Harrison Dental Limited

Harrison Dental

Inspection report

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Overall summary

We carried out this unannounced focused inspection on 21 June 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 usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

• Is it safe?

• Is it effective?

• Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental practice was visibly clean and well-maintained.
- The practice had infection control procedures which did not reflect published guidance.
- Staff knew how to deal with medical emergencies. Some appropriate medicines and life-saving equipment were available. However, some items were missing or beyond their use by date.
- Systems to help the practice manage risk to patients and staff need to be reviewed and improved.
- 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.
- 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.

Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The dental clinic had information governance arrangements.
- The system of audits completed at the practice need improving to ensure learning and continuous improvement.
- Leadership, oversight and management was lacking and required improvement
- Systems to provide staff support needed improvement.

Background

Harrison Dental is in central Nottingham and provides private dental care and treatment for adults and children.

There is level 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 dental team includes three dentists, three dental nurses, and a care co-ordinator. The practice has two treatment rooms.

During the inspection we spoke with two dentists, one dental nurse and the care co-ordinator. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from 10am to 5pm

Tuesday from 9am to 5pm

Wednesday, Thursday, Friday from 9am to 6pm

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

- Ensure care and treatment is provided in a safe way to patients.

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulations the provider was not meeting is at the end of this report.

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

- Improve the practice's systems for checking and monitoring appliances taking into account relevant guidance and ensure that all appliances are well maintained. In particular ensure that copies of the five-year fixed wire electrical safety check and the annual gas safety check were held within the practice.

Summary of findings

- Develop systems to ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff. Including the training, learning and development needs of individual staff members at appropriate intervals. In addition, implement practice protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.

- Improve and develop the practice's current performance review systems and have an effective process established for the on-going assessment and supervision of all staff.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**Requirements notice** ✖
Are services effective?	**No action** ✓
Are services well-led?	**Requirements notice** ✖

Are services safe?

Our findings

We found this practice was not providing safe 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.

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 in place, we noted the staff carried out manual cleaning of dental instruments prior to them being sterilised. We discussed with the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument. Heavy duty gloves were not being changed weekly and there were no records to show how often they were changed. National guidance (HTM 01-05) states a non-foaming cleaning agent should be used when manually cleaning dental instruments. The practice did not have a non-foaming cleaning agent.

Within the decontamination room we saw that a cupboard door was broken, and work surfaces were not sealed where they met the wall which makes these areas difficult to clean effectively.

The most recent infection prevention and control audit completed in March 2022 had failed to highlight the concerns identified in this inspection.

The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

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

We noted that there were no records to show that sentinel water checks of the hot and cold water had been completed monthly as identified in the Legionella risk assessment. The digital thermometer which would be used for the sentinel water checks was not accurate and therefore not fit for purpose. Staff were unsure of the guidance required in respect of flushing dental water lines, as they told us they flushed at the start and end of the day, but not between patients.

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

We saw clinical areas of the practice were visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and 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 and maintained and serviced according to manufacturers' instructions. The practice did not ensure all of the facilities were maintained in accordance with regulations. The provider was unsure if a five-year fixed wire electrical safety check had been completed as this was the Landlord's responsibility. The provider agreed to check to ensure this was in place. A gas safety check had been completed in February 2022 however, the provider did not have a copy of the certificate as this had been completed by the landlord. The provider did not have the information to determine whether actions were required or had been completed satisfactorily.

Are services safe?

A fire risk assessment was carried out however, it did not identify failings. We noted there were no fire extinguishers in the practice or anywhere in the building in which the practice was situated. The provider did not own the building but leased from a landlord. We contacted the local fire department for their view. They have informed us that fire extinguishers should be in place, and they will be discussing this with the provider.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We noted that training certificates to show clinicians were up to date with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) were not available for inspection. The most recent documentation relating to radiography audits was dated December 2020. The practice had not carried out radiography audits six-monthly following current guidance and legislation.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety however they were not always effective. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were not available and checked in accordance with national guidance. In particular not all of the sizes of clear face masks for the self-inflating bags, were present. Sizes 0,1,2,3 and 4 were required, but only sizes 0 and 4 were available. The self-inflating bag with reservoir for children was passed its use by date of October 2021.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

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

We saw the security of NHS prescriptions should be improved, as there was no system to track individual prescriptions, particularly those which had not yet been issued. This would allow any missing prescriptions to be quickly identified and tracked.

Antimicrobial prescribing audits were not carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented 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 practice had systems to keep dental professionals up to date with current evidence-based practice.

The practice undertook a domiciliary dental service. Staff told us that risk assessment were completed on arrival for the appointment rather than in advance. By not risk assessing in advance staff were unaware of potential risks before arriving at the premises.

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.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). We noted minor adjustments to the practice policy were needed to make the definition of best interest decisions clearer and to clarify the information relating to Power of Attorney. The provider gave assurances the policy would be reviewed to address these issues.

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.

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

Effective staffing

The practice did not carry out a structured induction for newly appointed staff. The practice did not have systems in place to ensure clinical staff had completed CPD as required for their registration with the General Dental Council. In particular training certificates for IR(ME)R were not available for inspection. There was a lack of supervision and oversight of staff working at the practice.

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 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

There was a lack of leadership and oversight at the practice. In particular a failure to identify when systems and processes were not working effectively, or where national guidance had not been followed.

Systems and processes were not embedded among staff. For example, there was a lack of oversight of the infection prevention and control procedures. Staff were not following national guidance (HTM 01-05) when completing processes to clean and sterilise dental instruments. Sentinel water checks of the hot and cold-water systems were not being completed in accordance with the Legionella risk assessment. Systems and processes to check on emergency equipment had failed to identify missing equipment.

We saw the practice had ineffective processes to support and develop staff with additional roles and responsibilities. For example, we saw that there were times when staff were unsupervised with no senior staff member present. There was no evidence to demonstrate staff had received an in-depth induction and this was supported by staff being unsure of basic and routine information.

Culture

The practice did not have systems in place to adequately support staff.

There were no opportunities for staff to discuss learning needs, general wellbeing and aims for future professional development.

Governance and management

The practice had an ineffective management structure and staff told us roles and responsibilities were unclear.

The practice did not have effective governance and management arrangements. In particular,

- Infection prevention and control procedures were not as identified in HTM 01-05 and audits had failed to highlight any issues with those procedures.
- Checks of the hot and cold-water systems to reduce the risk of Legionella were not being completed in line with the practice's own Legionella risk assessment.
- The provider was unsure if a five-year fixed wire electrical safety check had been completed by the landlord.
- The provider did not have evidence of an up-to-date gas safety check had been completed by the landlord.
- Audits had not been completed in line with national guidance. Learning and action points were not recorded, to allow for improvements to be made.
- Checks on emergency equipment were ineffective.
- Systems to ensure the security of NHS prescriptions within the practice needed to be improved.
- Staff were not adequately supported in their role or inducted effectively.

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.

Continuous improvement and innovation

The practice did not have appropriate quality assurance processes to encourage learning and continuous improvement.

Audits of infection prevention and control were not effective and did not highlight the issues found at this inspection and there were no action plans to demonstrate improvements. The last radiograph audit had been in December 2020, and did not have an action plan, these should be completed six-monthly. Antimicrobial audits were not being completed in line with guidance from the College of General Dentistry.

There was only one record keeping audit on file, this was for one dentist. There were no audits for the second dentist.

There was no evidence staff kept records of the results of these audits and any resulting action plans and improvements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered persons 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: • The provider's systems and processes for infection prevention and control were not in line with national guidance (HTM 01-05). • The provider had not completed the actions in the Legionella risk assessment. Systems and processes for sentinel water checks of the hot and cold-water systems were not in place. Maintenance of dental water lines including flushing was not as described in HTM 01-05. • The emergency equipment was not as described in national guidance issued by the Resuscitation Council UK and in the 'British National Formulary'. • The provider had not ensured the safety of patients and staff through the provision of fire extinguishers. Regulation 12

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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:

This section is primarily information for the provider

Requirement notices

- Infection prevention and control procedures were not as identified in HTM 01-05 and audits had failed to highlight any issues with those procedures.
- The provider's system for checking emergency equipment was ineffective and failed to ensure any missing or out of date equipment was quickly identified and replaced.
- The system for monitoring the security of NHS prescription pads was ineffective and would not identify any missing prescriptions.
- Systems failed to ensure risks to staff and patients are mitigated. Particularly in respect of fire safety, and gas and electrical safety.
- The provider's arrangements for governance needed to be improved. Audits were not being completed regularly and action and learning points were not clearly identified and recorded. Audits of infection prevention and control, radiography, dental care records and antimicrobial prescribing were not completed in line with national guidance from the College of General Dentistry.

Regulation 17 (1)