Molar Creations Limited

Corn Street Dental Practice - Witney

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 31 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 ask five key questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- 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 well-maintained.
- Staff knew how to deal with medical emergencies, however appropriate life-saving equipment was not available.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Improvements were needed to ensure infection control procedures were operated effectively.

Summary of findings

- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- The provider did not operate effective systems to help them manage risk to patients and staff.
- 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 operate effective systems and processes for 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.

Background

Corn Street Dental Practice is in Witney, Oxfordshire and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including a dedicated parking space for disabled people, are available near the practice. The practice has made adjustments to support patients with access requirements.

The dental team includes 3 dentists, 5 qualified dental nurses, 2 student dental nurses, 3 hygienists, 1 dental therapist, 2 receptionist staff and a practice manager.

The practice has 4 treatment rooms.

During the inspection we spoke with 3 dentists, 4 dental nurses, 2 dental hygienist, 1 receptionist and the practice manager.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday 8am to 7pm
- Tuesday 8am to 7pm
- Wednesday 8am to 7pm
- Thursday 8am to 5pm
- Friday 8am to 5pm
- Saturday 9am to 1pm (alternate weeks)

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 is not meeting are at the end of this report.

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

Summary of findings

- 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.

The provider accepted the shortfalls that we raised and took immediate action the day of our inspection to begin to address these.

Where evidence is sent that shows the relevant issues have been acted on, we have stated this in our report but we cannot say that the practice is compliant for that key question as this would not be an accurate reflection of what was found on the day of our inspection.

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 provider had a system to highlight vulnerable patients and patients who required other support such as with communication, within dental care records.

The practice did not have infection control procedures which reflected current published guidance. We found:

- Out of date dental materials in 2 treatment rooms.
- Un-pouched rubber dam clasps in 1 treatment room.
- Infection prevention and control audits did not document analysis, reflection and learning points which meant any improvements could not be evidenced.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean. However, cleaning equipment storage arrangements did not follow national guidance.

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 ensured the facilities were maintained in accordance with regulations.

The management of fire safety at the practice was not effective. In particular:

- Emergency light tests were not carried out at appropriate intervals.
- Emergency light service and battery testing was not carried out.

Carbon monoxide detectors were not present near either of the gas boilers.

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

Risks to patients

Systems to assess, monitor and manage risks to patient safety were not effective.

- Sharps risk management required improvement. Specifically:
- Sharps bins were not labelled appropriately in 3 treatment rooms.

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

Are services safe?

Emergency equipment and medicines were not available and checked as described in recognised guidance. In particular:

- Seals on the bags containing clear facemasks size 0,1,3 and 4 were broken and we could not identify their expiry dates.
- Glucagon was stored in a fridge which was not temperature monitored. Glucagon requires a temperature specific range in order to remain effective.

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 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 two-week wait arrangements.

A General Data Protection Regulation (GDPR) compliant accident book was not available.

Safe and appropriate use of medicines

Improvement was needed to the systems for appropriate and safe handling of medicines.

In particular:

- Antibiotics were dispensed without information about precautions relating to the use of the medicine in line with the Human Medicines Regulations 2012.
- An antimicrobial prescribing audit was partly carried out by one clinician. We could not see any data analysis, reflection or any learning points which meant any resulting improvements could not be evidenced.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents.

The practice did not have 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 did not have systems to keep dental professionals up to date with current evidence-based practice. In particular:

- A radiograph audit was carried out by one clinician but did not follow current guidance.

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.

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

There were inconsistencies in the information recorded within the dental care records we looked at. Omissions included:

- Medical history updates.
- Diagnosis.
- Risk assessments.
- Verbal consent.

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.

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 care 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 2 other patients who told us staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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 provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, study models, 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 disabled patients:

- A portable ramp was available for wheelchair users to access the practice.
- The ground floor treatment room was wheelchair accessible.
- A hearing loop and reading glasses were available.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. Actions resulting from the audit remained outstanding at the time of our visit.

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. We observed a receptionist supporting a non-registered patient to find an emergency dentist. This included sharing telephone numbers of nearby practices.

Listening and learning from concerns and complaints

The practice 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.

Leadership capacity and capability

We found improvements were needed to ensure the management and oversight of procedures that supported the delivery of care was effective.

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.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff, but systems were not routinely followed.

We saw there were clear and effective processes for managing risks, issues and performance but these were not followed, which resulted in poor risk management at the practice.

The management of radiography. fire safety, infection control, sharps safety, medicines and medical emergencies required improvement.

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

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 meetings 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

The provider did not have systems and processes in place for learning continuous improvement and innovation.

The system for monitoring staff training required improvement to ensure staff could evidence their competency in core recommended subjects.

We were shown evidence to confirm that the provider had paid for a system for staff to carry out training. The system was due to begin in mid-November 2022. We were told the system would be monitored to ensure staff completed training in a timely manner.

Audits of dental care records, patient care records, antibiotic prescribing, radiographs and infection prevention and control were incomplete. Specifically, audits did not document analysis, reflection and learning points which meant any improvements could not be evidenced.

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 The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: **Infection Control** • Out of date dental materials in 2 treatment rooms. • Un-pouched rubber dam clasps in 1 treatment room. • Cleaning equipment storage arrangements did not follow national guidance. **Fire Safety** • Emergency light tests were not carried out at appropriate intervals. • Emergency light service and battery testing was not carried out. **Sharps** • Sharps bins were not labelled appropriately in 3 treatment rooms. • Sharps injury information was not available in any of the 4 treatment rooms. **Medical Emergencies** • Seals on the bags containing clear facemasks size 0,1,3 and 4 were broken and we could not identify their expiry dates. • Glucagon was stored in a fridge which was not temperature monitored. **General Data Protection Regulation (GDPR)**

This section is primarily information for the provider

Requirement notices

- A General Data Protection Regulation (GDPR) compliant accident book was not available.

Medicines

- Antibiotics were dispensed without information about precautions relating to their use in line with the Human Medicines Regulations 2012.

Patient Safety

- The practice did not have a system for receiving and acting on patient safety alerts.
- Carbon monoxide detectors were not present near either of the gas boilers.

Continuous improvement

- Disability access audit actions were not carried out.
- Audits of radiographs and infection prevention and control did not document analysis, reflection and learning points which meant any improvements could not be evidenced.

Regulation 17(1)