Mr Neil Mclean

Delahays Dental Practice

Inspection report

2 Delahays Drive
Hale
Altrincham
WA15 8DP
Tel: 01619805019

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Overall summary

We undertook a follow up focused inspection of Delahays Dental Practice on 19 February 2021. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Delahays Dental Practice on 4 December 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe or well led care and was in breach of regulations 12, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Delahays Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked: Remove as appropriate:

• Is it safe?

• Is it well-led?

When one or more of the five questions are not met, we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 4 December 2019.

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches. These were insufficient to fully address the shortfalls we found at our inspection on 4 December 2019.

Background

Delahays Dental Practice is in Hale, Cheshire and provides NHS and private dental treatment for adults and children.

The practice is located on the first floor. Access is not possible for people who use wheelchairs. On street parking is available near the practice.

The dental team includes two dentists, three dental nurses, a dental hygienist, and two receptionists. The team is supported by a finance and administrative manager and an administrative assistant. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with both dentists, three dental nurses and the finance and administrative manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Wednesday, Thursday and Friday 9am to 1pm and 2pm to 5.30 pm.

Tuesday 9am to 1pm and 2pm to 4pm.

Our key findings were:

- The infection control procedures had been reviewed and improved.
- The provider had implemented standard operating procedures in line with national guidance on COVID-19.
- Staff knew how to deal with emergencies. Emergency medicines and life-saving equipment were broadly in line with guidance. An item of equipment had passed the expiry date and staff were not aware. Immediate action was however taken by the provider to mitigate the risks.
- The provider had introduced some systems to help them identify and manage risk to patients and staff. Further improvements were required.
- The provider had safeguarding processes in place. All staff had received training in safeguarding and understood their responsibilities for safeguarding vulnerable adults and children.
- Some governance systems had been introduced but were not yet complete or established.
- Staff recruitment procedures did not reflect current legislation.

Summary of findings

- The clinical staff provided patients' care and treatment in line with current guidelines. The auditing and documentation of this required improvement.

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

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

- Take action to ensure the clinicians take into account the guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when promoting the maintenance of good oral health.
- Take action to implement the recommendation in the practice's fire safety risk assessment to provide staff with fire safety awareness training to ensure ongoing fire safety management is effective.

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 well-led?	**Requirements notice** ✗

Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

Whilst we identified some concerns, the impact of our concerns in terms of the safety of clinical care, are minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

At our previous inspection on 4 December 2019 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 19 February 2021 we found the practice had made the following improvements to comply with the regulations:

The registered person had introduced systems to identify and mitigate risks to the health and safety of service users receiving care and treatment. In particular:

- Medical emergency arrangements had been improved. Sufficient medicines and equipment were available and checks to review the arrangements were in line with Resuscitation Council UK guidelines and General Dental Council standards. We found the pads on the automated external defibrillator had expired in January 2021 and staff were unaware. Immediate action was taken to obtain new pads before the next clinical session.
- Staff had processes during the daily surgery set up procedures to identify and dispose of medicines that were out of date.
- Improvements could be made to the systems for reviewing and investigating when things went wrong. An accident book was available and staff understood the importance of reporting accidents and untoward incidents. There was no process in place to ensure that full incident investigations would be carried out and documented; and appropriate external organisations involved as required. We saw a recent incident documented where a statutory notification should have been submitted to the CQC.
- We saw staff stored NHS prescriptions as described in current guidance. A log was kept of prescriptions issued but this would not identify if a prescription was missing.
- We saw evidence that staff now received and responded 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.
- Staff now followed infection prevention and control guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices. Validation tests were performed on autoclave operating cycles and staff could identify which devices were single use items which could not be reprocessed. Staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised them that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.
- The provider had implemented standard operating procedures in line with national guidance on COVID-19. Screening and triaging were undertaken prior to patients attending the premises and immediately upon arrival to assess individuals and identify those who may have been exposed to the virus. Premises adjustments had been made to ensure staff maintained social distancing. Hand hygiene facilities and face masks were available for use by staff, patients and visitors. Appropriate personal protective equipment and instructions for the correct donning and doffing

Are services safe?

of these was available for Aerosol Generating Procedures (AGPs) to be carried out. AGPs are procedures that create a higher risk of respiratory infection transmission and are defined as any dental or patient care procedure that can result in the release of airborne particles. We saw certificates to show that the protective face masks in use had been fit tested.

- Improvements had been made to ensure staff were familiar with and following Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Protocols were now in place to ensure staff reported and accessed appropriate care and advice in the event of a sharps injury. A sharps risk assessment however was not in place.
- A fire risk assessment was carried out in November 2019. We saw evidence that recommendations in the report had been actioned apart from ensuring staff completed fire safety training. In particular, the installation of additional fire detection systems, evacuation and fire door signage and fire safety tests. A fire log book was provided for staff to document weekly checks of the fire detection systems.
- The provider now had a Speak-Up policy for staff to raise concerns or access support outside the practice. This included local contacts to facilitate early resolution of any concerns.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 19 February 2021.

Are services well-led?

Our findings

We found that this practice was not providing well led care and was not complying 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).

At our previous inspection on 4 December 2019 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 19 February 2021 we found the practice had made some improvements to comply with the regulations.

- The arrangements for ensuring good governance should be improved. The principal dentist demonstrated some improvement in their leadership and were knowledgeable about issues and priorities relating to the quality and future of the service. Up to date operational policies and procedures had been introduced for the delivery of care and treatment. These were not yet established and we saw gaps including the need for systems to ensure that incidents were investigated and reported to external organisations where appropriate. Health and safety policies had been introduced and the provider had engaged external specialist companies to carry out risk assessments, we saw the recommendations from these had been actioned.
- The provider had implemented standard operating procedures to enable care to be provided to patients during COVID-19. Entry to the premises was controlled and signage at the entrance to the surgery clearly alerted patients not to attend if suffering from the symptoms of COVID-19. There was signposting to alternative courses of action if they had an urgent care need. Premises changes had been made to enable staff and patients to maintain social distancing. Appropriate personal protective equipment was provided and fit tested. Systems were in place to update staff on any changes to national guidance.
- The provider reviewed and updated the system for the management of medical emergencies. They ensured that appropriate life-saving medicines and equipment was provided to enable staff to respond to a medical emergency. The checking process was ineffective as it had failed to identify expired items.
- Protocols for medicines management were in place. Systems were introduced to log the use of NHS prescriptions and for identifying, disposing and replenishing out-of-date stock. Further improvements were necessary to ensure that any misuse of prescriptions could be identified and acted on.
- We saw evidence the provider received and responded 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.
- A system was in place to ensure electronic patient referrals to other dental or health care professionals were centrally monitored to ensure they were received in a timely manner and not lost; apart from some paper-based referrals. We highlighted the need to ensure these referrals were received and acted on.
- The registered person ensured the practice was in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017. The provider had registered their practice's use of dental X-ray equipment with the Health and Safety Executive and consulted with their radiation protection adviser to ensure the radiation protection file was completed, local rules were provided to operators, evidence of training was obtained and recommendations to install an isolation switch had been actioned.
- The registered person had introduced systems to ensure staff followed infection prevention and control guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices.

Are services well-led?

- The registered person did not ensure the practice's sharps procedures were appropriately risk assessed in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Someimprovements had been made to ensure staff used safer resheathing and instrument handling techniques.
- Quality assurance systems such as regular audits of infection prevention and control had been completed and actions documented, these included replacing instrument transport boxes. Audits to enable the provider to make improvements in the use of radiography and the completion of dental care records had been completed but were not effective; As a result, the provider had not made improvements to the concerns highlighted during the previous inspection. In particular, dental care records were not always legible and lacked detail of assessments and details of explanations provided to patients. Further improvements could be made to ensure that clinicians were following the advice in Delivering better oral health: an evidence-based toolkit for prevention (third edition) from the Department of Health.
- The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular, an up to date Disclosure and Barring Service (DBS) check and references were not obtained for a new clinical member of staff who had commenced work. Evidence of professional indemnity and immunity to Hepatitis B was obtained for all clinical members of staff. An appropriate induction process was now in place, including for agency staff.

The provider had also made further improvements:

- The registered person had ensured and obtained evidence that staff received up to date training and had competency in safeguarding, basic life support, radiation protection and infection prevention and control.
- The security for handling post received by the practice had been improved by installing a locked post box to keep any post received secure until staff were able to retrieve it.
- Procedures in relation to the Accessible Information Standard were now in place to make sure that patients and their carers could access and understand the information they are given.

These improvements showed the provider had taken some action to improve the quality of services for patients, but this was insufficient to comply with the regulations when we inspected on 19 February 2021.

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 **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:** • The registered person had not ensured that appropriate checks were made on life-saving equipment to enable staff to respond to a medical emergency. • The registered person did not ensure the practice's sharps procedures were appropriately risk assessed or in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. • Quality assurance systems such as regular audits of radiography, infection prevention and control and dental care records, to assess, monitor and improve the quality and safety of the service were not effective. The registered person did not ensure all necessary information was recorded in dental care records. • The registered person did not ensure that all necessary essential checks were carried out on new staff members; in particular, DBS checks and references. Regulation 17 (1)