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Acorn Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 7 November 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 asked the following 3 questions:

- 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 dental clinic was visibly clean and well-maintained.
- 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 clinical staff provided patients' care and treatment in line with current guidelines.
- The practice had infection prevention and control procedures which did not fully reflect published guidance.
- Systems were in place for staff to deal with medical emergencies. Appropriate medicines were available. Improvements could be made to ensure the medicine fridge was used appropriately in line with guidance.
- Not all of the required medical emergency equipment was in place.
- Risk management systems could be improved in relation to staff immunity to vaccine preventable infectious diseases, the management of dental sharps, hazardous substances and incident reporting.

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.
- Systems to ensure staff training was in place could be improved.
- The appointment system took account of patients' needs.
- Leadership, oversight and management could be improved.
- The practice had systems for continuous improvement; some audits were not reflected accurately.
- Systems to ensure equipment and facilities were being maintained and serviced appropriately could be improved.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The dental clinic had information governance arrangements.

Background

Acorn Dental Practice is in Acomb, York and provides private dental care and treatment for adults and children.

There is level 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 dental team includes 2 dentists, 2 qualified dental nurses, 2 trainee dental nurses, 1 dental hygienist, 1 dental therapist and 1 receptionist. The team is supported by the practice manager who was also a qualified dental nurse. The practice has 4 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, the dental therapist 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 to Friday from 8:45am to 5:30pm

Saturday from 8:45am to 12pm (generally 2 per month except for July and August)

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 an effective system 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.
- Implement an effective system for responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.

Summary of findings

- Take action to ensure effective systems are in place to monitor when staff have undertaken continuous professional development as recommended by the General Dental Council professional standards.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	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.

Records were not available on the inspection day to confirm that staff had undertaken appropriate training in safeguarding vulnerable adults and children.

The practice did not have fully effective infection prevention and control procedures to reflect published guidance. In particular:

- There was no dedicated hand wash sink in the decontamination room.
- The fridge containing dental materials and medicines also contained food and consumable liquids.
- The practice used a blue liquid to disinfect dental instruments. This material was not being used in line with manufacturer's instructions (e.g. soak and contact time).
- Validation of the washer disinfectant was not completed effectively or consistently.
- There was no evidence of external validation or a validation logbook for 1 of the autoclaves.
- The treatment rooms had 2 sinks in each, 1 of which should be designated as a hand wash sink in line with published guidance. We found both sinks were being used for handwashing.
- Local anaesthetic cartridges were not kept in the blister packs.

We reviewed the infection prevention and control audit and found it did not reflect our findings on the inspection day.

Records were not available on the inspection day to confirm that staff had completed training in infection prevention and control as recommended.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

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 did not ensure the facilities were maintained in accordance with regulations.

There was no evidence available on the inspection day to confirm that portable appliance testing and a fixed electrical fixed wiring check had been undertaken. The hybrid washer-disinfectant maintenance certificate was not available on the inspection day.

A fire risk assessment and in-house fire safety checks were carried out in line with the legal requirements. We noted the fire risk assessment was of a basic format. To ensure the fire safety management plan was effective, we discussed reviewing and including for example, the location of combustible materials in the building, fire evacuation plans and in-house fire safety checks.

Are services safe?

The practice had arrangements to ensure the safety of the X-ray equipment and we saw most of the required radiation protection information was available. The practice had not registered with the Health and Safety Executive to notify them of the use of ionising radiation.

Risks to patients

The practice had systems to assess, monitor and manage risks in relation to safety of patients and staff, some of these were not working effectively. In particular:

- Systems were not in place to ensure that all clinical staff had adequate immunity for vaccine preventable infectious diseases.
- Systems to ensure the risks that could be caused from substances that are hazardous to health were not effective. Safety data sheets were available but no individual risk assessment to mitigate any known risk had been undertaken.
- Sharps risk management protocols were not effective. There was no sharps injury immediate action flowchart to direct staff if they had been injured by a sharps instrument. Accident book records showed 2 recent sharps injuries; the practice had risk assessed this in-house and taken no further action. We discussed this with the provider who informed us they referred to an external authority for guidance and were advised not to take any further action. This was not documented on the accident form. These incidents were not recorded as a significant event to ensure learning and improvement was in place.

The system to ensure emergency medicines and equipment were in line with recommended guidance could be improved. Upon review of the medical kit, all of the required medicines were in place and in-date. The self-inflating bag with child and adult face masks and clear face masks sizes 0-4 were not present. These items were ordered before the end of 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.

Sepsis risk flow charts were visible in the practice and some staff had an awareness of how to identify and manage a patient with a sepsis risk. We discussed options with the provider to ensure all staff had the opportunity to complete sepsis awareness training.

Staff told us they knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Records were not available on the inspection day to confirm that all staff had completed training in basic life support as recommended.

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 appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had not implemented a system for reviewing and investigating incidents and accidents.

Are services safe?

We were told the practice had a system for receiving patient safety alerts. There was no follow- up process in place to document any action taken as a result of a dental related patient safety alert.

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.

The clinical dental technician ensured that all patients had been referred appropriately by a dentist prior to completing examinations and assessments.

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.

Staff 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 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 dentists 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. Improvements to mentoring, monitoring and training would enhance the current standards.

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. Referrals to other healthcare providers were being logged and we noted there were gaps and no space to document referral outcomes. We discussed this with the provider who assured us the system to monitor and track referrals would be reviewed and enhanced.

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 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 areas such as risk management, adherence to published guidance and learning from accident and incidents where improvements were needed.

Culture

The practice had systems, processes and protocols in place to manage the service, however these did not always operate effectively.

Some staff at the practice were long-standing members of the team and had been at the practice in excess of 15 years. They told us they enjoyed working at the practice and everyone worked well together and supported each other.

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

We were told staff carried out continual professional development learning; however, some records were not available to review on the inspection day. We discussed the benefits of introducing a monitoring protocol for the provider to assure themselves that all staff completed 'highly recommended' training as per General Dental Council professional standards.

Governance and management

Staff had responsibilities roles and systems of accountability to support governance and management. These could be improved upon to ensure staff were appropriately trained, mentored and monitored effectively to ensure they followed up-to-date published guidance.

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 effective systems were in place to assess, monitor, mitigate risk and improve the quality of the service.

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

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, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

The practice was also a member of a good practice certification scheme.

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

Except for the infection prevention and control audit, the practice had effective quality assurance processes to encourage learning and continuous improvement.

These included audits of dental care records, disability access and radiographs. Staff kept records of the results of these audits and the resulting action plans and 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 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">• Systems in place to ensure equipment and facilities were maintained, serviced and registered appropriately and in a timely manner were not effective.• Infection prevention and control systems were not operating effectively or consistently in line with published guidance.• Infection prevention and control audits did not reflect processes in place at the practice.• Systems to ensure the medical emergency kit reflected recommended guidance was not effective. <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">• Systems were not in place to ensure that all clinical staff had adequate immunity for vaccine preventable infectious diseases.• Systems to ensure the risk that could be caused from substances that are hazardous to health were not effective.• No system was in place for reporting, reviewing and investigating incidents and accidents.

This section is primarily information for the provider

Requirement notices

- Sharps risk management protocols were not effective.

Regulation 17(1)