Cedarlea Practice Limited

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Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 27 February 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. Logs to demonstrate cleaning was completed on the non-clinical areas of the practice were implemented following this inspection.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Not all appropriate life-saving equipment was available, and some did not have expiry dates recorded. New equipment was purchased on the day of inspection. Staff were not keeping records to demonstrate that weekly checks were carried out on medical emergency equipment.
- The practice had some systems to manage risks for patients, staff, equipment and the premises. There was scope for improvement as we identified shortfalls in assessing and mitigating risks in relation to fire and legionella safety.

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.
- Systems were in place to ensure complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

Cedarlea Dental Practice is in Southam, Warwickshire and provides NHS and 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, 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, 3 dental nurses, including 2 trainee dental nurses, 2 dental hygienists, 1 practice manager and 2 receptionists. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental nurse, 1 receptionist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday from 9am to 5.30pm

Tuesday from 8am to 7pm

Wednesday from 9am to 8pm

Thursday from 9am to 5pm

Friday from 9am to 5pm

The practice is closed for 1 hour from 1pm to 2pm each day.

Saturday and Sunday Closed

The practice had taken steps to improve environmental sustainability. For example, sending text reminders of appointments to patients to reduce usage of paper, turning off lights when not in the room, general recycling of waste.

We identified regulations the provider was not complying with. They must:

Summary of findings

- 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 practice protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.

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. One staff member did not have documentary evidence to demonstrate that they had completed all parts of the level 2 safeguarding training course. Other staff had completed this training to the required level. In addition to this, the practice manager had completed safeguarding lead training.

The practice had infection control procedures which reflected published guidance. However, there was scope for improvement. For example, local anaesthetic was not stored in blister packs and there was no log of change of heavy-duty gloves available. A heavy-duty gloves log was developed on the day of inspection, and we were assured that this would be implemented immediately. Following this inspection, a staff meeting was held, and staff were reminded to ensure local anaesthetic was kept in blister packs until required for use.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems. We found these were not applied following guidance in a risk assessment completed in September 2023. There was no documentary or other evidence available to demonstrate that the issues identified in this risk assessment had been addressed. Staff were recording monthly hot and cold water temperatures; however, these temperature readings were not being taken from the correct water outlets and did not record the actual water temperature. The practice manager discussed this with staff on the day of inspection and we were assured that the required changes would be made. Following this inspection, we received confirmation to demonstrate that an external professional was scheduled to visit the practice on 5 March 2024 to address all outstanding issues identified in the legionella risk assessment. We also received evidence of action previously taken to address other issues raised.

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. There were no logs to demonstrate cleaning completed on the general areas of the practice such as the reception, waiting areas, toilets and kitchen. Mops were stored incorrectly. Following this inspection, we were told that cleaning schedules had been implemented and storage of mops corrected.

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. Systems to ensure the facilities were maintained in accordance with regulations were not effective. We were told that a required 5 year electrical fixed wiring safety certificate check had not been completed.

The practice manager had completed fire risk assessments at the practice. The risk assessment had not identified issues identified on the day of inspection. An external professional had been commissioned to complete a fire risk assessment on 4 March 2024 and we were assured that any actions identified in this risk assessment would be addressed.

There was scope for improvement in the management of fire safety. For example, staff were not completing checks on smoke alarms to ensure they were in good working order, there were no records to demonstrate that emergency lighting

Are services safe?

had been serviced and records of checks completed on emergency lighting were insufficient. There were no records to demonstrate that emergency exit routes or doors were regularly checked. Records were available to demonstrate that fire extinguishers were checked, serviced and maintained. We were told that fire drills had recently commenced, and we saw records to demonstrate that one fire drill had taken place.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working. The sharps risk assessment was updated on the day of inspection as this did not record accurate information regarding the usage of safer sharps.

Items of medical emergency equipment were either missing or were not in original packaging and did not have expiry dates recorded. The adult and child ambu bag and the oxygen face mask and tubing were not stored in original packaging and did not have expiry dates recorded. The spillage kit was out of date. Clear face masks size 0 – 4 were missing and there was no eye wash. Glucagon was stored out of the fridge but had not had its expiry date adjusted. The practice provided evidence to demonstrate that these items were ordered on the day of inspection.

Logbooks were available to record checks completed on emergency equipment and medicines, but these had not been completed by staff. The practice manager discussed this with staff during the inspection and we were given assurances that these logbooks would be completed going forward.

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. Safety data sheets were also available for each product in use.

Information to deliver safe care and treatment

Patient care records were complete, legible, 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.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts, although not all staff spoken with were aware of this.

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.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of 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. Information leaflets were available to patients as recommended by the dentist or upon request.

Oral health advice and preventative care was provided by the dentist and hygienists.

The practice sold dental sundries such as interdental brushes, dental floss, mouthwash and toothpaste to help patients manage their oral health. Free samples of toothpaste were available in the waiting room.

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 completed training regarding consent and the Mental Capacity Act.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Information regarding treatment fees was on display for patients in the waiting area.

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. Staff had undertaken training in autism and learning disability awareness to improve their understanding of patients living with these conditions.

Conversations were held with the parents of autistic children to find out what the practice could implement to ensure the appointment ran as smoothly as possible for the child.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits 6-monthly but were not using the appropriate sample size for audits in accordance with current guidance.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

Newly appointed staff told us that they had a structured induction and that all staff at the practice were helpful and supportive. However, induction documentation was not available following the initial orientation to the practice. The practice manager reviewed their compliance system and evidenced that induction documentation was available, and a more in-depth induction implemented going forward for any newly appointed staff.

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.

Patient feedback we reviewed was positive. We looked at practice surveys and online reviews. Comments made in patient surveys included "smashing place lovely people", "dental hygienist (name) was excellent really friendly and informative", "very friendly and helpful".

We observed numerous positive interactions, in person and on the telephone, between staff and patients. Staff were attentive to people's needs, helpful and friendly.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. An office adjacent to the reception area could be used for private conversations with patients.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records 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 website 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. Extended opening hours were provided on a Tuesday until 7pm and a Wednesday until 8pm.

Staff were clear about the importance of providing emotional support to patients when delivering care. Staff described to us some of the ways they enabled nervous patients to undergo their treatments. This included chatting to them to make them feel at ease, offering reassurance and by the use of televisions in treatment rooms which played calming images whilst patients were having treatment. Very nervous patients could be offered longer appointments. The dentist was always informed if a patient was nervous.

The practice had made reasonable adjustments, including ground floor reception, waiting area and treatment rooms. There was a ground floor disabled access toilet with emergency call, 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 and social media page.

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 had not received any formal complaints or concerns within the last 5 years. We saw that systems were in place to respond to concerns and complaints appropriately and were told that staff would discuss outcomes 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 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 identified shortfalls in relation to the practice's risk assessing relating to fire, legionella and medical emergencies which indicated that governance and oversight of the practice required strengthening.

Systems and processes were not embedded which resulted in missed opportunities for providing safe services. For example, not all concerns found in the legionella risk assessment had been addressed, fire safety systems were not effectively implemented, and medical emergency equipment was not always available in line with guidance.

During this inspection and immediately following our inspection, the practice manager worked hard to address some of the shortfalls we identified demonstrating the practice's commitment to improving the service.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff commented on supportive leadership, good communication systems and effective teamworking within the practice. They stated they felt respected and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. A compliance system was used at the practice which included training requirements and courses for staff. Training was monitored to ensure staff were up-to-date and completed at the required intervals. However, there was scope for improvement. One staff member had not completed all parts of the safeguarding course and was therefore not up to date with this training. The provider was part way through completing IRMER training. Evidence was sent following this inspection, to demonstrate that the training was completed the day following this inspection.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Information was available on the practice compliance system. The management of fire safety, legionella safety, and medical emergency equipment required improvement.

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.

Are services well-led?

Feedback from staff was obtained through meetings, ad hoc surveys, 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.

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 and antimicrobial prescribing. Staff kept records of the results of these audits and the resulting action plans and improvements. There was scope for improvement regarding the audit of radiographs and infection prevention and control. The infection prevention and control audit did not highlight issues identified during this inspection. The radiography audit was completed using a smaller sample size than recommended in guidance.

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 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 not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • There was no electrical installation condition report (fixed wiring). • Items of medical emergency kit were not available. 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: • Checks were not made on the availability and effectiveness of medical emergency equipment. • The provider had not taken action to implement all recommendations in the Legionella risk assessment. • The fire risk assessment was ineffective and fire safety management systems were not fully implemented or effective.