Whitecross Dental Care Limited

Mydentist - Langham Road - Blackburn

Inspection Report

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Overall summary

We carried out this announced inspection on 8 May 2018 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 provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

On this inspection we focussed on two key questions in relation to care and treatment.

• Is it safe?

• Is it well-led?

Our findings were:

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Background

My Dentist – Langham Road is in the town of Blackburn, Lancashire and provides NHS and private treatment to adults and children.

The practice is located on a road set on a steep hill. There is level access to the downstairs reception and waiting area, suitable for people who use wheelchairs and those with pushchairs. There are two treatment rooms located on the ground floor. At the time of this inspection, one of these was out of use. The surgery in use is accessible for patients with limited mobility. A further treatment room is available on the first floor of the practice. Car parking is available outside the practice on the residential street.

The dental team includes two dentists and two dental nurses. The team is supported by a practice receptionist. The practice manager works between this practice and a second practice nearby.

The practice is owned by a corporate provider, Whitecross Dental Care Ltd. As a condition of registration they must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the

Summary of findings

requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at My Dentist Langham Road is the practice manager.

During the inspection we spoke with two dentists and one dental nurse. We spoke with the organisation's lead regulatory officer, an area development manager and a relief practice manager who was providing holiday cover for the permanent practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open from Monday to Friday 9am to 1pm and from 2pm to 5.30pm.

Our key findings were:

- The practice staff appeared clean and well presented.
- The practice staff had infection control policies which generally reflected published guidance. We found some staff lacked understanding in relation to the correct processes to follow to maintain infection prevention and control standards.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice staff had suitable safeguarding processes in place and most staff understood their responsibilities for safeguarding adults and children.
- The practice had recruitment processes in place for recruitment of dental nurses and administrative and support staff. Our checks showed these were not always followed.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Leadership at the practice required improvement.
- Some governance processes were not uniformly followed by all staff.
- Further training of some staff was required, for example, in relation to management of legionella, the governance around cleaning of instruments and on the equipment used in the cleaning process, and in the Mental Capacity Act.
- Audit of patient treatment and outcomes was required to ensure a quality service.
- The practice staff dealt with complaints positively and efficiently.

We identified regulations the provider was not meeting. 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 is not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Review the practice's protocols to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service. The 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 asked the following question(s).

Are services safe?

No action

We found that this practice was providing safe care in accordance with the relevant regulations.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Some staff were unable to explain their responsibilities in relation to consent, in line with the provisions of the Mental Capacity Act 2005.

Staff were qualified for their roles. When we reviewed recruitment records, we found all essential recruitment checks had not been completed for two members of administrative staff.

Premises were clean and properly maintained. The practice staff were not routinely following governance processes in relation to sterilising dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

Are services well-led?

Requirements notice 

We found that 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).

The provider had a system of clinical governance in place which included policies and protocols. Evidence on the day showed that these had not always been followed.

Systems were not in place to assess and mitigate risks. Governance processes in relation to the control of legionella and validation of checks on cleaning equipment such as ultrasonic baths and sterilising equipment had not been followed.

Since we announced the inspection, practice staff had recognised and acted to mitigate some risks. Systems were not in place to assess and mitigate risks relating to these areas, prior to our inspection announcement.

There was a clearly defined management structure and staff felt supported and appreciated. On the day of inspection, staff were open to discussion and feedback to improve the practice.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

Summary of findings

The practice did monitor clinical areas of their work to help them improve and learn.

This practice did ask for and listen to the views of patients and staff.

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays)

The practice had clear systems to keep patients safe. We found these were not always followed. For example, the registered manager (who was also the practice manager) had not carried out all required recruitment checks when recruiting staff, audited checks on the cleaning of equipment, ensured all staff training was up to date and that staff had been fully trained in the use of equipment used in the cleaning of dental instruments, and that areas for action identified by audit were acted upon.

Staff understood their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notifications to the CQC. During our inspection, one staff member was unable to explain their responsibilities for gaining consent, in line with the Mental Capacity Act 2005. We highlighted this training need to the provider's compliance manager, who assisted us on the day of inspection.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a staff recruitment policy to help them employ suitable staff and also had checks in place for agency and locum staff. These reflected the relevant legislation. Dentists were recruited by the organisation's headquarters. Administrative and support staff were recruited at practice level. When we checked the recruitment records of the most recently recruited members of support staff, we found all required recruitment checks were not in place. For example, there was no evidence of work history and no work references for one member of staff. In relation to another staff member, there were no references, no work history and no proof of address. We looked at two further staff recruitment records in relation to dentists. These showed the organisation had followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

We were told clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

Are services safe?

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulations when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) with airway management every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with each dentist when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice occasionally used locum staff, specifically, dentists. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

The practice had an infection prevention and control policy and procedures. Staff we spoke with were able to refer to guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. When we spoke with dental nursing staff present on the day of inspection, we were made aware that they were not the permanent nurse for this practice. Records for the permanent practice nurses showed they had completed infection prevention and control training. During the inspection we found that that the permanent dental nurses were unfamiliar with the full guidance on the validation process and record keeping required in relation to cleaning and sterilising equipment. For example;

- The washer disinfector was not being used as staff had not received training on how to use this equipment. Staff were manually scrubbing instruments. There were no temperature checks kept for water used when manually scrubbing instruments.
- An ultrasonic bath had been used for up to 12 months with inconsistent recording of all manufacturer recommended testing to ensure it was operating correctly.This had been removed in the days before inspection and sent for maintenance.
- On the day of inspection, staff could not provide evidence to show the validation daily checks on the autoclave were in place.
- After inspection we were shown some records of the daily automatic control test and a log book.
- On the inspection day, a representative of the manufacturer of the autoclave was at the practice, training staff how to download data from the autoclave to populate these records.
- Documents we reviewed showed the registered manager of the practice had identified the lack of required daily checks, including those for the autoclave, on 4 May 2018, and recorded this in a significant event record.

The practice had suitable arrangements for transporting, cleaning, sterilising and storing instruments in line with HTM01-05. We found staff were not fully trained in the functionality of equipment used for cleaning and sterilising instruments.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had a risk assessment in place to reduce the possibility of Legionella or other bacteria developing in the water systems. All recommendations had been actioned but records of flushing of all outlets, including those used less frequently, were not in place; it was confirmed that the practice had started doing this immediately before our inspection. Also, water temperature testing showed that when the required temperatures had not been reached this had not been reported by staff

Are services safe?

Oversight of these checks had not been in place for some time and these matters were brought to the attention of the registered manager in the days before our inspection.

We saw cleaning schedules for the premises. The practice was clean when we inspected although we found equipment for cleaning the practice was stored incorrectly. For example, mops were not inverted when stored.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits annually. The latest audit carried out at the beginning of May 2018 showed the practice was not meeting the required standards in relation to flushing in line with the legionella risk assessment. In the days before our inspection, the need for action on this had been highlighted by the registered manager. We found training had not been completed or identified as part of the audit process, for example, in the correct use of equipment for decontamination of instruments. This training was delivered on 11 May 2018 following our inspection. We spoke with the practice team about carrying out six monthly audits in line with the guidance in HTM 01-05.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. We saw how staff reported having problems using safer sharps boxes for the removal of the sheath on a syringe needle. This resulted in raising a performance issue with the supplier of these devices, which was addressed.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services well-led?

Our findings

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care, but underpinning governance procedures and oversight of daily, weekly and monthly checks required improvement.

On the day of inspection, we saw leaders of the organisation at all levels were visible and approachable. They told us they worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice had processes to develop leadership capacity and skills but this required further attention to ensure all clinicians were up to date with all required training. They had not ensured that all clinicians understood their responsibilities under the Mental Capacity Act, specifically in relation to gaining consent.

Vision and strategy

The practice had a realistic strategy and supporting business plans to achieve priorities.

The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice staff referred to a culture of quality, sustainable care.

Staff we spoke with stated they felt respected, supported and valued. However, the two dental nurses who regularly work at the practice where not available on the day for us to speak with.

The practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff available on the day told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

On the day of inspection, we saw roles and systems of accountability to support governance and management had been in place, but these had lapsed over the past year. As a result, systems were not in place to ensure staff had been using equipment in line with recognised guidance, or had received the training required to enable them to do this. For example, daily, weekly and monthly validation checks on equipment had not been performed, or records of this kept.

The registered manager had overall responsibility for the management and clinical leadership of the practice. The registered manager was responsible for the day to day running of the service.

Systems were not in place to assess and mitigate risks. For example, staff failed to act when hot water temperatures did not reach those required by the legionella risk assessment. The infection control audit carried out in 2017, confirmed that all governance checks in relation to checks on disinfection and sterilising equipment were in place. During the inspection there was insufficient evidence to support this. This was also not identified until the infection control audit, carried out in the days before our inspection visit, on 4 May 2018. The staff confirmed they were taking immediate action to address this. For example, a representative of the company that produces the autoclaves used by the practice, had visited on the morning of our inspection to show staff how to download temperature checks for the autoclave and check for any drop in pressure inside the machine, which could impact on performance. Staff demonstrated a commitment to addressing the issues raised immediately, and following our inspection we received confirmation that training on proper use of and checks on sterilisation equipment had been delivered on 11 May 2018.

Staff who regularly worked at the practice were not available to speak with on the day of inspection. Staff who we could speak to, for example a dental nurse from a neighbouring practice, knew the management arrangements and their roles and responsibilities. It was noted the registered manager had not ensured that dental nurses who regularly worked at this practice, had received the required training to use equipment correctly and competently.

The provider had a system of clinical governance in place which included policies and protocols that were accessible to all members of staff and were reviewed on a regular

Are services well-led?

basis. Evidence on the day of inspection showed that these had not always been followed, particularly in relation to practice level recruitment and infection control policies and procedures.

We did see that where issues had been identified, for example before our inspection, there were processes for managing risks, issues and performance.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure performance. Performance information was combined with the views of patients.

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

The practice involved patients, the public, staff and external partners to support sustainable services.

The practice used feedback from patients in complaints, comments and compliments to ensure the service continued to meet patient needs.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice gathered feedback from staff through meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation. A clinical support manager had been appointed so that dentists could seek input and advice on patient treatment.

We saw that the practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records. Audits we were shown were undated and lacked action plans. This was in contrast to audits in 2016 and 2017. In the days before our inspection, actions were identified as part of a dental care record audit process. This had been highlighted to the clinical director for review to ensure that clinical practice met current guidelines.

The area development manager and lead regulatory officer we spoke with on the day, showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

All staff at the practice had annual appraisals. These had been recently updated and revised to ensure they were bespoke to clinicians, dental nurses and administrative staff, and discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. These had not identified that staff were not consistently up to date with training for example, in relation to the Mental Capacity Act, radiography and infection control.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. Dentists who were self-employed, could access required training through the providers on-line portal.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.

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 systems or processes in place that operated 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 in relation to:** • Effective management of Legionella. Water temperature monitoring was not carried out to mitigate the risk of Legionella developing in the water system. • The registered person did not have a system in place to assess and monitor staff training to ensure, for example, that recommended training was completed by all staff as appropriate including training on use of equipment. • The registered person had not consistently followed recruitment procedures in line with Schedule 3. Recruitment checks carried out on administrative support staff were not complete or risk assessed. **Regulation 17**