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Alma Terrace

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 systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Patients were treated with dignity and respect and staff took care to protect their personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.

Summary of findings

- Staff felt involved and 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 staff recruitment procedures which reflected current legislation. However, improvements could be made to ensure relevant pre-employment checks were carried out at the time of recruitment.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available. The introduction of a temperature monitoring protocol was needed to ensure temperature-sensitive medicines were stored appropriately.
- The practice had infection control procedures which reflected published guidance. However, improvements could be made to the fixtures and fittings in the decontamination room.
- Improvements were needed to the systems used to help the provider manage risks to patients and staff.

Background

The provider has 3 practices and this report is about Alma Terrace.

The practice is in Silloth in Cumbria and provides NHS and private dental care and treatment for adults and children.

The practice is located in a mid-terrace converted house. The surgery is located on the first floor and accessible only by stairs. Car parking spaces are available outside the practice.

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

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

The practice is open:

Monday, Tuesday and Thursday from 9am to 1pm and from 2pm to 7pm

Wednesday from 9am to 1pm

Friday 9am to 2pm

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 continuing professional development.

Summary of findings

- Review the practice's infection control procedures and protocols 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 relating to the fixtures and fittings in the decontamination room.
- Introduce protocols for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.

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, though improvements could be made to the fixtures and fittings in the decontamination room.

We observed there was no hot water available for staff to wash their hands in the decontamination room. The handwashing sink had an overflow and did not have sensor-operated or lever-operated mixer taps which was not in accordance with current national guidance. We also noted the designated “clean” area for sterilised dental instruments was cluttered.

The practice carried out infection prevention and control audits as required. We noted the audits carried out on 28 December 2021, 3 February 2022 and 13 July 2022 had highlighted the same areas of improvement. However, no action had been taken.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. We discussed with the practice manager the importance of ensuring any products used as part of the management of dental unit waterlines (DUWLs) were in accordance with manufacturer’s guidelines. We also noted staff removed the bottles from the dental chairs at the end of the day and this was contrary to the manufacturer’s recommendations related to the product being used for decontamination of the DUWLs.

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. Improvements could be made to ensure the cleaning equipment was stored in accordance with current guidelines.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at 3 staff records and noted that Disclosure and Barring Services (DBS) checks were in place for all 3. However, improvements could be made to ensure these checks are undertaken at the point of recruitment.

Vaccination records were available for clinical staff in relation to hepatitis B. Improvements though could be made to ensure the effectiveness of the vaccination was checked in all cases.

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

The practice ensured the facilities were maintained in accordance with regulations. We noted equipment, with the exception of the ultrasonic bath was maintained and serviced according to manufacturers’ instructions. All routine tests were being carried out with the exception of the soil test, and there was no servicing regime in place. Staff were unsure of any servicing requirements for the water heaters.

A fire risk assessment was carried out on 5 July 2022 in line with the legal requirements.

Are services safe?

We saw there were fire extinguishers available in the building. However, the provider did not have any additional fire detection equipment. We could not be assured all the risks associated with fire safety had been considered and mitigated. We discussed this with the practice manager who assured us this would be addressed as a matter of priority. We received confirmation immediately after the inspection that additional fire detection equipment had been purchased and was due to be installed. They also confirmed their risk assessment would be updated to reflect the changes.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw 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. We discussed with the practice manager the improvements that could be made to ensure all staff adhered consistently to the practice protocols in relation to the handling and disposal of dental sharps. We also discussed the benefits of all staff undertaking sepsis awareness training.

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

Emergency equipment and medicines were available and checked in accordance with national guidance, with the exception of a child mask with reservoir. There were only 3 clear face masks for a self-inflating bag. We raised this with the practice manager who ordered these items immediately after the inspection.

The medicine used to treat low blood sugar was stored in a fridge but there was no system in place to monitor the temperature to ensure that medicines and dental care products were being stored in line with the manufacturer's guidance.

We noted the kits used for managing spillages of mercury or blood were either incomplete or unavailable.

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

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for recording patient referrals for those with suspected oral cancer under the national two-week wait arrangements. Improvements were needed to the system to ensure staff monitored and followed up on referrals when required, to ensure all referrals are received and actioned in a timely manner.

Safe and appropriate use of medicines

We were shown prescription monitoring logs and noted in the most recent record that there were 2 prescriptions unaccounted for. The provider was unable to tell us whether these prescriptions had been issued or destroyed. We also noted, once the prescription pads were put into circulation they were not stored securely when not in use.

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. Improvements could be made to protocols to ensure clinicians follow up-to-date guidance, for example in relation to the frequency of undertaking dental X-rays.

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.

The practice's consent policy included information about the Mental Capacity Act (MCA) 2005. We discussed refresher training may be beneficial to ensure all clinical staff were aware of their responsibilities under the Act when treating adults who might not be able to make informed decisions.

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.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentist justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly 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 dentist 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.

Privacy and dignity

Improvements could be made to ensure all staff were aware of the importance of maintaining patients' privacy and confidentiality at all times.

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 information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed.

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

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.

Staff stated they felt respected, supported and valued. They enjoyed working in the practice.

Staff told us they discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

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 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 these in protecting patients' personal information. We discussed with the practice manager improvements that could be made to the Information Governance policy taking into account the General Data Protection Regulation 2018 requirements, specifically relating to the collection, usage, storage and disposal of personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a 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, continuous improvement and innovation.

Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

We discussed the improvements that could be made to the auditing protocols to ensure outcomes were recorded suitably, and where applicable, action plans were created to drive further 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 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 risks associated with fire had not been appropriately assessed and mitigated.• NHS prescription pads were not stored and monitored in accordance with guidelines.• Improvements were needed to the system for handling patient referrals to ensure they were monitored and followed up as required. <p>Regulation 17(1)</p>