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Poppleton Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 16 January 2024 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 mostly reflected published guidance.
- Staff knew how to deal with medical emergencies.
- Improvements could be made to ensure appropriate medicines and life-saving equipment were available in line with current guidance and to ensure prescribed medicines were auditable.
- Risk management systems were not fully effective.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Improvement was needed to ensure staff recruitment checks were effective.
- 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.
- Leadership, oversight and management could be improved.
- Patient referrals to other dental and health care professionals were not monitored.
- The practice had systems for continuous improvement; not all audits followed current guidance.
- Improvements could be made to ensure staff felt involved and supported to provide feedback to leaders.
- Patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

Poppleton Dental Practice is in York and provides private dental care and treatment for adults and children.

There is step free access to the practice 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 3 dentists, 7 dental nurses (3 of whom are trainees), 2 dental hygienists and 1 receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with 2 dentists, 3 dental nurses, 1 dental hygienist and the receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday, Wednesday, Thursday and Friday from 9am to 5.30pm and Tuesday from 9am to 7pm. The practice is closed for lunch between 12.40pm and 2pm.

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:

- Improve the practice's protocols for medicines management and ensure all medicines are stored and dispensed of safely and securely. In addition, the practice should ensure the emergency medical kit accurately reflects current guidance.

Summary of findings

- Implement protocols for the use of closed-circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.
- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.
- Take action to ensure audits of infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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 mostly reflected published guidance. We were made aware of some areas where improvements could be made, for example, timely disposal of out-of-date materials and the correct use and disposal of single use items. We discussed these issues with the provider who assured us action would be taken to ensure infection prevention and control measures were in line with published guidance.

The infection prevention and control audit was not completed 6 monthly in line with published guidance.

The practice did not have suitable procedures to reduce the risk of Legionella or other bacteria developing in water systems. In particular:

- There was no adequate legionella risk assessment.
- There was no competent person appointed.
- There was no duty holder or responsible person identified.
- There was no schematic diagram, no probe calibration and Sentinel taps were not identified.

Records showed a failure to reach the required hot tap temperatures for over 12 months with no action for non-compliance.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with 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. These did not fully reflect the relevant legislation. In particular:

- Disclosure and Barring Service checks did not reflect the staff roles, employment location and were not all undertaken at the level required for their job role.

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

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.

Risks to patients

Systems to assess, monitor and manage risks to patient and staff safety was not effective in some areas. In particular:

- We were not assured the practice were following appropriate protocols when there was a sharps injury. Protocols would include access to a doctor or secondary care facility to rule out the potential exposure to infections.

Are services safe?

- The sharps risk assessment was of a basic format and did not adequately identify control measures for handling and disposing of sharps.
- The sharps risk assessment did not take account for the use of safer sharps systems and the continued use of traditional needles.
- We were told clinicians disposed of sharps at point of use; we noted discarded sharps items in the decontamination room, which informed us that staff were dismantling and disposing of sharps.
- Needle guards were not in place to safely house a used traditional syringe prior to dismantling.

The provider had ineffective risk management systems to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. In particular:

- Risk mitigation was not in place to protect staff who were low responders to the Hepatitis B vaccine and trainee staff who were in the process of undertaking the vaccine.
- Hepatitis B staff immunity records were not available for all staff.

Sepsis prompts for staff and patient information posters were displayed in the reception area of the practice. Staff had completed sepsis awareness training, however, we found during conversation that some refresher training would be beneficial.

Except for 1 missing item of equipment, emergency equipment and medicines were available and checked in accordance with national guidance. Improvements could be made to ensure the medical emergency kit accurately reflects the requirements of current 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.

Information to deliver safe care and treatment

Patient care records were complete, legible 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

Systems for appropriate and safe handling of medicines could be improved. For example,

- We noted prescribed medicines were not kept secure. (we discussed this with the provider who took immediate action to transfer them into a more secure location).
- There was no recording system to account for who was prescribed to, when and the reason for dispensing.
- We noted expiry dates and stock rotation were not being recorded.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. We discussed a recent sharps injury with the provider who assured us the accident record and significant incident report would be updated to reflect action taken after the CQC visit.

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.

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.

We noted during conversation with staff that Mental Capacity Act 2005 refresher training would be beneficial to ensure all staff were aware of the practice systems to follow in respect to a patient who had limited capacity to consent.

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.

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. We noted the referral log was not monitored to ensure referrals were not missing or lost.

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. Patients commented staff were kind, compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. The provider had not undertaken a privacy impact assessment taking into account the guidelines published by the Information Commissioner's Office.

Staff password protected patients' electronic care records and backed these up to secure storage. We noted paper records were not currently stored securely; we discussed this with the provider who assured us paper records would be transferred to a more secure location upon the completion of the practice refurbishment.

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 website provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included for example, 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, including, an accessible toilet with a baby changing facility, ground floor treatment rooms and a low-level reception desk for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually 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. Patients had enough time during their appointment and did not feel rushed.

The practice's website and 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. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to complaints appropriately.

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

We found the provider had the capacity, values and skills to deliver high-quality, sustainable care.

The inspection highlighted areas where improvements were needed, in particular: oversight and management of risk, adherence to published guidance and learning from accident and incidents.

Culture

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

Staff stated they did not always feel supported and valued.

Staff discussed training needs during annual appraisals and 1 to 1 meetings.

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

Governance and management

Staff had responsibilities roles and systems of accountability to support governance and management. These could be improved upon to ensure effective oversight was in place and up-to-date guidance was followed.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff.

Improvement was needed to ensure 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 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.

Improvement was needed to ensure leaders sought and acted on feedback from staff. In particular:

- Staff told us they did not always feel confident to raise concerns or offer suggestions for improvement.
- Staff told us they did not always feel listened to.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement. These included audits of patient care records, disability access, radiographs and infection prevention and control. Improvements could be made to ensure current guidance was being followed.

Are services well-led?

Staff kept records of the results of these audits and the resulting action plans and improvements.

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	<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>There were no systems or processes that enabled 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.</p> <p>In particular:</p> <ul style="list-style-type: none">• Systems to reduce the risk of Legionella or other bacteria developing in water systems were not effective.• Systems to reduce the risk of sharps injury were not effective.• Systems to ensure appropriate Disclosure and Barring Service recruitment checks were sought were not effective.• Systems to ensure effective risk management in respect of staff Hepatitis B immunity was not in place. <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process.</p> <p>In particular:</p> <ul style="list-style-type: none">• Acting on feedback from staff with a view to improving the quality of the service. <p>Regulation 17(1)(2)</p>