidence that staff had undertaken appropriate training in safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected 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.

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

The practice appeared clean, however there were no schedule in place to evidence the surgeries and domestic areas had been cleaned effectively.

The practice did not follow their recruitment policy and procedure to help them employ suitable staff, in line with relevant legislation. For example, two staff members did not have a disclosure and barring service check or reference in place. One staff member started in 2017 and the other in August 2023.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. With exception of fire management, the practice ensured the facilities were maintained in accordance with regulations.

The provider did not have effective fire safety management procedures. The provider told us the landlord was responsible for completing the fire risk assessment. However, they did not have a copy of this so we could not be assured the provider was aware of the findings of the risk assessment such as the emergency plan. The provider was unable to confirm whether the fire alarm had been serviced, monthly emergency lighting tests and monthly fire extinguisher tests had been carried out. The provider could not provide evidence staff had taken part in fire evacuation drills or had completed fire safety training.

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 not implemented systems to assess, monitor and manage risks to patient and staff safety. In particular, relating to sharps safety and sepsis awareness and use of dental dam.

The practice had not carried out a health and safety risk assessment to help them manage risks to staff and patients.

Risks associated with sharps and rubber dam were not appropriately managed. For example, the dentist did not use rubber dam when carrying root canal treatments. This had not been risk assessed.

Are services safe?

Not all the required emergency equipment and medicines were available and checked in accordance with national guidance. The Glucagon, buccal midazolam, child sized self-inflating bag and masks (size 0 to 4), size 0 airway and eye wash were missing. Staff were checking the medical emergency kit on a monthly rather than weekly basis. The provider ordered these items following the inspection. They were still in the process of sourcing midazolam.

Staff had not completed training in emergency resuscitation and basic life support since 2020.

The practice had not carried out risk assessments to minimise the risk that could be caused from substances that are hazardous to health. The provider said they had completed these following our inspection.

Information to deliver safe care and treatment

The dental care records we saw were not complete. In particular, the records needed to be more detailed. There was no evidence of intra oral/soft tissue checks and extraoral temporomandibular joint checks. Risk assessments of perio, caries, cancer or tooth wear had not been carried out and X-rays were not justified, graded and reported. Rubber dam or alternatives to protect patients' airways, were not recorded.

Records were 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 practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

Although no incidents had taken place at the practice, the provider did not have a policy or systems to review and investigate incidents and accidents should they occur. 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 some systems to keep dental professionals up to date with current evidence-based practice.

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. Although the provider did not provide us with evidence staff had completed training in this area, 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

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 did not see evidence the dentists justified, graded and reported on the radiographs they took.

Effective staffing

Although the provider told us new staff completed inductions, there was no documented evidence that newly appointed staff had received a structured induction.

The practice did not have systems in place to ensure clinical staff had completed continued professional development as required for their registration with the General Dental Council. In particular, the provider had no oversight of training. We found the principal dentist and staff had not completed training safeguarding, basic life support, mental capacity act and fire safety.

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 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 reviewed patient feedback. Patients reported that 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. They stored paper records securely.

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 website and 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 for example photographs and 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, including dedicated parking for disabled people and an accessible surgery for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website and answering machine.

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 website and answerphone did not provide telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. It only gave patients the opening hours and asked patients to leave their contact details so the provider could call them back in the morning.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

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

Systems and processes that would provide a structure for governance and oversight of the practice were not embedded and lines of accountability and communication were not clear or well developed.

We were unable to confirm staff had completed all the required continuing professional development required for their registration with the General Dental Council, as records were not available, and evidence was not submitted by the provider.

Systems and processes were not embedded among staff. For example, staff did not have access to information on the risks of sharps injuries such as what measures employees should take to reduce injury risk and instruction and information on measures to be taken in the event of an injury. Staff told us they dismantled sharps themselves, however as there was no policy in place we could not assess whether this had been risk assessed or whether it was line with their policy.

Culture

The provider did not have systems in place to adequately support staff.

Although staff stated they felt respected, supported and valued, staff were not offered formal appraisals to discuss learning needs, general wellbeing and aims for future professional development. However, there were only 3 members of staff and these areas were discussed on an ongoing informal basis.

The practice did not have arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

The practice had an ineffective management structure. The principal dentist had overall responsibility for the management and clinical leadership of the practice. We were not assured that the provider's system for clinical governance was effective.

The governance system did not include all the required policies, protocols and procedures and there was no evidence the practice's policies, protocols and procedures were reviewed on a regular basis. For example, there was no Duty of Candour policy in place.

The practice did not have clear and effective processes for managing risks, issues and performance. For example, no health and safety risk assessments, had been completed.

Appropriate and accurate information

Staff did not act on appropriate and accurate information. For example, there was no clarity in relation to dismantling of sharps procedures and no written guidance in place.

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

Are services well-led?

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through meetings, surveys, 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.

The practice was also a member of a good practice certification scheme.

Continuous improvement and innovation

The practice had some systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Surgical procedures	Regulation 12 Safe care and treatment
Treatment of disease, disorder or injury	Care and treatment must be provided in a safe way for service users 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. How the regulation was not being met: <ul style="list-style-type: none">• The provider did not have a system for recording, investigating and reviewing accidents, incidents and significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.• The provider had not ensured the availability of equipment and medicines or completion of training in the practice to safely manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.• The provider did not have a health and safety risk assessment or policy in place.• The provider told us the landlord had carried out the fire risk assessment, however they did not have a copy. The provider was unable to confirm whether the fire alarm had been serviced. The provider could not provide evidence staff had taken part in fire evacuation drills or had completed fire safety training.
	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 17 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.

How the Regulation was not being met:

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:

- A systematic comprehensive approach had not been implemented for staff appraisals.
- There was no oversight of staff training. When requested we were not provided with any evidence of infection prevention and control, safeguarding, fire safety, mental capacity, radiography or immediate life support training for any staff.
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- Staff recruitment processes were not in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, two staff members did not have a DBS in place and references had not been sought.
- There were no documented induction records on the premises for any of the staff.
- The dental care records we saw were not complete. In particular, the records needed to be more detailed. There was no evidence of intra oral/soft tissue checks and extraoral/TMJ checks. Risk assessments of perio, caries, cancer or tooth wear had not been carried out and x rays were not justified, graded and reported. Rubber dam and alternatives were not recorded.