Frimley Green Dental Practice Limited

Frimley Green Dental Centre

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 21 September 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 ask five key questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- 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 and well-maintained.
- Improvements were needed to manage infection prevention and control procedures.
- Staff knew how to deal with medical emergencies.
- Appropriate medicines and life-saving equipment were available.
- 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.
- The clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- Improvements were needed to manage risks to patients and staff.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.
- The provider could not demonstrate effective management.

Background

Frimley Green Dental Centre is in Camberley and provides NHS and 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 adjustments to support patients with access requirements:

- A hearing loop and magnifying glass is available at reception.
- The patient toilet is wheelchair accessible.
- Documents can be produced in large print.
- One treatment room is available on the ground floor.

The dental team includes 3 dentists, 1 visiting specialist, 4 dental nurses, 1 dental hygienist, 2 receptionists and a practice manager. The practice has three treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 1 dental hygienist, 2 receptionists and the practice manager.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday between 8am and 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 is at the end of this report.

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

Summary of findings

- Implement protocols regarding the prescribing and recording of antibiotic medicines taking into account guidance provided by the Faculty of General Dental Practice in respect of antimicrobial prescribing.

The provider accepted the shortfalls that we raised and took immediate action the day of our inspection to begin to address these.

Where evidence is sent that shows the relevant issues have been acted on, we have stated this in our report but we cannot say that the practice is compliant for that key question as this would not be an accurate reflection of what was found on the day of our inspection.

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.

The practice did not have infection control procedures which reflected current published guidance. Specifically:

- A magnifier used to inspect the cleanliness of dental instruments to ensure they were free from debris did not work effectively as it did not illuminate. We have since received evidence to confirm this shortfall has been addressed.
- Instruments, after being sterilised, were not set to dry on the appropriate material.
- Clinical staff's outdoor clothes and clinical uniforms were not stored separately when hanging in the staff area presenting a possible cross-infection risk. We have since received evidence to confirm this shortfall has been addressed.
- Local anaesthetics were stored in treatment room drawers outside of blister packs.
- Pre-made matrix bands were not pouched in treatment room drawers.

The practice did not have adequate procedures to reduce the risk of Legionella or other bacteria developing in water systems. Specifically:

- Legionella temperature testing results for all of the cold-water outlets at the practice were over 20 degrees Celsius for the previous 3 months. No evidence of action taken to address this was seen.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean. However, colour coded buckets were not stored appropriately which presented a possible cross-infection risk. We have since received evidence to confirm this shortfall has been addressed.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

Improvements were needed to the management of fire safety. Specifically:

- Emergency light batteries were not serviced and discharged annually.
- Not all of the battery-operated smoke detectors were tested weekly. We have since received evidence to confirm this shortfall has been addressed.

A carbon monoxide detector was not sited appropriately in the staff kitchen.

The practice had arrangements to ensure the safety of the X-ray equipment:

Risks to patients

The practice had not implemented systems to assess, monitor and manage risks to patient and staff safety. In particular:

Are services safe?

- A sharps box was full and beyond its 3 month use by date.

Emergency equipment and medicines were available and checked in accordance with national guidance

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 with airway management for staff providing treatment to patients under sedation was also completed.

The practice's management of the risk that could be caused from substances that are hazardous to health required improvement. Specifically:

- Control of Substances Hazardous to Health (COSHH) risk assessments were not available for all relevant substances.
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- COSHH products were not stored securely or labelled appropriately. We have since received evidence to confirm this shortfall has been addressed.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, 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

Improvements were needed to ensure the effective management of prescriptions:

Specifically:

- The prescription log did not include the prescription number used.
- Prescriptions pads were not logged in the practice.
- The antimicrobial prescribing audit seen was incomplete. It did not include a summary or action plan section.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents, but improvements were needed to ensure accidents were recorded on appropriate documentation.

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 did not have systems in place to ensure dental professionals were up to date with current evidence-based practice. In particular:

- Reporting of x-ray quality changed to a new two-point grading of 'acceptable or unacceptable' in 2021. This system was not being used by any of the clinicians taking radiographs.

Sedation

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.

Dental implants

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

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

Consent to care and treatment

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

Staff 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

The practice kept detailed dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took but improvements were needed. We found that:

- The practice carried out radiography audits six-monthly but current radiograph grading standard was not being followed.
- Weaknesses were repeatedly highlighted in these audits which meant the practice could not demonstrate action had been taken; and therefore, improvements over time.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

We were told that newly appointed staff had an induction, but records were not kept. We were assured this shortfall would be addressed as soon as practicably possible.

Permanent clinical staff completed continuing professional development (CPD) required for their registration with the General Dental Council.

There was no evidence available to confirm that a visiting clinician completed their CPD. We have since received evidence to confirm this shortfall has been addressed.

A member of staff did not have a working knowledge of the management of Sepsis. We have since received evidence to confirm this shortfall has been addressed.

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

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

On the day of inspection, we spoke with 2 patients. Both told us they would recommend the practice to a friend of family member.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful.

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.

Staff gave patients clear information to help them make informed choices about their treatment.

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, X-ray images and study models.

Are services responsive to people's needs?

Our findings

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 practice had made reasonable adjustments for disabled patients. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

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.

Listening and learning from concerns and complaints

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

Information was not available for a private patient if they wished to refer their complaint to an external agency.

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

We found improvements were needed to ensure the management and oversight of procedures that supported the delivery of care was effective.

We saw the practice had effective 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. They also discussed learning needs, general wellbeing and aims for future professional development.

Governance and management

The provider had overall responsibility for the clinical leadership of the practice. The practice manager was responsible for ensuring the practice met the required standards.

The provider had a system of clinical governance in place which included policies, protocols and procedures. These were accessible to all members of staff, but systems were not routinely followed.

We saw there were clear and effective processes for managing risks, issues and performance but these were not followed which resulted in poor risk management at the practice.

The management of radiography, fire safety, COSHH, infection control, sharps, prescriptions, and legionella required improvement.

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.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients and the public and demonstrated commitment to acting on feedback.

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.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, prescribing and infection prevention and control.

Are services well-led?

Improvements were needed to ensure that radiograph audits followed current guidance and prescribing audits were completed in full.

This section is primarily information for the provider

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 operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: **Infection Control** • Instrument inspection magnifier did not illuminate. • Instruments, post being sterilised, were not set to dry on lint-free materials. • Clinical staff's outdoor clothes and clinical uniforms were not stored separately when hanging in a staff area. Local anaesthetics were stored in treatment room drawers outside of blister packs. • Pre-made matrix bands were not pouched in treatment room drawers. **Legionella** • Legionella temperature testing results for all of the cold-water outlets at the practice was over 20 degrees Celsius for the previous 3 months. There was no evidence of action taken to address this. **Fire Safety** • Emergency light batteries were not serviced and batteries discharged annually. • Not all of the battery-operated smoke detectors were tested weekly.

This section is primarily information for the provider

Requirement notices

- A carbon monoxide detector was not sited appropriately in the staff kitchen.

Radiography

- The practice carried out radiography audits six-monthly but current grading guidance was not being followed.
- Weaknesses were repeatedly highlighted in audits which meant the practice could not demonstrate improvement over time.

Sharps

- A sharps box was full and beyond its 3 month use by date.

COSHH

- Control of Substances Hazardous to Health (COSHH) risk assessments were not available for all relevant substances.
- COSHH products were not stored securely or labelled appropriately.

Prescriptions

- Prescription logs did not include the prescription number used.
- Prescriptions pads were not logged in the practice.

Staff Training

A visiting clinician' s training records were not available for:

a) Basic Life Support (BLS)

b) Infection control

d) Safeguarding Child and Adult level 2

e) Fire Safety

Regulation 17(1)