

Prestige Dental Care Group

Long Street Dental Practice

Inspection report

165 Long Street
Atherstone
CV9 1AD
Tel:

Date of inspection visit: 12 December 2022
Date of publication: 16/02/2023

Overall summary

We carried out this announced comprehensive inspection on 12 December 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 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 was visibly clean, although cleaning schedules were not always completed to demonstrate cleaning tasks were undertaken. The doors of 2 drawers in a treatment room were broken. Other areas of the practice appeared to be well-maintained.
- The practice had an infection control policy in line with guidance but this was not always followed. Equipment was not always stored correctly prior to decontamination and there was no log to demonstrate the frequency of change of heavy-duty gloves used during the decontamination process.
- Staff knew how to deal with medical emergencies. Appropriate medicines were available. However, some items of life-saving equipment were out of date, these were ordered for replacement on the day of inspection.

Summary of findings

- The practice's systems to help them manage risk to patients and staff were not robust or effective. Specifically, fire safety, infection control and equipment servicing.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. However, on the day of inspection, not all staff had completed relevant safeguarding training within the required timescales.
- The practice had staff recruitment procedures which reflected current legislation.
- Patient dental care records did not comply with recommended guidance.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- Patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

The provider has 12 practices and this report is about 165 Long Street Dental Practice. 165 Long Street Dental Practice is in Atherstone and provides NHS and private dental care and treatment for adults and children.

A portable ramp can be used to provide access to the practice for people who use wheelchairs and those with pushchairs. Car parking is available on local side roads and parking spaces, including dedicated parking for disabled people, are available in a car park a short distance from the practice. The practice has made some adjustments to support patients with additional needs.

The dental team includes 4 dentists, 3 trainee dental nurses and 2 receptionists. The practice has 3 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 1 receptionist, the practice manager and the registered manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 8.30am to 5.30pm

Saturday from 9am to 3pm

The practice had taken steps to improve environmental sustainability. For example, text messages and confirmation calls are made to patients to remind them of their appointments, this helps to reduce the use of paper. Some staff live local to the practice and walk to work to reduce their carbon footprint. Staff are encouraged to recycle, and the practice is trying to reduce the number of pouches used to store instruments, whilst keeping in line with guidance. The practice will be getting an intra oral scanner, this will help to reduce gypsum waste.

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

- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

Summary of findings

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Improve the practice's protocols for medicines management and ensure all medicines are stored and dispensed of safely and securely.
- 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. Take action to ensure staff have received training to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Improve the practice's arrangements for ensuring good governance and leadership are sustained in the longer term. In particular, ensure better oversight of staff training and audits

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

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. Evidence was available to demonstrate that some staff had completed safeguarding training for adults and children to the required level. Training certificates for 6 staff showed that they had partially completed this training. Following this inspection, we were sent evidence to demonstrate that these staff had completed the required update training within 48 hours of this inspection.

The practice had an infection control policy in line with guidance, but this was not always followed and some issues were identified which required action. For example, instruments waiting to be decontaminated were not stored appropriately. There was no evidence to demonstrate the frequency of changes of heavy-duty gloves used by staff during the decontamination process. Weekly surgery checks completed identified ongoing issues with no evidence of action plan or action taken. Following this inspection, we were sent evidence to demonstrate that the shortfalls identified above had been discussed with staff during a practice meeting, including the actions taken to address these issues. The practice had introduced additional procedures 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. We discussed the remedial action identified during the risk assessment and were assured that actions had been addressed however this had not been documented.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. The clinical waste bin was securely stored and locked. Consignment notices were available for each waste collection.

We saw the practice was visibly clean. An external cleaner was employed to clean the general areas of the practice. There was a cleaning schedule and log which demonstrated the cleaning undertaken. When the cleaner was not available, we were told that staff at the practice completed all cleaning tasks. There was no documentary evidence to demonstrate this. We were assured that staff would sign the cleaning log in future. We were told that the receptionist undertook spot checks to ensure cleaning had been completed as required. Following this inspection, a practice meeting was held and staff were requested to complete cleaning logs when the cleaner was not available.

The practice had a recruitment policy and procedure to help them employ suitable staff. We looked at 3 recruitment files and saw that there was no evidence for 1 staff member to demonstrate immunity to hepatitis B. There was no evidence of a disclosure and barring service check for 1 long term staff member. We were told that a check had been completed previously but this could not be located. The staff member had signed a declaration to confirm that there had been no change to their criminal record.

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

The practice ensured most equipment was safe to use and maintained and serviced according to manufacturers' instructions. However, there was no evidence to demonstrate that the surgical drill used by the dentist who placed dental implants had been serviced or maintained. We were told that this visiting dentist kept their own records and equipment. Following this inspection, we were told that the surgical drill manufacturers handbook would be checked and were assured that if equipment servicing was required it would be completed.

The practice had some systems to ensure the facilities were maintained in accordance with regulations. Gas and electrical safety checks had been completed as required. Records were available to demonstrate that fire extinguishers were

Are services safe?

checked and serviced in line with requirements. However, two drawers in one dental treatment room were broken. Certificates to demonstrate that emergency lighting and fire alarms were serviced in line with requirements were not available. Following this inspection, we were sent a certificate dated 4 March 2022 showing that the fire alarm had been serviced. The certificate recommended a further service in 6 months which was therefore overdue. We were also sent a copy of a certificate dated 24 September 2021 showing that emergency lighting had been serviced, this is an annual requirement and was also therefore out of date. During the inspection we were shown evidence to demonstrate that the fire alarm and emergency lighting had a service scheduled on 17 December 2022.

An internal fire risk assessment was carried out at the practice which was reviewed regularly.

We were shown a log of fire safety checks and saw that there was no evidence that smoke alarms or emergency lighting had been checked by staff during 2022. The log sheet had been ticked to demonstrate that a fire drill had taken place but did not record any information regarding the drill, for example staff present, time taken, or any issues identified. The minutes of the practice meeting held following this inspection demonstrated that discussions were held regarding fire drills, fire alarm servicing, reporting of broken drawers and we were assured that issues identified would be addressed.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw that most of the required radiation protection information was available. However, there was no evidence of annual mechanical servicing of 2 X-ray machines at the practice. The registered manager assured us that this would be completed.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety although there was scope for improvement. This included sharps safety, sepsis awareness and lone working. Staff we spoke with were aware of sepsis and how to respond if a patient presented with symptoms. However, there was no sepsis poster on display to remind staff and patients of these symptoms. A general lone working risk assessment was available. We discussed safe use of sharps with dentists and not all were aware that aim safe needle re-sheathing devices were available. During this inspection we were shown the aim safe devices available at the practice. Following this inspection, we were told that a sepsis poster was now on display at the practice and that all dentists had been reminded that aim safe devices were available and should be used to avoid injury.

Emergency medicines were available and checked in accordance with national guidance. Self-inflating bags with reservoir for adult and children and clear face masks for the self-inflating bags were out of date. New replacement items were ordered on the day of inspection and we were informed that they were delivered the day following this inspection.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. One staff member was overdue training. We were told that all staff were booked to complete this training in December 2022.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Safety data sheets were also available.

Information to deliver safe care and treatment

Dental care records we saw were legible, 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 did not have a log or stock control system of antibiotic medicines on the premises and these medicines were not securely stored. Staff acted immediately and moved the medicines to a secure storage area and following this

Are services safe?

inspection we were sent a stock control log to be used for all antibiotic medicines on the premises. There was no system in place to identify lost or missing prescriptions and prescription logs had not been completed correctly. Following this inspection, a meeting was held with all staff and the protocol for storage and logging of prescriptions was changed with immediate effect. Dentists had completed antimicrobial prescribing audits, however there was no action plan or review date recorded for those audits seen.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice had a system for receiving and acting on safety alerts. A copy of relevant safety alerts was kept on file and these were discussed with staff as appropriate.

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. Urgent information was shared with staff using social media groups and email. Webinars had recently started with dentists to discuss issues and clinical information.

Records regarding the provision of dental implants did not always demonstrate that national guidance was followed. The practice did not have oversight and could not assure us that the performing clinician had undergone appropriate training in the provision of dental implants. Following this inspection, we were sent copies of training certificates and evidence of continuous professional development for the visiting clinician who placed dental implants at the practice. There was no implant audit. However, following this inspection we were told that an audit would be completed.

Helping patients to live healthier lives

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

The practice's social media pages gave information to patients about national oral health campaigns such as oral cancer awareness and smile month. Staff also put information posters on display in the practice. We were told that a number of patients had been referred under the two-week wait referral process recently after they had contacted the practice as a result of a recent oral cancer awareness campaign. Staff were aware of and involved with 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

There was no written evidence to demonstrate that consent was obtained for the placement of dental implants or for the use of the cone beam computerized tomography (CBCT). Patient records stated "consent emailed" but there was no evidence of signed consent on file. Some of the records seen did not record information to demonstrate that patients had been given sufficient information to be able to make informed consent. Following this inspection, we were sent evidence to demonstrate that consent for the placement of implants and for the use of CBCT would now be signed by the patient on the practice's electronic epad prior to any CBCT being undertaken. A CBCT report form was available for completion by the dentist after the CBCT and the information was to be scanned onto patient notes. Evidence of a recent consultation including information regarding options and risks to enable the patient to make an informed decision regarding consent were also sent.

Staff understood their responsibilities under the Mental Capacity Act 2005. The practice had a Mental Capacity Act policy, we were not assured that all staff had completed Mental Capacity Act training.

Monitoring care and treatment

We found there was a variation in evidence that professional guidance was always followed in the dental care records we reviewed. For example, medical history records were not always signed or dated by patients, basic periodontal examination information was not always recorded, and 6-point pocket charting was not recorded when required on each occasion. Caries risk and treatment options were not always recorded regarding the placement of dental implants. Following this inspection, we were informed that record keeping was discussed at a practice meeting and staff were reminded of the importance of record keeping. The practice's record keeping audit was amended to include review of the issues identified during this inspection. We were sent a copy of the newly developed record keeping audit.

Are services effective?

(for example, treatment is effective)

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. The training records for one staff member demonstrated that they had undertaken training regarding autistic spectrum disorder and dentistry.

We saw evidence the dentists justified, graded and reported on the radiographs they took but not on each occasion. We saw that x-ray records were not completed correctly on each occasion and one dentist was not recording the correct grading system for X-rays on each occasion. The practice carried out radiography audits six-monthly, although there was no evidence of action plans or learning following the audits.

Effective staffing

Staff had access to training to update their skills and knowledge although there was scope for better oversight to ensure staff completed mandatory training within required timeframes. A training matrix had recently been introduced to enable staff training to be monitored to ensure all staff were up to date with mandatory training.

Newly appointed staff had a structured induction and 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.

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. Staff were observed to be friendly and caring and appeared to have a good relationship with patients.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality, however, during discussions and from review of practice meeting minutes, it was not evident that confidentiality was maintained at all times. There was no evidence to demonstrate that all staff had completed training regarding general data protection regulations. Copies of training certificates were forwarded following this inspection.

The practice had installed closed-circuit television, to improve security for patients and staff. Relevant policies and protocols were in place.

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 we spoke with confirmed that they gave patients clear information to help them make informed choices about their treatment, although not all patient records seen demonstrated this.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models, X-ray images and an intra-oral camera.

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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. The dentists were made aware if a patient was anxious. The receptionist had worked at the practice for over 22 years and said that she knew patients well and spent time chatting to them to put them at ease.

The practice had made reasonable adjustments for patients with disabilities. Staff carried out a disability access audit following this inspection as the original audit could not be located. An action plan was also completed demonstrating actions to improve access for patients. A portable ramp was used to gain access to the front of the building for those patients who required wheelchair access. There was a ground floor reception, waiting area, treatment room and accessible toilet. There was no hearing loop to assist those patients who wore hearing aids. We were told that staff had not had difficulties in communication with patients and would write information for patients if they requested this.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The waiting time for a routine appointment was a few days.

The practice had an appointment system to respond to patients' needs. Patients requiring urgent dental care would be seen within 24 hours of contacting the practice. The practice also offered a 'sit and wait' service for patients in dental pain who needed an urgent appointment.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints. Details of the practice's complaint procedure were on display for patients. Some staff had completed complaints handling training. The registered manager was the complaint lead and staff were aware of this and referred complaints to the lead as appropriate.

Are services well-led?

Our findings

We found this practice was providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

There was a lack of leadership and oversight at the practice. We identified several issues in relation to the practice's staff training, infection control, fire safety, medical emergency equipment, prescription safety, medicines safety and auditing systems which indicated that governance and oversight of the practice needed to be strengthened. Action was taken on the day of inspection or within 48 hours of this inspection to address the majority of issues identified.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice. Staff said that they were thanked for a job well done. Each month a member of staff was voted as "employee of the month", they were given a certificate and social media groups were updated with details of the staff member and the reason for the award.

We were told that dental nurses and reception staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. We did not see appraisal records for 1 staff member employed in 2019. Informal meetings were held with dentists to discuss issues and concerns and share key performance indicator data.

We reviewed staff training information. Evidence was not available to demonstrate that all staff had received update training regarding, for example, safeguarding, basic life support and infection prevention and control. One staff member was overdue basic life support training, there was evidence that 5 staff had completed infection prevention and control training within the last 12 months and 6 staff had not completed all parts of the update training regarding safeguarding vulnerable adults and children. However, we were assured that this issue had been identified and was being addressed. The practice had recently introduced a training matrix which staff were to complete to demonstrate training completed. This would be submitted annually to head office. Following this inspection, we were sent copies of training certificates demonstrating that staff had completed the training regarding safeguarding and infection prevention and control.

Governance and management

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Practice meetings were held regularly, although there was no clear system for updating staff who were unable to attend these meetings. Staff told us communication systems in the practice were good and they were kept up to date with any changes.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Staff had completed training regarding general data protection regulations.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients and external partners using the Friends and Family Test (FFT). The results of the FFT were shared with staff on a monthly basis. Online reviews for the practice were positive with 14 out of 17 reviews patients leaving a 5-star review.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Are services well-led?

Continuous improvement and innovation

Webinars had commenced with dentists to share information and learning about clinical issues and performance.

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