

Mount Dental Surgery Limited

# Mount Dental Surgery - Batley

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 16 August 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 usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- 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:

- 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 were in place, but emergency equipment required review.
- The staff awareness of sepsis and the logging of prescriptions could be improved.
- The provider had systems to help them manage risk to patients and staff, but an effective system was needed to monitor and dispose of out of date stock.

# Summary of findings

- 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.
- 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 provider had effective leadership and a culture of 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 had information governance arrangements.

## Background

Mount Dental Practice is in Batley and provides 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 three dentists, six dental nurses, practice manager and two receptionists. The practice has three treatment rooms.

During the inspection we spoke with two dentists and the compliance manager and practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 9am to 5.30pm

Friday 9am to 2pm

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

- Review the system of checks of medical emergency equipment taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Implement an effective system for identifying, disposing and replenishing of out-of-date stock.
- Improve the process for tracking and monitoring the use of NHS prescription pads in the practice.
- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular recording actual water temperatures and ensuring key staff have training in Legionella awareness and management.

# 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?	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.

The practice had infection control procedures which reflected published guidance.

The provider had procedures to reduce the possibility of Legionella or other bacteria developing in water systems, in line with a risk assessment. We noted that the key staff managing the water systems did not have training in legionella awareness and management. There were records in place for water testing. These were in the form of tick charts and lacked detail or additional information which could be used for analysis. The records could not demonstrate the water temperatures to ensure they were below 20 degrees centigrade for the cold water or above 50-55 degrees centigrade for the hot water. These temperatures being the markers within which Legionella bacteria would possibly multiply and flourish.

The practice had policies 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.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for all staff.

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

The practice checked equipment was safe to use and maintained and serviced according to manufacturers' instructions.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

A fire risk assessment was carried out in line with the legal requirements and any required actions were completed. Fire alert systems and firefighting equipment checks and maintenance were in place. We discussed with the provider that staff fire training and fire drills needed review as these were overdue.

### **Risks to patients**

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

Emergency medicines were available as described in recognised guidance. We found the emergency equipment needed review, the adult self-inflating bag was out of date (2015) and two sizes of masks were omitted from the kit. We saw the checking systems were inadequate to ensure that the emergency medicines and equipment were in place. The manager took immediate action to address this. After the visit they provided confirmation that the items were in place and checking systems had been revised.

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

The checking of out of date stock needed review. We noted that there were some stock items in the fridge that were out of date. The provider took action to remove these items during our visit.

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

# Are services safe?

We highlighted that staff would benefit from receiving sepsis awareness training and sepsis recognition resources to refer to.

## **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**

We noted an active log of NHS prescriptions was not maintained and the prescription pads were pre stamped. We discussed the importance of this in relation to the security of individual prescriptions and were assured they would not pre-stamp prescriptions and a log would be put in place.

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

A system for recording antimicrobial audits was in line with current guidance.

## **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.

# 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.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health. The manager had visited nurseries and schools to provide oral health information and education to children in the community.

### **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.

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

### **Effective staffing**

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

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 well-led?

## Our findings

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

### **Leadership capacity and capability**

The practice demonstrated a transparent and open culture in relation to people's safety.

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

### **Culture**

Staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

Staff had clear responsibilities roles and systems of accountability to support 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.

### **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 regularly 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 and improvement. These included audits of dental care records, disability access, and x-ray. Staff kept records of the results of these audits and the resulting action plans and improvements.