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Manor Square Dental Practice

Inspection report

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Overall summary

We carried out this announced focussed inspection 15 December 2021 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 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 asked the following three questions:

- 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:

Are services safe?

We found this practice was not providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations.

Summary of findings

Background

Manor Square Dental Practice is in Otley to the north west of Leeds and provides NHS and private dental care and treatment for adults and children.

The practice has six treatment rooms, one of which is located on the ground floor. There are car parking spaces, including dedicated parking for people with disabilities, near the practice.

The dental team includes nine dentists, 14 dental nurses and four non-clinical members of staff.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with dentists, dental nurses 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 to Friday: 8:30am to 5pm.

Our key findings were:

- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and 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.
- Staff felt involved and supported and worked as a team.
- The provider had information governance arrangements.
- Risks from the undertaking of regulated activities had not been suitably identified and mitigated.
- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures; however, they did not fully reflect national published guidance.
- Staff knew how to deal with emergencies. The practice had emergency medicines and life-saving equipment; however, checks had failed to identify that some items were missing.
- The provider had staff recruitment procedures which reflected current legislation; however, it was unknown if all staff had immunity to the Hepatitis B virus.
- Improvements could be made to the quality assurance processes, particularly with regard to audits.

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

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

Full details of the regulations 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

- Take action to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service. 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?	Requirements notice	✗
Are services effective?	No action	✓
Are services well-led?	No action	✓

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)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. There was a designated lead person for safeguarding within the practice. They had completed safeguarding training to the required level.

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

The provider had an infection prevention and control policy and procedures. The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care was used for guidance. Staff completed infection prevention and control training and received updates as required. There was a lead for infection control, as recommended by the published guidance. The lead had undertaken infection control training in line with their continuing professional development.

The provider had introduced procedures to minimise the risks to patients and staff related to COVID-19. These included reduced patient numbers, social distancing, personal protective equipment for staff, and face coverings for patients and any chaperones.

The provider took into account HTM 01-05 when putting in place arrangements for transporting, cleaning, checking, sterilising and storing instruments. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. During the inspection we identified that one steriliser had been serviced and was in use. However, documentation from the service in March 2021 identified this should not be used. This had not been identified until this inspection visit. Following this inspection, the provider contacted the maintenance company, and the steriliser was re-checked and found to be working correctly. The original documentation had been completed incorrectly by the service engineer.

The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

During the decontamination process we noted staff carried out manual cleaning of dental instruments prior to them being sterilised. We saw that instruments were being scrubbed under running cold water. This did not follow guidance outlined in HTM 01-05.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of hot and cold-water testing and dental unit water line management were maintained. The Legionella risk assessment had been completed by an external company in May 2019 and was kept under review internally.

We saw effective cleaning schedules to ensure the practice was kept clean. During the inspection we saw the practice was visibly clean.

Are services safe?

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Measures were taken to ensure clinical waste was stored securely.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit had failed to highlight the issues with manual cleaning or the maintenance of the autoclave.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

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

The provider 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. We looked at five staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff had systems to check equipment and facilities were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. We saw the system had failed to identify the practice did not have an up-to-date five-year fixed wire electrical safety check. The provider told us they would arrange for this to be completed as soon as possible.

The practice did not have a fire risk assessment as required by legal requirements. Following this inspection, we were sent evidence that an external fire safety company had been booked to visit the practice and complete a fire risk assessment in the coming weeks. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

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

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

We saw evidence the dentists graded and reported on the radiographs they took. The records showed the provider had not carried out radiography audits since 2018. This is contrary to current guidance which identifies they should be completed every six months. The provider had registered with the Health and Safety Executive. Local rules for the X-ray units were available in line with the current regulations. The provider used digital X-rays and had fitted rectangular collimation to X-ray machines to reduce the risks to both patients and staff.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

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

A COVID-19 risk assessment had been completed. We observed staff were wearing personal protective equipment and a social distancing regime was in place.

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation 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 vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. However, we identified four members of staff whose Hepatitis B status was not known or recorded. The provider had not completed risk assessments for these staff members.

Staff had completed sepsis awareness training. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

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

Emergency equipment and medicines were available as described in recognised guidance apart from the correct sized masks for the self-inflating bags, and an inhaler for use in the event of a breathing-related medical emergency. Replacements for the missing items were ordered during the inspection, to ensure the emergency equipment and medicines were in line with national guidance. We found staff kept records of their checks of these to make sure recommended items were available, within their expiry date, and in working order. However, the checks had failed to identify the missing items listed above.

A dental nurse worked with the clinicians when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had data information sheets and risk assessments related to substances that are hazardous to health.

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 clinicians how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

Medical histories were checked by the clinicians with the patients in the treatment room, and the results were recorded in the dental care records at each visit.

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

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a 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 stock control system had been effective apart from the missing inhaler.

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

Are services safe?

We saw the practice occasionally issued NHS prescriptions to patients. The practice did not have records of NHS prescriptions held in the practice as described in current guidance. This would give an audit trail and increase the security of NHS prescription pads at the practice. We also noted NHS prescription pads were not secured when the practice was closed as they were stored in an unlocked drawer.

Antimicrobial prescribing audits were being completed in line with guidance. The College of General Dentistry guidelines identify these should be completed annually.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

The practice had systems and processes to record, investigate and analyse any safety incidents that occurred. If relevant these were discussed with the rest of the dental practice team to prevent such occurrences happening again or as a learning exercise.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required. The practice reviewed regular Coronavirus (COVID-19), advisory information and alerts. Information was provided to staff and displayed for patients to enable staff to act on any suspected cases. Patients and visitors were requested to carry out hand hygiene and wear a mask on entering the premises.

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 practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by a visiting clinician who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists and dental hygiene therapist prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

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

The dentists described the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after.

The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records.

The practice's consent policy referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age. The team were aware of the Mental Capacity Act 2005, (MCA), and understood their responsibilities under the act when caring for adults who might not be able to make informed decisions. We saw improvements could be made to the policies relating to the MCA and best interest decisions. Immediately following this inspection, we were sent an updated consent policy, which clearly addressed those areas identified for improvement.

Are services effective?

(for example, treatment is effective)

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 containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance. The relevant information was recorded in a detailed and clear manner and was easily accessible for clinical staff.

We saw that dental care records were being audited in line with national guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the 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 well-led?

Our findings

We found this practice was providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

Leaders and managers were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population. The COVID-19 pandemic had reduced numbers of patients seen at the practice. However, the provider had taken steps to ensure the maximum number of patients who could receive an appointment, received one, provided this could be done safely and giving due consideration to the restrictions imposed by COVID-19.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice. Managers had systems to identify and act on behaviour and performance that was not consistent with the vision and values of the practice. These included a range of human resources policies and procedures.

Staff discussed their training needs at annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals and personal development plans where appropriate in the staff folders.

The practice was holding regular staff meetings. Minutes were taken of the meetings as a record of discussions and for staff to be able to refer to decisions taken at the meetings.

The staff focused on the needs of patients; the ground floor treatment room made accessing treatment for patients with mobility issues easier. There was level access to help wheelchair users to gain entry into the practice.

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 could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

Staff had clear responsibilities, roles and systems of accountability within the practice.

The provider had overall responsibilities for the management and clinical leadership and oversaw the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

The provider's systems to identify and manage risks were not fully effective. We identified risks in relation to:

- Infection prevention and control audits had not identified or reported on concerns identified in this inspection.

Are services well-led?

- The provider did not have oversight of the systems and processes for infection prevention and control. Staff were not following the guidance in HTM 01-05 when manually cleaning dental instruments.
- A steriliser had been identified as not to be used, albeit in error. This had not been recognised or investigated in March 2021 when the machine had been serviced.
- Systems and processes for checking the medical emergencies medicines and equipment had failed to identify missing recommended items.
- Radiography audits had not been completed since 2018.
- The provider did not have oversight of staff records, as they failed to identify that, for four staff members, they had not clarified their Hepatitis B status. Risk assessments for these members of staff had not been completed.
- Systems and processes had failed to identify that a five-year fixed wire electrical safety check was required.

Governance systems needed to be reviewed and systems and processes amended to further reduce risks and make improvements.

Appropriate and accurate information

Quality and operational information, for example surveys and audits, were used to improve performance. Performance information was combined with the views of patients.

The provider 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 high-quality sustainable services.

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. This had been suspended during the COVID-19 pandemic, so patients were encouraged to leave feedback on one of the on-line forums. At the time of this inspection FFT had not been restarted at the practice.

The practice gathered feedback from staff 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.

Continuous improvement and innovation

The provider had systems and processes for learning and improvement.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, and infection prevention and control. However, radiography audits had not been completed since 2018, and the infection prevention and control audit had failed to report on the concerns identified in this inspection.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. There were systems in place to support staff in training and meeting the requirements of their continuing professional development.

Staff completed training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out.</p> <p>In particular:</p> <ul style="list-style-type: none">• Recognised guidance (HTM 01-05) was not being followed in respect of the manual cleaning of dental instruments.• The provider did not have a current five-year fixed wire electrical safety check completed.• The provider did not have a fire risk assessment.• The provider had not clarified Hepatitis B immunity status for four staff.• The provider had not ensured the security of all NHS prescriptions held in the practice. <p>Regulation 12 (1)</p>