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Drakes Dental Care – Ribbleton

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 9 May 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 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.
- Improvements were needed to ensure all important information was recorded consistently within dental care records.

Summary of findings

- The provider had some systems to help them manage risk to patients and staff. We found shortfalls in appropriately assessing and mitigating risks in relation to fire and radiation safety, Legionella and medicine management.
- 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 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

Drakes Dental Care - Ribbleton is part of Smart Dental, a dental group provider. The practice is in Preston in Lancashire and provides NHS and private dental care and treatment for adults and children.

There is ramped 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 5 dentists, 6 dental nurses (including 4 trainees), 1 dental therapist, a practice manager and 2 receptionists. The practice has 5 treatment rooms.

During the inspection we spoke with 3 dentists, 2 dental nurses (including 1 trainee), 2 receptionists 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 Friday from 9am to 5.30pm

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:

- Improve the practice's waste handling protocols to ensure waste is segregated and stored in compliance with the relevant regulations and taking into account the guidance issued in the Health Technical Memorandum 07-01.

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 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, carried out in November 2021. Not all recommendations made in the risk assessment had been actioned. A new Legionella risk assessment had been carried out immediately prior to the inspection and the practice manager assured us any recommendations would be addressed.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. On the day of the inspection, we noted not all clinical waste was stored in accordance with the regulations. The practice manager confirmed they would reinforce protocols with staff and visiting contractors.

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, 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. Improvements were needed to the system to ensure the facilities were maintained in accordance with regulations. We saw evidence that the electrical installation condition was due to be checked in April 2021 and there was no evidence this had been undertaken. We also saw the gas boiler had been serviced but there was no current gas safety certificate.

A fire safety risk assessment was carried out in line with the legal requirements in December 2021 and overall, the management of fire safety was effective. Not all recommendations made in the risk assessment had been actioned. A new fire risk assessment had been carried out immediately prior to the inspection and the practice manager assured us any recommendations would be addressed.

The practice had arrangements to ensure the required radiation protection information was available. The X-ray equipment was serviced and maintained appropriately; however, we noted that recommendations were made in July 2021 regarding the use of one X-ray unit and there was no evidence this had been actioned. We looked at the safety information available to staff in relation to the use of the X-ray equipment and noted all clinicians were designated Radiation Protection Supervisors and would undertake specific training in relation to this. Records were not available to demonstrate that this training had been undertaken.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety; However, improvements were needed. For example, where recommendations were made in risk assessments, there was no evidence these were addressed. In particular in relation to fire safety, legionella and disability access. We also discussed the importance of carrying out a risk assessment when staff work alone.

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

Are services safe?

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.

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 management of medicines, however these were not effective. On the day of the inspection we noted medicines were not stored securely. Packs of medicines had been broken down and this resulted in loose medicines with no expiry date or patient information leaflet. In addition, there was no system for managing stock levels. We were shown antimicrobial prescribing audits, however we could not be assured these were part of an effective auditing process and were not reflective of the records we saw on the day.

Track record on safety, and lessons learned and improvements

The practice had limited systems to review and investigate incidents and accidents. We looked at the records available and found limited evidence that an accident was appropriately recorded, reported and reviewed to use it as an opportunity for shared learning. We were told action had been taken following accidents, but we could not be assured this was part of a consistent approach.

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. We looked at 16 dental care records. Improvements were needed to ensure important information such as individual patient's risk assessments, justification for antibiotic prescription, consent and the recording of airway protection were consistently recorded, as well as evidence of adherence to the current British Society of Periodontology (BSP) guidelines.

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 following current guidance. We were shown audits that highlighted areas of improvement, however there were no reflective outcomes or action plans to drive improvement. In addition, we could not be assured X-rays were consistently undertaken following current guidelines.

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 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 saw patient feedback collected since January 2023. Of the patients that responded, 100% of them found the team friendly and helpful. They shared comments such as "I am absolutely delighted with the care I have received" and "the dentist was fabulous with my daughter who has autism". Where there were suggestions of improvement, these are recorded and acted on as appropriate.

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 and 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, for example X-ray images.

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 an access enabled toilet and a hearing induction loop for patients with additional needs. Staff had carried out a disability access audit and had formulated an action plan, however we noted not all actions had been completed.

Timely access to services

The practice displayed its opening hours and provided information on their website, patient information leaflet and social media page.

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.

The practice's 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 providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

We found the provider had the capacity, values and skills to deliver high-quality, sustainable care. The information and evidence presented during the inspection process was clear and well documented. The inspection highlighted some areas such as risk management where improvements were needed.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

Staff discussed their training needs during annual appraisals. The practice manager confirmed a 1 to 1 program for clinical staff was in place with the clinical director; however, we could not be assured this is part of a consistent approach as no records were available to demonstrate when these were carried out. Staff confirmed they had not been carried out recently for all clinical staff.

We discussed the importance of clinical support to drive the improvements noted in the clinical records.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

The provider had overall responsibility for the management of the practice and the practice manager was responsible for the day to day running of the service.

The practice did not have adequate systems in place for recognising, assessing and mitigating the risks in areas such as the safe management of medicines.

The provider had a clinical governance system in place that included policies, protocols and procedures that were shared with the practice and accessible to all staff. However, there were ineffective systems in place to monitor these and ensure that new senior practice team members had the appropriate level of support to ensure these protocols were being followed.

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.

Feedback from staff was obtained through meetings, surveys, 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 practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. We noted not all audits were an accurate reflection of our findings on the day and did not contain outcomes and action plans to drive improvement.

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">• Actions in the Disability Access Audit had not been completed.• Audits did not consistently contain reflective outcomes and action plans to drive improvement. <p>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:</p> <ul style="list-style-type: none">• The Electrical Installation Condition Report had not been carried out as required.• There was no current gas safety certificate.• Recommendations made in the fire and Legionella risk assessments had not been actioned.• Recommendations made in the Critical Examination Report for 1 X-ray unit had not been addressed.• Medicines were not managed in accordance with The Human Medicines Regulations 2012.• Accidents and incidents were not appropriately recorded, reviewed and used to share learning.• A risk assessment had not been carried out when staff worked alone.

This section is primarily information for the provider

Requirement notices

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- Information recorded in the dental care records did not consistently meet the minimum recommended requirements.

Regulation 17(1)