The Dental Practice

The Dental Practice - Duffield

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 20 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 always ask the following five 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 was visibly 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; with the exception of a size 0 oropharyngeal airway and a child size self-inflating bag.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. However, there were no practice specific safeguarding policies for either children or vulnerable adults.
- The practice had staff recruitment procedures which reflected current legislation.

Summary of findings

- The clinical staff provided patients' care and treatment in line with current guidelines.
- 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.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

The Dental Practice is in Duffield and provides NHS and private dental care and treatment for adults and children. The NHS contract is for the treatment of children and makes up approximately 10% of the workload.

There is ground floor access within the practice for people who use wheelchairs and those with pushchairs. A removable ramp is available if needed to negotiate the small step at the front door. Car parking spaces, including dedicated parking for disabled people, are available on site at the practice. The practice has made adjustments to support patients with additional needs. These include ground floor treatment rooms, an accessible toilet and a dental chair designed to help patients with restricted mobility to transfer from a wheelchair or walking frame.

The dental team includes 4 dentists, 5 dental nurses, including 2 trainee dental nurses and 2 receptionists. The practice has 2 treatment rooms.

During the inspection we spoke with 2 dentists, 3 dental nurses and 1 receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 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:

- Improve the practice's processes for the control and of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken for each product.

- Implement an effective system for monitoring and recording the refrigerator temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.

- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use, including those prescriptions not yet issued.

Summary of findings

- Review the practice protocols regarding audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

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. We noted there were no practice-specific policies for safeguarding to provide guidance for staff, although there was general safeguarding information available. We saw that all staff had completed training to level 2 in safeguarding children and vulnerable adults during 2022.

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with 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. We noted that hot and cold-water temperatures were being monitored, however, the specific temperatures were not recorded. A more accurate recording system would allow clearer identification and analysis of the risk. In addition, the bath upstairs had no records to demonstrate the taps were being run on a regular basis to reduce the risk of Legionella developing.

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.

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.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

The practice had arrangements for the use of X-ray equipment, and we saw the required radiation protection information was available. Including: Cone-beam computed tomography (CBCT). However, we saw that the local rules needed to be updated to reflect the latest guidance and legislation and the practice had not registered with the Health and Safety Executive. One of the treatment rooms did not have a rectangular collimator fitted to the X-ray machine.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were available and were being checked. However, we noted the practice did not have a size 0 oropharyngeal airway or a child size self-inflating bag. Staff assured us these would be ordered following the inspection. We noted the medical emergency equipment was not recorded as being checked weekly.

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

We noted the practice did not have risk assessments to go with the product data sheets to minimise the risk that could be caused from substances that are hazardous to health.

Are services safe?

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

The practice had systems for handling of medicines, we saw that these could be improved. Antimicrobial prescribing audits were not being carried out and the refrigerator temperature was not being recorded to ensure temperature sensitive medicines were stored correctly. The system for monitoring and tracking NHS prescription pads should be improved to ensure security and allow systems to account for any missing prescriptions, including those not already issued.

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.

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.

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.

Information in the practice relating to consent made no reference to the Mental Capacity Act 2005, Power of Attorney or Gillick competencies.

Monitoring care and treatment

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

The practice carried out radiography audits six-monthly following current guidance and legislation. However, these had failed to identify that X-rays were not always graded and justified.

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 spoke with 3 patients. All 3 told us they were happy with their care. We were given an example of a patient being offered an appointment at short notice to meet their specific needs.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful 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.

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

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

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. 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 patients with disabilities. 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.

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 inspection highlighted some issues or omissions. For example:

- There were no practice-specific policies for safeguarding, consent or the duty of candour.
- Systems and processes for the monitoring of the risks posed by Legionella should be improved.
- Local rules for the X-ray machines were in need of updating.
- X-rays were not always justified and graded in the patient care records.
- Systems for checking the emergency equipment had failed to highlight missing items and were not being checked at the required intervals.
- Risk assessments for products covered by the Control of Substances Hazardous to Health Regulations 2002 were not in place.
- Antimicrobial prescribing audits were not completed.
- Systems to track the security of NHS prescription pads needed to be improved.
- The consent policy did not reference to the Mental Capacity Act 2005, Power of Attorney or Gillick competencies.

We saw the practice had ineffective processes to support and develop staff with additional roles and responsibilities. For example, staff were unable to answer questions relating to the governance of the practice as this was the responsibility of the provider, who was unavailable for us to speak with for much of the time during the inspection.

Culture

The practice could show how they ensured high-quality sustainable clinical 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. They also discussed learning needs and general wellbeing.

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

Governance and management

The practice did not have effective governance and management arrangements. In particular, there was no clear scheme of delegation or sharing of managerial roles or responsibilities.

The governance system included policies, protocols and procedures. However, we were not assured there were policies and procedures for all key areas.

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

Are services well-led?

Staff had gathered feedback from patients in the past. However, systems had paused due to Covid and not been restarted. As a result, there was only limited patient feedback for staff to use to drive improvements.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, and infection prevention and control. We noted there was no oversight of audits to analyse when and where improvements were needed.

We noted there were no audits for antimicrobial prescribing and the last waste management audit was dated March 2017. These would usually be completed at least annually.

Staff kept records of the results of these audits and the resulting action plans and improvements.

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 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: • The provider did not have practice specific policies for safeguarding vulnerable adults and children. • Systems for monitoring the risks associated with Legionella were not sufficient to manage the risks. • Systems to ensure the safe use of X-rays in the practice needed to be tightened and improved. Particularly, in respect of documentation and oversight. • Systems and processes to monitor the emergency medicines and equipment were ineffective as they had failed to identify missing items. • The provider's consent policy did not reference the Mental Capacity Act (2005), Power of Attorney or Gillick competencies. • The provider did not have a duty of candour policy. Regulation 17 (1)