

Mr Richard Latchford

Latchford Dental Surgery

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 19 October 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 always ask the following five 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 was visibly clean and reasonably well-maintained.
- The practice had infection control procedures which reflected published guidance although improvements were identified.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had some systems to help them manage risk to patients and staff although there were shortfalls identified in assessing and mitigating the risks associated with fire and legionella.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. Not all staff had completed appropriate training for their role in safeguarding.

Summary of findings

- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider did not have effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

The provider has one practice, and this report is about Latchford Dental Surgery.

Latchford Dental Surgery is in Bedford and provides private dental care and treatment for adults and children.

There are two steps leading to the practice although access to the practice for people who use wheelchairs and those with pushchairs is provided using a ramp to the ground floor surgery. Car parking spaces are available near the practice. The practice has made some adjustments to support patients with additional needs.

The dental team includes 6 dentists, including Specialists in Orthodontics, Endodontics, Periodontics and Prosthodontics, 5 dental nurses, 2 dental hygienists, 1 receptionist, an administrative assistant, a secretary who works offsite, and an accounts manager. The practice has 5 treatment rooms one of which is on the ground floor.

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

The practice is open:

Monday to Friday from 8.45am to 5pm

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 infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' In particular, storage of sterilised instruments and the provision of separate facilities for handwashing and manual cleaning in the decontamination room.

Summary of findings

- Take action to ensure audits of antimicrobial prescribing and record keeping 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. Information relating to safeguarding and the contact numbers for the local safeguarding agencies were available at the practice. Not all staff had completed safeguarding training to a level suitable for their role and responsibilities. On the day of inspection, we saw training certificates in safeguarding for children and adults for 1 hygienist. Immediately after the inspection we were sent evidence of safeguarding training for 4 dentists and 3 dental nurses. However, evidence of training in safeguarding was not provided for 2 dentists, 1 hygienist, 4 dental nurses and the receptionist.

The practice had infection control procedures which reflected published guidance although shortfalls were identified. The practice had 2 decontamination rooms. One of the decontamination rooms only had 1 sink which was used for handwashing, manual cleaning and rinsing of contaminated instruments. The processes for manual cleaning were not effective as we found that temperature checks of the water used for manual scrubbing were not carried out, detergent was not used for scrubbing instruments and there were no logs to record that heavy duty gloves were changed weekly. Rinsing of instruments during the cleaning process was under running water. Evidence of training in decontamination processes was not available on the day of inspection. Immediately after the inspection we were sent evidence that the nurse who was lead for decontamination and an additional nurse had completed training in infection prevention and control. We noted minor damage to the worktops in 1 surgery which had not been addressed. An infection prevention and control audit was completed on the day of the inspection but there was no evidence that these had been completed previously in line with guidance.

The practice had some procedures to reduce the risk of legionella or other bacteria developing in water systems although these were not always effective. An external risk assessment dated 3/5/2018 was not available on the day of inspection. This was subsequently provided. We noted that recommendations from the assessment had not been completed. For example, monthly checks of the water temperature at the hot and cold-water taps and water quality checks were not undertaken. Immediately after the inspection we were sent evidence that the provider had completed training in legionella, and we were advised that surgery checklists had been updated to record that dental unit water lines were flushed between patients. The provider advised that a further risk assessment would be arranged.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance, although the clinical waste bin was not secured. After the inspection we were advised that the clinical waste container would be secured to a fixed structure.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean. The storage of mops used for cleaning could be improved and we were told after the inspection that this had been done.

The practice had a recruitment procedure to help them employ suitable staff which reflected the relevant legislation. Recruitment files were held off site, so we were not able to verify that all checks were in place. After the inspection we were sent recruitment information for a sample of staff requested which demonstrated that the practice followed their procedures.

Clinical staff were qualified and registered with the General Dental Council. We were not able to confirm all clinicians had professional indemnity cover.

Are services safe?

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The provider had completed an in-house portable appliance test (PAT) in 2022 and after the inspection we were provided with evidence that a PAT test had been completed by a competent engineer in 2018. An Electrical Installation Condition Report (EICR) and gas safety check were completed immediately after the inspection with no recommendations made.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was mostly effective. Safety checks were completed for the fire fighting and fire detection systems. The risk assessment had identified that emergency lighting was not required although the practice has 3 floors. Fire evacuation drills were not completed. We were not provided with evidence that staff had completed training in fire safety.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw some of the required radiation protection information was available, including for Cone-beam computed tomography (CBCT). We were unable to see evidence on the day of the inspection that the Health and Safety Executive (HSE) had been notified that X-rays were used at the practice. Notification to HSE was made after the inspection. We did not see evidence that all dentists had completed the required training for the use of intraoral or CBCT X-ray units. Local rules were not displayed and were not specific to the location of the X-ray unit. Rectangular collimators were not fitted to the intra oral X-ray units to reduce the dose of radiation delivered to the patient. We were sent evidence after the inspection that collimators had been fitted to 2 units and 1 had been ordered and that local rules were displayed in each location where X-rays were used.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff for safety sharps safety, and sepsis awareness although there was scope for all staff to complete training in sepsis awareness.

Emergency equipment and medicines were available and checked in accordance with national guidance. The medicine to manage low blood sugar was kept in the fridge, but the temperature of the fridge was not checked to ensure the medicine was effective. Immediately after the inspection we were sent evidence that the expiry date of the medicine had been reduced in line with manufacturer's instruction as it was no longer kept in the fridge.

Staff knew how to respond to a medical emergency, and we saw that most staff had completed training in emergency resuscitation and basic life support every year. Training certificates were not available for 2 clinicians on the day.

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

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

Systems for the appropriate and safe handling of medicines required improvement as there was no stock log of dispensed medicines at the practice. Logs demonstrating what medicines had been given to patients were not retained although we were told medicines were dispensed in line with guidance. Antimicrobial prescribing audits were not carried out. Immediately after the inspection the provider advised that the practice would no longer be dispensing medicines and that stock had been returned to a local pharmacy.

Track record on safety, and lessons learned and improvements

Are services safe?

The practice had implemented some 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 provider had limited systems to ensure that dental professionals were up to date with current evidence-based practice. Staff records were not available on the day to evidence that all dentists completed ongoing training in their area of speciality.

The practice offered conscious sedation for patients. A company arranged for a medically qualified practitioner to provide intravenous sedation to adults at the practice. Children were referred to the practice for inhalational sedation provided by 1 of the dentists. The systems in place for sedation included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability. There was scope to ensure that all staff treating patients under sedation had completed training in immediate life support in line with guidance.

The Specialist Orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

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. Oral hygiene products were on sale for patients and information leaflets were available.

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 detailed dental care records in line with recognised guidance. There was some inconsistency in the recording of risk assessments for caries, periodontal disease and cancer for some dentists. This was raised with the provider who assured us that templates would be implemented to address this going forward.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice did not carry out radiography audits six-monthly following current guidance and legislation.

Effective staffing

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

We were advised that newly appointed staff had a structured induction although records were not seen. All Clinical staff were registered with the General Dental Council.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

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.

The practice was a referral clinic for dental implants, orthodontics, endodontics, CBCT scans and inhalational sedation for children. We saw staff monitored and ensured the dentists were aware of all incoming referrals.

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.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television (CCTV) to improve security for patients and staff. The practice's CCTV policy was not available on the day but was provided immediately after the inspection.

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.

Staff gave patients clear information to help them make informed choices about their treatment.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, study models, videos, X-ray images and an intra-oral camera.

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 had made reasonable adjustments for patients with disabilities. The provider had carried out a disability access assessment and had taken steps to improve access for patients.

Timely access to services

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.

Listening and learning from concerns and complaints

The provider responded to concerns and complaints appropriately and 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 take action (see full details of this action in the Requirement Notices 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

The provider was receptive to the feedback provided during the inspection and demonstrated a willingness to implement changes. Immediately after the inspection we were advised of some actions already taken to address the shortfalls we had identified. This indicated to us a commitment to improve the service.

The information and evidence presented during the inspection process was not well organised. The practice did not have a business continuity plan in place.

We saw the practice did not have effective processes to support and develop staff with additional roles and responsibilities. There was very limited oversight of the training that clinicians and staff had completed.

Culture

The practice had a culture of high-quality sustainable care and staff demonstrated a transparent and open culture in relation to people's safety. Staff were responsive to our findings, and it was clear they were keen to remedy the shortfalls we had identified.

Staff stated they felt valued and respected but not always supported in their training and development. They were proud to work in the practice.

We were advised that employed staff had an annual appraisal at which they discussed learning needs, general wellbeing and aims for future professional development. Two dental nurses had been supported to obtain additional qualifications in radiography.

The practice did not have effective systems to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. However, these were not always effective, for example the consent policy did not make reference to Gillick competency for children and staff were provided with national guidance rather than a practice specific policy for some types of safeguarding abuse and mental capacity. Decontamination processes did not always follow the practice protocol or national guidance.

Processes for managing risks, issues and performance were not effective. Safety certificates for gas and electrical fixed wiring were completed after the inspection following our feedback. The risks associated with legionella and fire had not been adequately identified and managed.

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 these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Are services well-led?

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

The practice gathered feedback from staff through informal discussions and daily huddles for the sharing of information, to discuss patients' needs and raise concerns. There were no formal staff meetings.

Continuous improvement and innovation

The practice had limited systems and processes for learning, continuous improvement and innovation.

The practice had limited quality assurance processes to encourage learning and continuous improvement. Audits of dental care records, disability access, antimicrobial prescribing, radiography and infection prevention and control were not completed in line with guidance. Audits did not include documented action points or opportunities for learning.

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>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 operated ineffectively in that they failed to enable the registered person to assess monitor and mitigate the risks related to the health, safety and welfare of service users and others who may be at risk.</p> <ul style="list-style-type: none">• There was no system to ensure that appropriate actions were taken to reduce the risk of legionella or other bacteria developing in the water supply in accordance with the legionella risk assessment.• There was no effective system for ensuring that staff were fully protected against the Hepatitis B virus.• The provider did not have effective oversight to ensure that all the staff had received appropriate training to undertake their role for example in the safeguarding of children and vulnerable adults, infection prevention and control, radiation, basic life support, immediate life support, sepsis or mental capacity act.• Fire evacuation drills were not undertaken, and fire training was not completed.

This section is primarily information for the provider

Requirement notices

There was additional evidence of poor governance. In particular

- There was no system to ensure that regular audits of radiography, and infection control were undertaken at recommended intervals to improve the quality of the service.

Regulation 17(1)