

Mr. Michael Clarke

The Bungalow Dental Practice

Inspection report

29 Upper Lane
Netherton
Wakefield
WF4 4NQ
Tel: 01924278496

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Overall summary

We carried out this announced comprehensive inspection on 22 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 ask 5 key 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 practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures; these did not fully reflect national guidance.
- Staff knew how to deal with emergencies. Appropriate medicines were available, emergency equipment needed review.

Summary of findings

- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had systems to help them manage risk to patients and staff; these needed to be reviewed to ensure they were effective.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had information governance arrangements.

Background

The Bungalow Dental Practice is in Netherton on the outskirts of Wakefield and provides NHS care for adults and children.

The practice is on one level with disabled access and patient bathroom. The practice has its own car park at the front of the building and local transport routes are nearby.

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

During the inspection we spoke with the owner (principal dentist) and staff. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 8:30am to 5:30pm.

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

There were areas where the provider could make improvements. They should

- Review medical emergencies training taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

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 in place, these did not reflect reflected published guidance. The provider's arrangements for transporting and cleaning instruments was not in line with Health and Technical Memorandum 01-05 (HTM 01-05)

- Sterilised instruments were not transported in a sealed container to the surgery.
- Ultrasonic solution was not changed at every session and foil test were not completed quarterly.
- The decontamination room did not have a separate hand wash sink and staff were using the manual cleaning sink to wash hands.

The provider had arranged for quality water checks to be completed annually and daily flushing of the water lines were completed. There was no evidence that legionella had been assessed by a competent person to effectively mitigate against potential risk. Whilst the water quality was tested annually the provider did not have a written waterline management scheme and risk assessment to identify the water system in the building or sites of potential concern. The provider told us after the visit they had made arrangements for an external company to complete a comprehensive risk assessment.

The practice had policies 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 provider had a recruitment policy and procedure in place and checks were done on all staff before they commenced employment.

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.

Fire safety had not been effectively assessed at the practice. Whilst firefighting equipment was in place and regularly serviced, weekly tests for the fire detection system were not completed and emergency lighting or equivalent were not in place. We noted staff did not complete fire training or fire drills and fire exit signage was not displayed. A fixed wiring test had not been completed. The provider told us after the visit that that a fire drill was completed the day after our visit and a schedule for completing weekly fire alarm test implemented. The provider also confirmed that a fixed wiring test had now been arranged.

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

We highlighted to the provider that the syringes were pre-loaded and the anaesthetic blister packs were opened in advance, exposing the anaesthetic ampoules. The provider told us this would be addressed immediately.

Emergency equipment and medicines were held on site. Some items were omitted or out of date and not in accordance with national guidance. We noted that self-inflating bags were not available, and that expired equipment had not been

Are services safe?

removed from the kit. The glucagon (used for diabetic emergencies) was kept in the fridge, but the temperature was not monitored to ensure it was stored according to manufacturer's guidance. The provider assured us they would implement a system to ensure the medical equipment was effectively checked in future and monitor the fridge temperature daily. The provider sent evidence after the visit that the self-inflating bags had been ordered.

We saw evidence that staff had completed in house medical emergency training, however, this was not provided by a qualified medical emergency trainer. We did note however that they had completed scenario training regularly to ensure staff were further prepared in event of an emergency.

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

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. We saw NHS prescription pads were stored securely, but were pre stamped, and a monitoring system was not in place to ensure all prescriptions could be accounted for.

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.

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.

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 paper dental care records containing information about the patients' current dental needs, past treatment and medical histories. Some of these records were inconsistent. Improvements could be made by ensuring dental care records are in line with nationally agreed standards from The College of General Dentistry.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

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

Are services caring?

Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

We saw staff treated patients, respectfully, kindly and with empathy. Staff were friendly towards patients at the reception desk and over the telephone.

Information was displayed for patients and suggestions, or concerns were encouraged. The provider conducted patient satisfaction surveys annually.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately.

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. We saw evidence that staff discussed options for treatment with the patients. The principal dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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 currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. The practice had made reasonable adjustments for patients with disabilities.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours at the practice.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Listening and learning from concerns and complaints

Concerns were taken seriously, and staff responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The complaints process was available to patients.

The provider would aim to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way their concerns had been dealt with.

We saw comments and compliments cards the practice had received in the last 12 months.

These showed the practice responded in a timely way to patients and where appropriate 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 act (see full details of this action in the Enforcement Actions 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 areas of concern where improvements were needed, for example, in risk management, adherence to published guidance, facilities and maintenance.

Culture

Staff discussed their training needs during one to one meetings. They also discussed learning needs, general wellbeing at staff meetings. The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Staff stated they felt respected, supported and valued.

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.

We saw there were processes for managing risks, issues and performance but the systems to ensure these worked was not working effectively. In particular, the provider should improve their protocols for identifying and managing the risks associated with fire, electrical safety, medical emergencies, Legionella and infection control.

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 regularly and 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.

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. The audits we reviewed for infection prevention and control, radiography and dental care records had failed to highlight some of the issues we found on this inspection.

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 CQC (Registration) Regulations 2009 Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 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">• The infection prevention and control measures were not in accordance with HTM 01-05.• There were inadequate protocols in place for the management of Legionella.• The system for managing the risks associated with fire was not working effectively.• The system for identifying and disposing of out of date medical emergency medicines was not effective.• The system for ensuring medical emergency medicines and equipment reflected national guidance was not effective.• A fixed wiring safety assessment had not been undertaken

This section is primarily information for the provider

Requirement notices

- The system in place for monitoring prescription safety was not effective

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- The auditing of dental care records needed review; these were not reflective of our findings on the day.

Regulation 17 (1).