Mr Lap Man Anthony Cheung

Cross Pit Lane Dental Surgery

Inspection report

29 Cross Pit Lane
Rainford
St Helens
WA11 8AJ
Tel: 01744882240
www.cpldentalsurgery.co.uk

Date of inspection visit: 02/10/2023
Date of publication: 14/11/2023

Overall summary

We carried out this announced comprehensive inspection on 2 October 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.
- The segregation of clinical waste required improvement.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises. Some policies did not take account of changes in the practice and some documents lacked required details.
- The servicing of some equipment was not in date.

Summary of findings

- 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.
- Dental care was provided in line with recognised guidance, but some antibiotic prescribing did not mirror updated guidelines.
- There was no system in place for staff to receive safety alerts and product recall notices.
- 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.
- Systems processes to help drive improvement were not always applied.
- Patient treatment records were kept in line with recognised guidance, but all required information was not consistently recorded.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

Cross Pit Lane Dental Surgery is in Rainford, St Helens and provides private dental care and treatment for adults and children.

Access to the practice is via a small porch which has a step up to it, and then into the main front door. It may not be suitable therefore, for people who use wheelchairs and those with pushchairs. 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, 2 dental nurses, one of whom deals with practice management, 1 dental hygienist, and a receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with the principal dentist, 2 dental nurses, and the receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open from 9am to 5pm Monday to Friday.

We identified a regulation 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 processes and systems for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.
- Take action to ensure clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

Summary of findings

- Take action to ensure clinicians record in the patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017.
- Implement an effective system of audit, for prescribing of antibiotic medicines, X-ray quality and reporting and completion of dental treatment records, taking into account all relevant 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.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. When we reviewed this risk assessment we found it did not take into account changes in the practice premises. For example, a treatment room that was no longer in use.

The practice had policies and procedures in place to support the management of clinical waste. We saw Gypsum waste was put in clinical waste sacks, and not segregated as required. We were not assured clinical waste was being managed in line with the guidance issued in Health Technical Memorandum 07-01.

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.

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 and the required radiation protection information was available, although this did not have the details of the Radiation Protection Advisor for the practice. The provider had not registered with the Health and Safety Executive as a user of radiographic equipment, as required by regulations.

The practice had arrangements to ensure equipment was safe to use, maintained and serviced according to manufacturers' instructions, for example, the practice autoclaves, compressor and radiography equipment that was in use. However, the practice had two air conditioning units in treatment rooms, which had not been serviced or subject to a programme of maintenance in line with manufacturer guidance.

The practice ensured the facilities were maintained in accordance with regulations.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety. There were no sepsis awareness posters or leaflets in the practice, to prompt staff when triaging patients for appointments. There was no lone working risk assessment in place for staff who worked in isolation or who were alone on the premises at times.

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

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.

Are services safe?

Information to deliver safe care and treatment

Patient care records did not provide the level of detail required by General Dental Council standards. Information missing included justification for taking X-rays, no reporting on findings of X-rays, and no summary of treatment options available and the risks and benefits of these. Records 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 2-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Although antimicrobial prescribing audits were carried out, the audits we reviewed did not summarise learning points. We noted when reviewing clinical records and audit, some prescribing did not follow recognised guidance. The audit had failed to bring this to the attention of the provider.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice did not have had a system for receiving and acting on safety alerts. Staff we spoke with were unsure of what Medicines and Health care products Regulatory Agency (MHRA) alerts were; we found applicable alerts were not being received by staff to review, share and act on if required.

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. There were some areas were this was not working effectively, for example, in relation to prescribing regimes and protocols for antibiotic usage.

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. They understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate. Although the dentist was able to describe how he presented treatment options to patients, this was not consistently recorded in patient records.

Monitoring care and treatment

The practice kept patient care records. When we reviewed a sample of patient records, we found these were not kept to the standards set out in recognised guidance. We saw the dentist did not always justify the taking of X-ray images and did not consistently report on the findings in patient records.

The practice carried out radiography audits six-monthly following current guidance. The audits we reviewed did not highlight any of the issues raised in this inspection and lacked analysis and learning points.

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.

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 reviewed patient feedback on the practice. This was very limited. The practice had not conducted any patient feedback surveys since before the COVID pandemic. On-line reviews were very limited. The practice had not received any patient complaints. On the day of our inspection, we saw that patients were welcomed on their arrival by staff and that patients were at ease with the dental team.

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 information 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 photographs, study models, and 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 for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website.

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. On the day of our inspection, we observed patients had enough time during their appointment and were not rushed.

The practice's website 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 had systems and processes in place to respond to any concerns and complaints. Staff told us they would discuss 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

The practice staff demonstrated a transparent and open culture in relation to people's safety.

Systems and processes were in place, but overall, these were not embedded, and did not reflect guidance provided by policy documents we were shown.

In response to our findings of this inspection, the provider worked immediately to address the areas of non-compliance identified. The provider acknowledged that oversight in some areas had lapsed, and routine checks and balances which should have been in place, were completed as a tick box exercise, rather than a process to drive improvements. The provider has sent us evidence of progress made in addressing concerns and continues to engage and work toward full compliance.

Culture

Staff stated they felt respected, supported and valued.

Staff discussed their training needs during 1 to 1 meetings and practice meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

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

Governance and management

Staff responsibilities, roles and systems of accountability to support good governance and management were not effective. The provider named themselves as the lead in the practice on many areas, for example, in relation to audits, safeguarding, management and servicing of equipment and oversight of staff training and professional development. The staff team were committed to fully supporting the provider in the management of the practice; the uneven distribution of these roles and responsibilities meant the workload of the provider was considerable. The provider acknowledged that more sharing and delegation of responsibilities would enable them to better manage the practice.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff. Not all protocols and procedures were followed, and the lack of oversight or effective audit meant this had not been identified. Our inspection found:

- Systems and processes to ensure the practice Legionella risk assessment took account of any changes in the practice, were ineffective. A redundant treatment room had not been fully considered.
- Systems and processes to have all equipment regularly serviced were ineffective. There was no maintenance or servicing regime in place for the air conditioning units in the practice.
- Processes to check registration with appropriate bodies, for example, in relation to radiography equipment, were not effective. The provider had not registered with the Health and Safety Executive (HSE) as a user of radiography equipment, as required by regulations.
- There was no information within the local rules for X-ray equipment, of who the Radiation Protection Advisor was for the practice.
- Systems to check clinical waste was segregated and disposed of in accordance with recognised guidance, were ineffective. Gypsum waste was not segregated as required.

Are services well-led?

- Risk assessments in relation to the duties of staff were not in place. There were periods when staff were alone in the practice; there was no lone working risk assessment in place.
- The system of audit in place was ineffective; this did not highlight issues we identified, for example, in relation to prescribing, clinical records and radiography.
- There was no system in place for the receipt of medical alerts, updates and product recalls. Staff were not aware of the Medicines and Healthcare products Regulatory Agency (MHRA) and how to sign up for updates and alerts relevant to primary dental care.

Appropriate and accurate information

Staff acted on information available to them. Steps had not been taken to ensure all information was accurate and up to date. For example, in relation to antibiotic prescribing, any medical alerts and updates and in the use of up to date audit tools.

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 practice had presented patients with options to feedback on their experience of care and treatment at the practice, through online reviews. When we made checks we saw that these were limited and this method of leaving feedback was seldom used. The practice had not carried out any patient feedback exercise since 2019.

Feedback from staff was obtained through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service. Throughout our inspection we saw that staff were supportive of the provider and were keen and willing to take on roles and responsibilities that would make the management of the practice more effective.

Continuous improvement and innovation

The practice had systems and processes for learning and quality assurance. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Our inspection findings demonstrated that some of these systems required review, updating and a systematic approach to ensure learning points and continuous improvement.

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. How the Regulation was not being met 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 mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. • Systems and processes to ensure the Legionella risk assessment took account of any changes in the practice, were ineffective. • Systems and processes to have all equipment regularly serviced were ineffective. • Processes to check registration with appropriate bodies, for example, in relation to radiography equipment, were ineffective. • There was no information within the local rules for X-ray equipment, of who the Radiation Protection Advisor was for the practice. • Systems to check clinical waste was disposed of in accordance with recognised guidance, were ineffective. Pre-acceptance waste audit had failed to identify this. • Risk assessments in relation to the duties of staff were not in place. • Medicines prescribing audit had not identified the discrepancies in prescribing of an antibiotic. There was no recorded clinical justification for this in patient records. • There was no system in place to receive medical alerts, updates and product recalls. Regulation 17(1)

This section is primarily information for the provider

Requirement notices