

Park House Dental Practice

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Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 8 August 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, tidy and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available. Additional equipment for practices who provide conscious sedation was obtained after the inspection.
- The systems to identify and manage risks for patients, staff, and equipment were not working effectively.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation. Improvements could be made for ensuring appropriate indemnity cover is in place.
- Clinical staff provided patients' care and treatment in line with current guidelines. Systems to obtain evidence of up-to-date training and performance management required improvement.
- 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.
- 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

Ashid Hussain and Asif Saleem (known locally as Market Place Dental Practice) is in Ramsbottom and provides NHS and private dental care and treatment for adults and children. The practice also has an NHS contract to provide minor oral surgery services.

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. There are 2 treatment rooms and a disabled toilet on the ground floor.

The dental team includes 9 dentists including 4 oral surgeons and a foundation dentist, 8 dental nurses including 3 trainees, 1 dental hygienist, 1 practice manager and 3 receptionists. The practice has 7 treatment rooms.

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

The practice is open:

Monday to Thursday 9am to 5.30pm

Friday 9am to 5pm

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:

Summary of findings

- Improve the practice's processes for the control of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments can be quickly located in the event of an incident, and products are used in line with manufacturer's instructions.

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?	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. Safeguarding information was displayed prominently for staff and patients. We discussed and saw evidence of examples where safeguarding procedures had been followed effectively. We saw some members of staff had not received the required level of safeguarding training. Evidence was sent to confirm they completed this after the inspection.

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. Staff carried out and documented monthly water temperature checks. We noted there was no schematic diagram of the water system to support staff to ensure water temperatures were taken from the correct taps. There was a record of weekly flushing for lesser used taps, but this did not identify which ones were flushed.

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 and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

Clinical staff were qualified and registered with the General Dental Council. There was no evidence that 3 dental nurses had professional indemnity cover in place. Evidence was later sent to show indemnity policies were in place from 10 August 2023.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. For example, we saw evidence recommended actions from an electrical safety inspection had been quickly addressed.

A fire safety risk assessment had been carried out in line with the legal requirements. The provider was waiting for this report to be sent by their contractor. Fire detection systems were installed, and we saw evidence these were tested and repaired as required. The management of fire safety was effective.

The practice had some arrangements to ensure the safety of the X-ray equipment. The required radiation protection information was not available. There was no evidence of an installation and critical examination for the orthopantomogram (a panoramic dental X-ray of the upper and lower jaw). Local rules were not appropriate to the device or location to ensure the safe operation of this device. There was no evidence of visual inspections of radiographic equipment and evidence of up-to-date training had not been obtained from all operators. Evidence of training was obtained and sent after the inspection.

Risks to patients

The systems to assess, monitor and manage risks to patient and staff safety could be improved. A sharps risk assessment was in place, but this did not cover the risks associated with the use of cannulas or glass vials which were both in use. Evidence was sent that this had been updated after the inspection.

Are services safe?

We saw that sepsis had been discussed in a staff meeting in May 2023, but reception staff could not recall the signs and symptoms of sepsis and had not completed any training in this. We noted there were sepsis prompts displayed for staff in the practice and evidence was sent that they completed training after the inspection.

Emergency equipment and medicines were available and checked in accordance with national guidance. We highlighted additional syringes should be obtained to enable repeat doses of adrenaline to be administered and evidence was sent that this had been addressed.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate life support training was also completed by staff providing treatment to patients under sedation. There was confusion amongst staff as to whether supraglottic airways (recommended in current national sedation guidance) were available or not. Checks of the emergency kit confirmed these were not available. Evidence was sent that these were obtained after the inspection.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. We highlighted the organisation of these could be improved to ensure specific date sheets could be quickly located in the event of an incident.

We highlighted a hazardous substance used to ensure the cleanliness of dental unit waterlines was not being used in line with manufacturer's instructions. We signposted them to the manufacturer's compliance club and resources to support its correct use.

Information to deliver safe care and treatment

Patient care records 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 systems for appropriate and safe handling of medicines could be improved. NHS prescription pads were not held securely, and logs of prescriptions would not identify any fraudulent activity or if any were missing. The practice manager sent evidence this had been addressed and new logs introduced after the inspection.

Antimicrobial prescribing audits were carried out, but these did not prompt the collection of appropriate data to highlight issues and enable improvement. In particular, ensuring the justification of antimicrobials and whether treatment was attempted.

Medications for sedation were held securely and appropriate stock control measures were in place.

Track record on safety, and lessons learned and improvements

The practice had systems for staff to report incidents and accidents. Evidence could not be shown that 2 recent sharps incidents were reviewed and investigated to ensure the individuals affected were risk assessed and received the appropriate testing and treatment or show any learning from these events to prevent reoccurrence.

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 systems to keep dental professionals up to date with current evidence-based practice.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

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. 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, and patient feedback confirmed this.

Monitoring care and treatment

The practice kept patient care records in line with recognised guidance. Recent audits demonstrated that there were issues around the quality of some documented assessments that were below the acceptable standards in national evidence-based standards and guidance. We found this process had not been effective as audits did not have any conclusions or action plans for improvements, and the inspection highlighted additional issues. We saw no evidence that the appropriate performance management processes had been followed in response to this.

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 saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

Effective staffing

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

The practice was a foundation training practice. New graduates work in approved practices and are employed as foundation dentists by General Dental Practitioners who are selected and appointed as educational supervisors. We saw evidence of ongoing mentoring and support for the foundation dentist.

Newly appointed staff had a structured induction. Newly employed and trainee dental nurses had detailed step by step instructions in the safe use and testing of decontamination equipment which were signed off by senior staff once competence was assured. The systems to ensure clinical staff completed continuing professional development required

Are services effective?

(for example, treatment is effective)

for their registration with the General Dental Council required improvement. There were gaps identified where evidence had not been obtained that training necessary for some staff roles had been completed. In particular, safeguarding, sedation, radiography and sepsis awareness. We were later sent evidence that staff had been asked for and completed the necessary training after the inspection.

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.

The practice was a referral clinic for minor oral surgery procedures under sedation and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

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.

Recent patient feedback said staff were welcoming, efficient and helpful. Patients also commented 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.

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 helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment. Patient feedback confirmed this.

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

The dentists explained the methods they used to help patients understand their treatment options. These included study models, X-ray images and an intra-oral scanner.

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 a hearing loop. There were treatment rooms and an accessible toilet on the ground floor 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 at the premises and on their patient information leaflet.

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 information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

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

The leadership and oversight of the service could be improved. On the day of the inspection the practice was open to feedback and took immediate actions to address the concerns raised and send evidence to confirm that action had been taken. They demonstrated a commitment to continuing the work and engagement with staff and external organisations to make further improvements.

We saw the practice had processes to support and develop staff with additional roles and responsibilities.

Culture

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

Staff discussed their training needs during annual appraisals, 1 to 1 meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice should review the oversight of staff training to ensure this is completed and updated at the required intervals.

Governance and management

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

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

The processes for managing risks, issues and performance should be reviewed and improved. In particular, the inspection highlighted risks in relation to professional indemnity, radiation protection, security of NHS prescriptions, sharps safety and following up after incidents, correct use of hazardous substances and medical emergency arrangements.

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 protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback. The practice received 135 Friends and Family Test survey results from July 2023. Of these, 95% of patients rated the service as very good or good.

Feedback from staff was obtained 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 where appropriate.

Continuous improvement and innovation

Are services well-led?

The systems and processes for learning, quality assurance and continuous improvement should be reviewed. Audits of patient care records, radiographs and antimicrobial prescribing did not have conclusions or action plans. Recent audits of patient care records had highlighted concerns. There was no evidence this was performance managed appropriately.

We signposted the practice manager to nationally approved guidance and audit tools to improve this process.

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">• Insufficient action had been taken to ensure the required radiation protection information, evidence of appropriate critical examination and risk assessment for the orthopantomogram, Local Rules and the Radiation Protection File were up to date.• Audits of patient care records, radiographs and antimicrobial prescribing did not have conclusions or action plans. Findings demonstrated that there were issues around the quality of some documented assessments that were below the acceptable standards in national evidence-based standards and guidance. Insufficient evidence was in place to demonstrate appropriate action had been taken to address this.• The processes for managing risks and issues should be reviewed and improved for sharps risks and the provision of medical emergency equipment.

Requirement notices

- There was no evidence that 3 dental nurses had professional indemnity cover in place.
- NHS prescription pads were not held securely, and logs of prescriptions would not identify any fraudulent activity or if any were missing.
- Evidence could not be shown that 2 recent sharps incidents were reviewed and investigated to ensure the individuals affected were risk assessed and received the appropriate testing and treatment or show any learning from these events to prevent reoccurrence.
- The systems to ensure clinical staff completed continuing professional development required for their registration with the General Dental Council should be improved. There were gaps identified where evidence had not been obtained that training necessary for some staff roles had been completed. In particular, safeguarding, sedation, radiography and sepsis awareness.

Regulation 17(1)