

Mr Graham David Murphy

# CFE Dental

## Inspection report

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Date of inspection visit: 16 February 2023  
Date of publication: 09/03/2023

### Overall summary

We carried out this announced comprehensive inspection on 16 February 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:

- 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.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- 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 dental clinic appeared clean and well-maintained.

# Summary of findings

- Improvements were needed to ensure infection prevention and control protocols were in accordance with national guidance.
- Staff knew how to deal with medical emergencies. Most medicines and life-saving equipment were available. Improvements could be made to the monitoring protocol to ensure all equipment was available and in date.
- Improvements were needed to the systems used to help the provider manage risks to patients and staff. In particular relating to medicines management, fire safety and Legionella.
- There was effective leadership and a culture of continuous improvement.
- 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 and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

## Background

CFE Dental is in North Shields in Tyne And Wear 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. The practice is located close to local transport routes and car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 dentist, 1 dental nurse/practice manager/receptionist. The practice has 1 treatment room.

During the inspection we spoke with the dentist and the dental nurse/practice manager/receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday, Tuesday and Thursday from 8am to 5pm

Wednesday from 8am to 4.30pm

Friday from 8am to 11.30am

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:

- Implement practice protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>Requirements notice</b> ✗

# 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. We discussed the benefits of introducing protocols for children and vulnerable adults who were not brought to appointments.

The practice had infection control procedures which reflected published guidance. However, some improvements were needed to ensure adherence to this guidance. In particular;

- We could not be assured all recommended routine testing of the equipment, used to sterilise dental instruments, was carried out as required. The provider confirmed this would be implemented immediately after the inspection.
- The clinical waste bin in the decontamination room was not foot operated. A replacement was ordered immediately after the inspection.
- Wire brushes were available and in use in clinical areas; however these were disposed of on the day.
- There were no lint-free cloths available to dry sterilised instruments. These was ordered immediately after the inspection.

The practice had some procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. Recommendations made in a risk assessment from July 2022 had not been actioned, these included ensuring staff were suitably trained.

The practice carried out water temperature monitoring as part of the management of Legionella. However, on the day of the inspection we could not be assured staff had the appropriate skills and knowledge to ensure any risks would be identified and mitigated. Where temperatures were outside the recommended parameters, there was no evidence action had been taken to address this. Immediately after the inspection we were sent confirmation the practice manager had undergone Legionella awareness training.

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. We discussed improvements could be made to the storage arrangements of the cleaning equipment. The provider confirmed this had been actioned immediately after the inspection.

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, registered with the General Dental Council and had professional indemnity cover.

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.

A fire risk assessment was carried out in line with the legal requirements. However, the fire risk assessment we were shown did not accurately reflect the facilities at the practice and not all the risks associated with fire safety had been considered and mitigated. Records were not available to demonstrate staff carried out fire safety training. We could not be assured that the risk assessments had been carried out by someone with the appropriate skills and knowledge to do so. We saw there were fire extinguishers and smoke detectors available in the building; however, the provider had not considered the need for emergency lighting or other form of illumination in the event of a power outage.

# Are services safe?

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

## **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety; This included sharps safety.

Emergency equipment and medicines were available in accordance with national guidance, with the exception of the Adrenaline for use on children which had expired in January 2023. We also noted the provider used an autoinjector of Adrenaline for use on adults; however only 2 doses were available and they had not considered the risks associated with this. We raised this with the provider who ordered these items immediately after the inspection and sent us confirmation.

Improvements were needed to the monitoring protocols to ensure all equipment and drugs were checked, available and in date. We saw the provider had 3 adhesive pads for use with the Automated External Defibrillator (AED); however the ones attached to the unit on the day of the inspection had expired in April 2022. We also noted there were no paediatric pads for use with the AED and the provider confirmed they would contact the supplier to determine if specific paediatric pads were required.

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

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. We discussed improvements could be made to how this information was held so it is easily accessible in the event of an incident.

## **Information to deliver safe care and treatment**

Patient care records were complete, 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 had systems for the handling of medicines. However, on the day of the inspection robust stock control systems were not in place for medicines which were held on site, to ensure they can be accounted for. The provider confirmed these had been re-introduced immediately after the inspection. We also discussed the importance of ensuring all relevant patient and practice information was recorded on any medication dispensed.

## **Track record on safety, and lessons learned and improvements**

The practice had systems to review and investigate 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.

### **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.

### **Monitoring care and treatment**

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

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**

On the whole, staff had the skills, knowledge and experience to carry out their roles. The provider should ensure that where additional duties are undertaken, this is within their scope of competence; for example in relation to fire safety and Legionella management.

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.

On the day of inspection, we spoke with 4 patients. All the patients we spoke with told us they had been patients for many years. They confirmed appointments were available within reasonable timescales and all had family members who were also patients at the practice. We also saw additional patient feedback gathered recently where patients stated they had a lovely experience and the team were really friendly.

Patients said 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.

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.

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

The dentist explained the methods they used to help patients understand their treatment options. These included for example X-ray images and bespoke information leaflets.

# 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 level access 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 on their website 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 website 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**

We found the provider had the capacity, values and skills to deliver high-quality, sustainable care.

The inspection highlighted some areas such as risk management and adherence to published guidance where improvements were needed.

### **Culture**

The practice had protocols in place to manage the service, however these did not always operate effectively.

We saw staff carried out continual professional development learning. We discussed the benefits of introducing a monitoring protocol for the provider to assure themselves that all staff completed all 'highly recommended' training as per General Dental Council professional standards.

### **Governance and management**

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

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff.

Improvements were needed to ensure processes for managing risks were effective. The practice did not have adequate systems in place for identifying, assessing and mitigating risks in areas such as fire safety, Legionella and medicines management.

### **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**

The provider used patient surveys and encouraged verbal comments to obtain patients' views about the service.

### **Continuous improvement and innovation**

The practice had systems and processes for learning, quality assurance, continuous improvement and if applicable; innovation. These included audits of disability access, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

## 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>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"><li>• The risks associated with fire had not been appropriately assessed and mitigated.</li><li>• There was no stock control system in place for the handling and storage of medicines.</li><li>• The infection prevention and control measures were not in accordance with published guidance.</li><li>• Recommendations made in the Legionella risk assessment had not been acted on. Protocols were not in place to ensure any risks identified were acted on.</li><li>• Medical emergency equipment was not available and monitored as required.</li></ul> <p>Regulation 17(1)</p>