Mr Haroon Manir

Mereside Dental Practice

Inspection report

63a Crewe Road
Alsager
Stoke-on-trent
ST7 2EZ
Tel: 01270875533

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Overall summary

We carried out this announced focused inspection on 2 August 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 the following 3 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 had infection control procedures in place; these did not fully reflect published guidance.
- Staff knew how to deal with medical emergencies however not all recommended medicines and life-saving equipment were available.
- Improvements could be made to the systems for managing risks associated with the carrying out of regulated activities.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures in place; all required documents to support this were not available for inspection.
- Staff provided preventive care and told us they supported patients to ensure better oral health.

Summary of findings

- The appointment system did not work 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.
- Leadership was not effective. Evidence from our inspection showed the practice could not demonstrate a culture of continuous improvement.
- Complaints received by the practice were acknowledged and were dealt with, but the cause of some problems continued to arise.
- The practice had information governance arrangements.

Background

Mereside Dental Practice is in Alsager, Cheshire and provides NHS and some 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 reasonable adjustments to support patients with access requirements.

The dental team includes the principal dentist and 1 dental nurse. The practice has 2 treatment rooms.

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

The practice is open: Monday, Tuesday, Thursday and Friday from 9am to 5.30pm, Wednesday from 11am to 5.30pm.

We identified regulations the provider was not complying with. They must:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulations the provider was not meeting are at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**Requirements notice** ✖
Are services effective?	**No action** ✓
Are services well-led?	**Requirements notice** ✖

Are services safe?

Our findings

We found this practice was not providing safe 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.

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 in place. However, there was no system of efficacy testing on the ultrasonic bath, used to clean dental instruments. Cleaning in some areas of the practice was not to the standard required by published guidance. There was visible dust and some floors did not appear clean.

The practice did not have adequate procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment that had been carried out. There had been no checks on hot and cold water temperatures since 2021.

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

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. Our review of documents that should be held by the provider for recruitment of staff demonstrated that this procedure was not adhered to.

Clinical staff were qualified and registered with the General Dental Council. The principal dentist told us that the cover from their medical indemnity insurance included any nurses working at the practice. However, documentation was not available to assure us of this.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. Overall paperwork we reviewed confirmed this.

The Principal Dentist told us facilities were maintained in accordance with regulations. Overall, we found that most required checks and surveys and any follow-up actions had been addressed. However, we were unable to confirm that the practice had a current electrical installation condition report for the premises. We asked for this information to be provided following inspection.

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

The practice had arrangements to ensure the safety of the X-ray equipment, but we were not assured that these was effective. The provider was unable to say who the Radiation Protection Advisor was for the practice, and this information was not included in the local rules for radiography equipment.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness. When we reviewed daily working arrangements, we found there was no risk assessment carried out in respect of lone working. Other risk assessments were ineffective as steps to deal with situations that arise, could not be taken as materials to deal with them were not available. For example, the mercury spillage kit for use in the practice was out of date.

Are services safe?

Emergency equipment and medicines were not available in accordance with national guidance. When we discussed this, we found there was no checking regime in place to ensure all items were available, in date, and ready for use. The defibrillator battery was flat. The pads for the defibrillator were out of date; the required self-inflating bags and masks were either not fit for use or not available. Other emergency medicines were out of date.

Staff said they knew how to respond to a medical emergency. Records available showed some of the team had not completed medical emergency training at the required intervals. On the day of inspection, the provider booked medical emergency training for staff for August 2023.

Information to deliver safe care and treatment

Patient care records were not complete and did not meet the requirements of the General Dental Council. There was no record of any X-rays taken, no diagnoses, no treatment options, or the risks and benefits of each. There was no recorded verbal consent and no rationale for timing of recall of patients. We observed that records were held securely.

The practice had systems for referring patients with suspected oral cancer under the national 2-week wait arrangements. We could not confirm that a log of any patient referrals was kept by the practice.

Safe and appropriate use of medicines

The practice did not have systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not carried out. Prescribing of medicines was not recorded in patient records. Anaesthetic cartridges were removed from their packaging and kept loose in cabinet drawers.

Track record on safety, and lessons learned and improvements

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

From the information made available to us at the time of our inspection the practice could not demonstrate that they 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.

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 told us they obtained patients' consent to care and treatment in line with legislation and guidance. However, this was not recorded in patient records; the only recorded form of consent provided by the patient was their signature on the appropriate NHS costs for treatment form.

Monitoring care and treatment

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.

There was no evidence available that demonstrated the dentist justified, graded and reported on the radiographs they took. The practice were not carrying out radiography audits on a six monthly cycle in accordance with current guidance.

Effective staffing

Whilst we recognised staff had the skills, knowledge and experience to carry out their roles, the current staffing arrangement meant there was one dental nurse supporting the dentist daily, whilst also overseeing reception and allocation of patient appointments and other practice management duties. All other tasks fell to the principal dentist.

Co-ordinating care and treatment

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. However, we were unable to track a patient referral due to the lack of detail held in patient records and there being no referral log maintained by the practice.

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 practice staff were working to ensure a dental service could be safely provided to all patients attending the practice. In this, we found leadership could be improved. There was insufficient focus on tasks that required immediate attention, and a lack of oversight and planning meant priorities were not being addressed.

Culture

The practice was a local, community service, with patients being registered with the practice for a considerable time. It was clear that nursing staff knew the patients well.

Due to some staff leaving the practice and difficulties in recruiting new staff, the level of service provision had dropped. For example, patients had complained that appointments had been cancelled, or that the practice was closed during the normal, advertised opening times for the practice. We discussed this with the principal dentist.

Due to staffing pressures, training we would expect to have been completed by all staff, had not been undertaken.

Governance and management

The practice staff knew what their responsibilities, roles and systems of accountability were. Due to changes in staffing, these were not being overseen or maintained.

The practice policies and protocols we reviewed were in date and reflected recognised guidance.

However, processes for managing risks, issues and performance had lapsed across the practice.

Our findings demonstrated:

- Systems and processes to ensure all required medicines and emergency equipment were available, were ineffective. We found items were missing, some items were out of date and other items were not suitable for use. We also found items that were unusable, for example the battery for the defibrillator.
- Systems to ensure training is completed in a timely manner, were ineffective. For example, training in basic life support and cardio-pulmonary resuscitation, had not been completed annually by all staff.
- Systems to ensure products used to deal with chemical spillage were not effective. The mercury spillage kit was out of date.
- Oversight of processes in the decontamination room were ineffective. There was no system of efficacy testing on the ultrasonic bath, used to clean dental instruments and this had not been identified.
- The management of dental unit water lines did not follow manufacturers guidance for operation of a 'closed' system. Checks on hot and cold water temperatures for the effective thermic management of Legionella, had not been carried out since 2021.
- Oversight of infection prevention and control audit was ineffective. The points highlighted by this inspection had not been identified.
- Oversight of cleaning in non-clinical areas of the practice was insufficient.
- Record keeping in respect of recruitment was ineffective; documents required to be held in respect of all staff working at the practice, could not be produced for inspection.

Are services well-led?

- Systems to ensure periodic safety checks were taking place, were insufficient; the practice could not confirm or demonstrate that an electrical installation condition report had been carried out in the past five years.
- Local rules for radiography equipment were out of date and also needed the details of the appointed Radiation Protection Advisor (RPA) added to them. The provider was unable to say who the RPA was.
- There was no effective system in place to track and monitor NHS prescription sheets.
- A system of clinical audit was not in place. There was no antimicrobial prescribing audit, no radiography audit and no clinical record audit in place. Infection control audit was not being completed at the expected frequency.
- Patient complaints were not being recorded and responded to in line with NHS guidance.

  There was no learning from complaints.

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

There had been no patient survey or gathering of patient feedback to measure the quality of the service provided.

Feedback from staff was obtained through informal discussions. We understand that some suggestions had been made on how services could be improved, whilst waiting for more staff to be recruited, but these had not been implemented.

Continuous improvement and innovation

There was no programme of clinical audit in place. Evidence from inspection indicated that learning from complaints was not being acted on.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: Infection prevention and control standards within the practice did not reflect recognised guidance, in respect of cleaning standards and decontamination processes. Steps to reduce known risks were not being followed, for example, in relation to electrical safety in the practice, Legionella management, dealing with hazardous substances, for example, mercury spills, and to risk assess instances of lone working. All medicines and emergency equipment, as referred to in recognised guidance was not available. Medical emergency training was not in date for all staff. Patient records were not completed to the standard required by the General Dental Council. Regulation 12 (1)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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: • Systems and processes to ensure all required medicines and emergency equipment were available, were ineffective.

This section is primarily information for the provider

Requirement notices

- Systems to ensure training is completed in a timely manner, were ineffective.
- Oversight of processes in the decontamination room were ineffective.
- The management of dental unit water lines did not follow manufacturers guidance. Checks on hot and cold water temperatures for the effective thermic management of Legionella, had not been carried out since 2021.
- Oversight of infection prevention and control audit was ineffective.
- Oversight of cleaning in non-clinical areas of the practice was insufficient.
- Record keeping in respect of recruitment was insufficient; all documents as required by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, were not held by the provider.
- Systems to ensure periodic safety checks were taking place, were not effective.
- Local rules for radiography equipment did not include the appointed Radiation Protection Advisor (RPA).
- There was no effective system in place to manage NHS prescriptions.
- A system of clinical audit including antimicrobial prescribing audit, radiography audit and clinical record audit was not in place. Infection control audit was not being completed at the expected frequency.
- Patient complaints were not being recorded and responded to in line with NHS guidance.

Regulation 17(1)