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The Coach House Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 23 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.
- The practice had infection control procedures which did not fully reflect guidance.
- Staff knew how to deal with medical emergencies. Not all appropriate medicines and life-saving equipment were available.
- The practice had inadequate systems to manage risks for patients, staff, equipment and the premises.

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 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 practice had information governance arrangements.

Background

The Coach House Dental Practice is in Lydney and provides NHS and private dental care 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 2 dentists, 4 dental nurses, and 3 receptionists. The practice has 2 treatment rooms.

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

The practice is open: Monday – Friday 8.00am to 5.15pm

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.

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 did not reflect published guidance.

the decontamination process carried out by manual cleaning of instruments and an ultrasonic cleaner as part of an automated cleaning process. We witnessed staff using a wire brush for manual cleaning, there was no temperature monitoring system of the enzymatic cleaning solution used. The solution must be made up as per the manufacturers instructions which requires exact quantity measurements including temperature control. There was no evidence of the brush or gloves being changed on a regular basis.

There was no evidence that incoming lab work was disinfected upon return to the practice.

The practice had limited procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. The risk assessment for legionella audit had been completed internally. The risk assessment did not show a system drawing of the plumbing system. Water temperatures were recorded but were not in line with ranges specified in current guidance. There was no evidence of water system flushing or line purging.

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; however, there was no schedule in place to ensure it was kept clean.

Treatment room 1. The flooring used in treatment room 1 appeared to be a laminate flooring with gaps. We also saw that some local anaesthetic was not kept in blister packs.

Treatment room 2. The flooring in this treatment room 2 included carpet, but not around the dental chair.

In both treatment rooms no surgery checklists were completed.

The practice had a recruitment policy and procedure to help them employ suitable staff, including 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 most equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice mainly ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was not carried out in line with the legal requirements as it was completed internally by staff who were not able to demonstrate competency in the risk assessment of fire. The management of fire safety was not effective. During the inspection we did not see evidence of processes for regular fire alarm check emergency lighting or fire drills. Following the inspection, we received assurance that there is a calendar style rota for checks of smoke alarms, emergency lighting and fire extinguishers.

The practice had limited arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. The local rules required updating by adding the details of a radiation protection adviser, there was no x-ray warning signage on treatment room doors, and no radiography audits had been completed.

Risks to patients

Are services safe?

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were not available or checked in accordance with national guidance. The practice medical emergency recording checklist logs did not list all drugs and equipment, or expiry dates. Checks were carried out monthly and not weekly as per guidance.

Medical emergency airways in a range of sizes from small to larger (child to adult) 0 to 4, were not available. There were no clear face masks sizes 0 to 4. The practice held midazolam (injectable) rather than the recommended buccal midazolam. There was no child size or adult self-inflating bag with reservoir present.

The first aid kit contained plasters, ice packs and syringes, all of which were out of date.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate life support training (or basic life support training plus patient assessment, airway management techniques and automated external defibrillator training) was also completed by staff providing treatment.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. One of the clinicians was not aware of the policy in relation to children not being brought to the practice for appointments when due.

All policies and risk assessments had been reviewed annually but did not contain up to date information.

Information to deliver safe care and treatment

Patient care records were, 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

Prescriptions

There was no log of prescriptions. All of the prescriptions in the practice had been pre stamped, which posed a risk of the practice not being aware if any went missing. Prescribing audits were not 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.

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. However, neither of the clinicians were aware of Gillick competency.

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

We looked at a minimum of 10 sets of patient care notes. Neither clinician had followed guidance, and had not recorded all of the required information.

- For one clinician no patient notes were written for intra oral checks, extra oral checks, or for a root canal treatment.
- There was no x-ray justification or x-ray quality reporting recorded by either clinician.
- For both clinicians no risk assessment notes were made.
- Both clinicians did not always record BPE (basic periodontal examination).
- There was no record of oral health information advice being given by either clinician, about smoking, alcohol or diet, which is relevant to patients who would benefit from this advice.
- Neither clinician made notes regarding the use of a rubber dam, or other safety systems.
- There was no evidence that NICE guidelines were followed, or evidence of patients being advised of treatment options, risks and benefits by either clinician.

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.

Improvements were needed to the system used by dentists for justifying, grading and reporting on the radiographs they took, taking into account current guidance. Specifically, the practice was not following the recommended two-point scale for grading. The practice had not carried out radiography audits following 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 dentists 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 4 patients. 4 out of 4 patients we spoke with told us that the practice was caring. During the inspection we saw the practice dealt with an emergency appointment; it was dealt with promptly and demonstrated how caring practice staff were.

Patients said 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.

The practice had installed closed-circuit television which did not record to provide assistance for patients. Relevant policies and protocols were in place.

Staff password protected patients' electronic care records and backed these up to secure storage.

Involving people in decisions about care and treatment

Staff told us that they 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.

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 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 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.

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

The practice responded to concerns and complaints appropriately. Staff discussed 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.

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

Leadership capacity and capability

Systems and processes were not embedded.

Culture

Staff stated they felt respected, supported 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.

Governance and management

Staff had clear responsibilities, roles and systems of accountability.

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. However, these were not all up to date and not all followed consistently.

We saw there were few clear and effective processes for managing risks, issues and performance.

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.

Feedback from staff was obtained through meetings, 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 did not have reliable systems and processes for learning, quality assurance and continuous improvement. The last infection prevention and control (IPC) audit, due every six months, was completed in July 2023. Actions identified had not been completed. No other IPC audits were available. There were no audits for radiography, antibiotic prescribing or record keeping.

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
Treatment of disease, disorder or injury Diagnostic and screening procedures Surgical procedures	<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</p> <p>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>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:</p> <p>Fire Safety</p> <ul style="list-style-type: none">• There was no system or process to ensure fire drills were carried out; this was not in line with guidance. <p>Infection control</p> <ul style="list-style-type: none">• There was no system or process to ensure the practice staff carrying out manual cleaning of instruments regularly changed a wire brush or heavy duty gloves.• There was no temperature monitoring of the cleaning solution used in the manual cleaning process.• There was no evidence that incoming lab work was disinfected upon return to the practice. <p>Legionella</p> <ul style="list-style-type: none">• The risk assessment for Legionella had been completed internally and had not identified several requirements.

Requirement notices

- The risk assessment did not show system or drawing of the practice plumbing system.
- The process and system used for recording water temperatures was not in line with guidance.
- There was no evidence of water system flushing or line purging.

Practice cleaning

- There was no practice cleaning log or cleaning schedule.

Treatment rooms

- In treatment room 1, the laminate flooring used was not suitable for a clinical environment as it had numerous gaps in the surface. We also saw that some local anaesthetic was not kept in blister packs.
- In treatment room 2, the flooring included carpet but not around the dental chair.
- in both treatment rooms no surgery checklist was completed.

Radiography

- The practice did not have a radiation protection adviser.
- Reporting of x-ray quality by two-point grading of 'acceptable or unacceptable' was not being used by any of the clinicians taking radiographs.
- Radiography audits were not being completed.

Emergency Medicines and Equipment

- The emergency medicines and equipment kit was not in line with guidance, as not all appropriate medicines and life-saving equipment were available.
- There were ineffective systems and processes to ensure the practice medical emergency equipment was checked in line with guidance. For example, not all drugs, equipment, expiry dates or missing items were identified on checklists as detailed below.
- There was not a set of airways in a range of sizes 0 to 4 (child to adult).
- The practice held injectable midazolam rather than the recommended buccal midazolam.
- The practice did not have a range of small to large 0 to 4 (child to adult) clear facemasks.

Requirement notices

- There was no child size or adult self-inflating bag with reservoir.
- The first-aid kit contained plasters, ice packs and syringes all of which were out of date.

Medicines

- Two clinicians were not aware of current guidance with regards to prescribing medicines.
- All of the prescriptions in the practices practice had been pre-stamped.
- Prescription pads were not logged.

Audits

- Radiography audits were not carried out.
- Infection control audits were not carried out in line with guidance.
- Records of cleaning standards audits were not available.

Policies and risk assessment

- One of the clinicians was not aware of the policy in relation to children not being brought to the practice for appointments when due.
- Policies in use did not contain up to date information, although they were checked annually.