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University Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on Monday 24 July 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.
- The practice had infection control procedures which reflected published guidance. However, these were not always followed.
- Staff knew how to deal with medical emergencies. Not all appropriate medicines and life-saving equipment were available. All missing items were ordered following our inspection.
- We identified shortfalls in assessing and mitigating risks in relation to fire safety, legionella, prescription management and the safe handling and disposal of sharps.

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.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- 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.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The providers complaints policy required updating to include up to date information in relation to escalating complaints.
- Overall governance systems required strengthening and embedding with the practice team.

Background

University Dental Practice is in Cranfield and provides NHS and private dental care and treatment for adults and children.

There is a step to access to the practice with a narrow entrance door meaning the service is not easily accessible for people with restricted mobility, those who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

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

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

The practice is open:

Monday to Thursday from 9am to 4pm.

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:

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Implement an effective system for identifying, disposing and replenishing of out-of-date stock.

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)

Staff knew their responsibilities for safeguarding vulnerable adults and children and had completed safeguarding training. The practice safeguarding policy and procedures were not up to date as they did not include the correct contact numbers for staff to raise concerns. Following the inspection, the provider confirmed they had updated their processes.

The practice had infection control procedures, but these were not always followed. We saw 10 impression trays which appeared to have impression residue and adhesive marks still attached indicating these had not been sterilised effectively. We saw 5 further impression trays awaiting decontamination that had been left for 7 days prior to sterilising. Following the inspection, the provider confirmed these trays had been disposed of and disposable impression trays were now being used.

We noted the provider did not have a separate decontamination area and all decontamination and cleaning of instruments was carried out in a restricted space within the surgery following treatments.

We found that process for decontamination of dental instruments did not always follow recommended guidance. A log of the changing of heavy-duty gloves used in decontamination of instruments was not kept. The ultrasonic machine did not have periodic testing such as soil tests carried out to ensure it was working correctly. Following inspection, the provider confirmed they had begun conducting soil tests.

Evidence to confirm that the provider carried out infection prevention and control audits twice a year in line with guidance was not available. We were provided with audits from June 2023 June 2021 and June 2018.

A legionella risk assessment was carried out in 2019. We did not see evidence that this was ever reviewed or that recommendations in the report were addressed.

The practice were taking steps to reduce the risk of Legionella, or other bacteria, developing in water systems such as temperature testing, running of seldom used taps and water sample testing. We saw instances where this was not completed in February, March, or April 2023.

Clinical waste bags did not have the practice details attached and the clinical waste bin outside of the practice was not secured in line with guidance. We found a sharps bin that had been in use for longer than 3 months counter to guidance.

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.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions.

We found dental items which were used infrequently, that had exceeded the manufacturers use by date. The practice removed these items and ordered replacements on the day of inspection.

The management of fire safety required improvement. Staff had not received fire training. The fire risk assessment did not accurately reflect processes or identify hazards in place. For example, there were no emergency evacuation plans and the

Are services safe?

emergency lighting had not been serviced. There was no log of monthly fire extinguisher checks and smoke detectors were checked monthly instead of weekly. There was tape over a broken electrical plug socket. The provider submitted evidence following the inspection which included staff training, an updated fire risk assessment and the purchase of a logbook for the ongoing management of fire.

The practice had arrangements to ensure the safety of the X-ray equipment. We noted that the provider did not have the required radiation protection information in relation to registration with the Health and Safety Executive (HSE). Following our inspection, the provider informed us they had contacted the HSE.

Risks to patients

The systems to assess, monitor and manage risks to patient and staff safety required improvement.

The sharps' risk assessment was generic and did not reflect all of the sharp instruments used in the practice. The practice did not follow their own sharps policy in relation to the location and timely disposal of sharps bins. The policy, and national guidance stated sharps bins were to be kept off the floor, however we found a sharps box on the floor. Following the inspection, the provider updated their sharps risk assessment.

Not all emergency equipment and medicines were available and checked in accordance with national guidance. The practice did not have an automated external defibrillator (AED) on site, we were told this was located at the University security campus. The practice had not risk assessed this or assured themselves of the servicing, emergency response time and level of risk. Not all medical emergency equipment was available in line with resuscitation council guidelines. For example, face masks, buccal midazolam, oropharyngeal airways and the AED. We found needles stored in the medical emergency kit to be out of date. Following the inspection, the provider told us the practice had an AED on site and missing medical emergency equipment and buccal midazolam had been ordered.

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.

Information to deliver safe care and treatment

Patient care records were complete and 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. Antimicrobial prescribing audits were carried out.

The practice systems for appropriate and safe handling of prescriptions required improvement. Prescriptions were not kept securely as they were pre stamped and the practice did not have a system to track and monitor the use of NHS prescription pads.

Track record on safety, and lessons learned and improvements

We found the system in place to manage significant events was not effective. The practice had not recorded any significant events despite incidents occurring in relation to missed opportunities of servicing equipment, risk assessments, audits and safety alerts. There was no evidence to show how learning from these incidents had been actioned or shared across the staff team to prevent their recurrence.

Are services safe?

The practice system for receiving and acting on safety alerts required improvement. We were told that the practice principal was aware of recent safety alerts which were received via email and printed if applicable. We found not all recent safety alerts were included.

Following the inspection, the practice told us they had begun reviewing historic 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. They 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 patient care records in line with recognised guidance.

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.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits, but these were completed annually instead of 6-monthly in accordance with current guidance.

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.

On the day of inspection, we spoke with 3 patients. All 3 patients told us staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

Staff password protected patients' digital radiographs and backed these up to secure storage. All other records were kept as physical paper copies. We found these were stored securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and 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 explained the methods they used to help patients understand their treatment options. These included photographs, study models, videos 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.

Although staff had carried out a disability access audit in 2021 this had not been reviewed since. The audit did not highlight that the practice were not using translation services, we were told by the provider that patients who did not understand or speak English were asked to bring a friend or relative to translate. Following the inspection, the practice confirmed they had sought translation services support.

The patient information leaflet stated the practice was suitable for disabled patients and noted the width of the door may not be wide enough. However, the leaflet did not highlight a step and additional doorway sill into the practice. The practice did not have an accessible toilet or a ramp.

The practice had a hearing loop and used a tablet device to show patients information which could be expanded to larger print if required.

Timely access to services

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

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. Patients had enough time during their appointment and did not feel rushed.

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

Staff took part in an emergency on-call arrangement with another local practice and patients were directed to the appropriate out of hours service.

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

At the time of inspection, the practice had not received any complaints. The practice complaints policy did not reflect up to date contact details for patients to escalate their complaint to if required. Following the inspection, the provider confirmed the policies had been updated.

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

Clinical management and oversight of procedures that supported the delivery of care were ineffective.

We identified shortfalls in relation to the practice's risk assessing relating to fire, legionella, sharps, infection control and prescription security which indicated that governance and oversight of the practice needed to be strengthened.

Systems and processes were not embedded, in relation to the governance of the practice.

The information and evidence presented during the inspection process was not always well documented.

Following our inspection, the provider submitted evidence of the numerous actions they had taken to address the shortfalls we identified, demonstrating their commitment to improving the service.

Culture

Staff stated they felt respected, supported and valued.

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

The practice had arrangements to ensure most staff training was up-to-date and reviewed at the required intervals. We found fire training had not been completed.

Governance and management

The practice had a governance system which included policies, protocols and procedures these were not always reviewed and updated on a regular basis.

Appropriate and accurate information

Staff did not always act on appropriate and accurate information. For instance, in relation to safeguarding details, complaints information and freedom to speak up information. Action was taken to address these issues following our inspection.

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

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained 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 where appropriate.

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

Continuous improvement and innovation

Are services well-led?

The practice undertook audits of infection control, dental care records, and radiography but some of these had not been completed accurately or within recommended time frames and therefore did not assure us that staff had a true picture of the practice to drive improvement effectively.

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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 Treatment of disease, disorder or injury Surgical procedures	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 improve the quality and safety of the services being provided. In particular: • Practice policies and procedures required updating in relation to Complaints, safeguarding and freedom to speak up. • There was no evidence to show that the practice was registered with the Health and Safety Executive (HSE) for the use of X-ray equipment. 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: The provider had not ensured that medical emergency equipment was available to manage medical emergencies. For example: - The practice did not have an AED on site. The practice had not risk assessed this or assured themselves of the servicing, emergency response time and level of risk. - The practice did not have buccal midazolam or a risk assessment in place.

This section is primarily information for the provider

Requirement notices

- Medical emergency equipment was not checked at recommended intervals.

- The provider had not ensured that fire safety processes were effective or in line with Fire Safety Legislation. For example:
    - The emergency lighting was not serviced.
    - Staff had not received fire training.
    - The practice were not conducting checks on fire extinguishers.

- There were limited systems for monitoring risk assessment action plans and ensuring improvement was put in place. For example, reviewing the legionella risk assessment and actioning recommendations in the report. The practice had not always completed water temperature checks monthly as per the practice risk assessment.

- Staff were not following the practices sharps procedures to ensure the practice was compliant with the Health and Safety (sharp instruments in Healthcare) Regulations 2013.
    - Sharps bins were on the floor.
    - The inoculation injury policy did not have occupational health details.

- The provider had not ensured that the systems in place to track and monitor NHS prescriptions were adhered to. For example:
    - There was no system to identify lost or missing prescriptions.
    - Prescriptions were pre stamped.

- There was no evidence to show how learning from safety alerts, accidents and incidents had been actioned or shared across the staff team to prevent their recurrence.