

Dr Sunday Adewale Samuel

Dr Sunday Samuel Dental Surgery

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 6 December 2023 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 and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were not always available in line with guidance.
- The practice did not have systems to manage risks for patients, staff, equipment or 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.
- There was a lack of effective leadership or a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Short falls were found with complaints management to show they were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

Dr Sunday Samuel Dental Surgery is in Shrewsbury and provides NHS and 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 dedicated parking for people with disabilities, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 2 dental nurses, 1 dental hygienist and 1 receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist, 2 dental nurses and the receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 9am 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:

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

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. We found safeguarding training had not been carried out for 2 of 6 members of staff.

The practice had infection control procedures which reflected published guidance. We noted that designated boxes were not used for transporting instruments into the decontamination room.

A Legionella risk assessment was carried out a week prior to our inspection which had identified a number of areas that required addressing. Following the inspection, the provider submitted evidence of some of the actions which had been addressed.

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 and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedures to help them employ suitable staff. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice equipment was safe to use, maintained and serviced. We identified scope for improvement in ensuring this was carried out at regular intervals according to manufacturers' guidance. For example, the compressor service was previously carried out in 2018 and the portable appliance testing (PAT Test) was carried out in 2016. Electrical installation condition report (fixed wiring) had not been carried out.

A fire safety risk assessment had not been completed. The management of fire safety was not effective as no routine safety checks were carried out. Following the inspection, a weekly checklist was put in place to ensure the effective operation of the fire alarm and fire extinguishers were monitored.

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

Risks to patients

The practice had limited systems in place to assess, monitor and manage risks to patient and staff safety. We did not see evidence of assessment of risk for sharps safety and sepsis awareness.

We found emergency equipment and medicines were not always available as required in guidance. We identified items that were missing such as the spacer' device for inhaled bronchodilators, self-inflating bag with reservoir for a child, clear face masks for self-inflating bag (sizes 0,1,2) and an eye wash kit. We found out of date or no expiry date displayed items including an oxygen face mask with reservoir and tubing for a child, oropharyngeal airways (size 4) and clear face masks for self-inflating bag (sizes 3 and 4). We saw evidence of monitoring of the medical emergency drugs but not for the medical emergency equipment. Following the inspection all of the missing and out of date equipment was ordered.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support. We noted this training was carried out online rather than face to face as recommended.

Are services safe?

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. We found these did not cover all materials used within the practice and there were no safety data sheets available. Following the inspection, the information was updated.

Information to deliver safe care and treatment

Patient care records were complete, 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

The practice had systems for appropriate and safe handling of medicines. We identified antimicrobial prescribing audits were not carried out to assess if the clinicians were prescribing according to national guidelines.

The provider did not have an effective system in place for the security of NHS prescriptions pads or to identify any lost or missing prescriptions.

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.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They 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 patient care records in line with recognised guidance.

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.

Not all the dental care records we reviewed evidenced the dentists justified, graded and reported on the radiographs they took. The practice did not carry out radiography audits 6 monthly in accordance with current guidance.

Effective staffing

Clinical staff completed continuing professional development required for their registration with the General Dental Council. The practice arrangements to ensure staff training was up-to-date and reviewed at the recommended intervals required improvement as there was limited training for 1 staff member.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentist 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. Staff gave clear examples of how they supported patients who were nervous or vulnerable.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. Computer screens were not visible to the public at reception and there was an available area away from reception where patients could have a private discussion if requested.

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 and 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 explained the methods they used to help patients understand their treatment options. These included study models and X-ray images.

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 step free access for patients with access requirements. There were 2 ground floor treatment rooms and toilet facilities which were accessible for wheelchair users. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for all patients.

Timely access to services

The practice displayed its opening hours and provided information on their website and 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 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. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice did not respond to concerns and complaints appropriately. We did not see evidence to show complaints were recorded and reviewed or that any learning from concerns and complaints was shared with staff. Staff told us complaints were discussed during staff meetings if appropriate however, no evidence of this was provided. Following the inspection, the practice provided an events record of 1 complaint.

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

We identified some shortfalls in relation to the leadership governance systems, staff training, peoples' safety and processes to drive improvement at the practice.

Following our inspection, the provider submitted information addressing many of the shortfalls we identified, demonstrating the providers commitment to improving the service for both staff and patients. However, these processes and systems were not embedded within the practice.

Culture

A member of staff we spoke to stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during informal 1 to 1 meetings. They also discussed learning needs, general wellbeing and aims for future professional development. There was no evidence provided of staff appraisals.

Governance and management

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff. Not all policies, protocols and procedures had been reviewed on a regular basis.

The provider did not demonstrate that they had consistently clear and effective processes for managing risks. For example, we noted shortfalls in appropriately assessing and mitigating risks in relation to fire safety, electrical safety, Legionella and sharps management.

Appropriate and accurate information

The practice had some 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 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 provider did not have a formal system in place to ensure staff training was up-to-date and reviewed at the required intervals.

The practice undertook audits of infection control, dental care records, and disability access. Staff kept records of the results of these audits. We found these audits were not carried out at the recommended time scales and did not show any resulting action plans or improvement where appropriate.

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 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> <ul style="list-style-type: none">• Systems were not established to ensure clinicians recorded in the patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017.• The practice protocols and procedures to ensure staff were up to date with their mandatory training and their continuing professional development was not effective.• Audits for infection prevention and control and radiography were not completed at the recommended time scales and did not show any resulting action plans and improvement where appropriate. <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 relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p>

Requirement notices

- There were ineffective systems for recording, investigating and reviewing complaints or significant events with a view to preventing further occurrences and ensuring that improvements were made as a result.
- The security of NHS prescription pads and the system to track and monitor their use was not effective.
- Systems of checks of medical emergency equipment and medicines were not effective. The provider had not ensured the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- The provider had not ensured all recommended actions were addressed as stated in the Legionella risk assessment.
- The provider had not ensured all recommended actions were addressed as stated in the Electrical installation condition report (fixed wiring).
- A fire safety risk assessment had not been completed. Monitoring of fire detection and suppression equipment had not been recorded.