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Moss Lane Dental Surgery

Inspection report

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Overall summary

We carried out this announced inspection on 22 June 2021 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 provider 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 asked the following three questions:

- 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:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found this practice was providing effective care in accordance with the relevant regulations.

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Summary of findings

Background

Moss Lane Dental Surgery is located in the Orrell Park area of North Liverpool and provides NHS and 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.

The dental team includes two dentists, two dental nurses, one of whom is a trainee, a dental hygiene therapist a receptionist and a practice manager. The practice has two treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Moss Lane Dental Surgery is the dental hygiene therapist.

During the inspection we spoke with one dentist, two dental nurses, the dental hygiene therapist, and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Tuesday from 9pm to 1pm and from 2pm to 5pm, and on Friday from 9am to 1pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff; we found some items had been overlooked during the COVID pandemic and drew attention to these during our inspection.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation. Some required records in respect of locum and ancillary staff were not held; background checks on one staff member had not been completed.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and 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.
- The leadership in respect of clinical governance lacked focus on continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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.

Summary of findings

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 the availability of medicines in the practice to manage medical emergencies taking into account the guidelines issued by the British National Formulary and the General Dental Council.
- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

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)

Staff had systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that all but one staff member had received safeguarding training to recommended levels. We brought this to the attention of the provider on the inspection day. We observed two staff members were trained to level three in safeguarding. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. *The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.*

The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy. Staff felt confident they could raise concerns without fear of recrimination. We observed that the details of contact organisations in the policy we reviewed, required updating and drew this to the attention of the provider.

Are services safe?

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff. Record keeping in respect of checks in place for agency and locum staff required improvement. Checks on permanent staff reflected the relevant legislation. We looked at four staff recruitment records. These showed the provider followed their recruitment procedure. In the case of one staff member we confirmed the responsibility of the provider to carry out background checks, or to hold evidence of those carried out by companies supplying apprentices, in order to meet the regulatory requirements.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. The provider had arrangements in place to prompt a gas safety check annually. However, due to lockdown periods and COVID restrictions, this had not been carried out. The electrical fixed wiring safety check for the premises, required to be carried out every five years, had not been completed. There was no history of previous electrical safety check on fixed wiring for the premises. We drew this to the attention of the provider; the provider explained that an electrician had been appointed to carry out works to upgrade the fixed electrics, before a safety certificate could be issued. They confirmed they would act to appoint a gas safety engineer.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. However, the person carrying out the risk assessment had not identified that the safety of fixed electrical wiring had not been checked and passed as satisfactory. There was no history of this required check ever having been carried out. This demonstrated that the person carrying out the risk assessment in relation to fire at the practice, was not sufficiently aware of all matters to be considered.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Servicing and mechanical testing of equipment was carried out every three years. In the absence of annual testing, it is recommended that periodic (approximately every six months) in house functional checks and tests should be in place. This had not been introduced and there were no records in place to support this decision.

When checking radiography equipment, we observed that staff were not using rectangular collimators on the X-ray set, as recommended.

The provider could not evidence that dentists justified, graded and reported on the radiographs they took. The provider did not have an effective system of radiography audits in place, following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. However, we observed that this was not always followed contrary to the risk assessment, with nurses still dismantling matrix bands, which carries the risk of sharps injury.

Are services safe?

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

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

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. The provider had a medicine in the emergency kit, which had not been date adjusted as it was not kept in the fridge. We brought this to the attention of the provider on the day of inspection.

A dental nurse worked with the dentists and the dental hygiene therapists when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice occasionally used locum agency staff. We observed that these staff received an induction to ensure they were familiar with the practice's procedures.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with clinicians how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were written and managed in a way that kept patients safe for two out of the three clinicians. Dental care records made by one of the dental clinicians were legible but lacked the level of detail required by General Dental Council standards. All records were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff did not store and keep records of NHS prescriptions as described in current guidance. We drew the provider's attention to this, signposting current NHS guidance on management of stock of prescriptions and how this is recorded.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

Are services safe?

Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

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. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists/clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their 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.

The dental hygiene therapist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. All but one member of the practice team had undertaken training on the Mental Capacity Act. We highlighted this to the provider on the inspection day. When speaking with other staff, we found they understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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

Are services effective?

(for example, treatment is effective)

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. For one of the clinicians, we saw that dental care records kept did not meet the standards of the General Dental Council. We brought this to the attention of the provider.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice including locum or agency staff had a structured induction programme. We confirmed clinical staff completed the 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 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

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at an annual appraisal and in staff meetings. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. The practice had implemented further infection prevention and control measures and had adopted recognised standard operating procedures, drawn up to support operating in the COVID 19 pandemic. COVID security at the practice was observed and upheld by all staff.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider 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. However, our findings were that practice governance in some areas required improvement.

We found:

- Systems and processes in place failed to alert the provider to the due date of essential safety checks. The gas safety certificate for the premises had expired and no engineer had been appointed to make the necessary checks and issue the required safety certificate.

Are services well-led?

- Processes to support staff with lead responsibilities in governance were ineffective. There was no electrical safety certificate for the premises; a fire risk assessment carried out by staff had failed to identify that this essential, required check had not been carried out.
- Systems and processes in place to manage staff training were not effective. We found a clinician who had not completed safeguarding training to the required level, and another clinician had not completed Mental Capacity Act training. Systems to identify staff with lead responsibilities in governance, had failed to link required training to those roles.
- The process for carrying out recruitment checks on staff did not extend to cleaning staff. Records of checks on locums or agency staff were not asked for or kept by the provider. An enhanced background check had not been carried out on one clinical member of staff.
- Review of some policies, for example the whistle blowing policy, had not identified that essential contact details for the correct organisations were not inserted in the practice whistle blowing policy, for example details of the General Dental Council and CQC.
- The system of staff supervision and appraisal had failed to identify that nurses were dismantling matrix bands contrary to the sharps policy and health and safety guidance provided to staff.
- Infection control audit was in place and these audits were carried out every six months; however, the action points from audits were not timebound, and did not give an expected date for completion.
- The system for management and tracking of NHS prescription sheets was not in accordance with NHS requirements.

We found several areas of clinical governance that required improvement:

- The creation and keeping of dental care and treatment records was not consistently in line with recognised guidance. We found for one clinician, dental treatment records lacked the level of detail required by General Dental Council guidelines and for another, the level of detail should be improved.
- The auditing of dental care and treatment records had identified staff were not completing records to required standards, or where improvements could be made; therefore, audit of dental care records was not effective.
- There were no regular clinical meetings held at the practice where governance issues could be raised, discussed and addressed.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example performance information was used to ensure the practice met operational targets.

The provider 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 provider used any feedback from patients, and staff meetings to obtain staff and patients' views about the service. Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider 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.

Continuous improvement and innovation

The provider had systems and processes for learning and continuous improvement. We have highlighted those systems that should be reviewed to the provider on the day of our inspection.

Are services well-led?

The registered manager and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff completed the majority of 'highly recommended' training as per General Dental Council professional standards. We identified some staff who had training outstanding, for example, on safeguarding to the required level and on The Mental Capacity Act.

The provider supported and encouraged staff to complete continuing professional development.

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 17 HSCA (RA) Regulations 2014 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. 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: • The gas safety certificate for the premises had expired; there was no electrical safety certificate for the premises or history of this check being carried out • Systems in place to draw matters such as this to the attention of the provider were ineffective. • Systems and processes in place to manage staff training and training for staff in lead roles, were not effective. • The process for carrying out recruitment checks on all staff was not effective. In particular they did not extend to cleaning or agency staff. An enhanced background check had not been carried out for one clinical member of staff. • The process for review of practice policies to ensure they reflected current guidance was ineffective. • The management and tracking of NHS prescription sheets was not in accordance with NHS requirements. We found some clinical governance that required improvement: • The creation and keeping of dental care records was not consistently in line with recognised guidance. Regulation 17(1)