

Dr Qaisar Jaffri

Haydock Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 1 August 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 available.
- 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.

Summary of findings

- 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.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The practice had information governance arrangements.

Improvements were needed to ensure:

- All important information is recorded consistently and accurately within dental care records.
- The systems in place to help the provider manage risks to patients and staff are effective. In particular, in relation to the management of dental sharps, radiation and fire safety and legionella.
- There is effective leadership and a culture of continuous improvement.

Background

Haydock Dental Practice is part of Dr Qaisar Jaffri a dental group provider. The practice is in Haydock in Merseyside and provides mainly NHS and some private dental care and treatment for adults and children.

There is ramped access to the practice for people who use wheelchairs and those with pushchairs. The practice is located close to local transport routes and car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 4 dentists, 3 dental nurse/receptionists, 1 dental therapist and 1 practice manager. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist, 3 dental nurse/receptionists and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 8.30 am to 5.30pm

Closed for lunch every day from 12.30pm to 1.30pm

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:

- Take action to ensure dentists are aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.

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 practice had appointed a safeguarding lead to oversee safeguarding awareness and training.

The practice had infection control procedures which reflected published guidance. The practice had appointed an infection prevention and control lead to oversee and maintain standards.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, including monthly water temperature monitoring and quarterly water testing. The practice had carried out a Legionella risk assessment on the 17 July 2023, that highlighted the water temperatures recorded were outside the recommended parameters and no action had been taken to address this. This had also not been identified in monthly water temperature monitoring carried out by staff and we could not be assured of the accuracy of the records.

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.

We could not be assured all clinicians used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment; improvements should be made to ensure all relevant staff were aware of these guidelines.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

Improvements could be made to the systems for managing the risks to clinical staff before they had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus and that the effectiveness of the vaccination was checked.

Risk assessments were carried out to mitigate the risks of working without adequate immunity; however we noted the risk assessment did not consider all the risks and was not specific to the individual.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements; however we noted the risk assessment did not consider the residential premises located above the practice. Records were not available to demonstrate that battery operated smoke detectors and emergency lighting were tested and serviced.

The practice had arrangements to ensure the required radiation protection information was available. The X-ray equipment was serviced and maintained appropriately. Recommendations were made in a Critical Examination Report from December 2022 regarding the safe use of 1 X-ray unit and there was no evidence this had been actioned.

Risks to patients

Are services safe?

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety; however, improvements were needed. The practice carried out a risk assessment in relation to the management of dental sharps, however it did not consider the risks from all forms of sharps. We also noted safety devices were not provided for clinicians when re-sheathing needles.

Information was available to help staff recognise signs of sepsis and take prompt action

Emergency equipment and medicines were available and checked in accordance with national guidance.

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

Patient care records 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.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. NHS prescription pads were kept secure, and a log was in place to monitor and track their use.

Track record on safety, and lessons learned and improvements

We were told the practice had systems to record incidents and accidents. Records were not available to demonstrate that an accident was appropriately recorded, reported and reviewed to use it as an opportunity for shared learning. We were told action had been taken following accidents, but we could not see any record of this.

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. We looked at 7 dental care records. Improvements were needed to ensure important information such as treatment options, consent and the use of airway protection were consistently recorded, as well as evidence of adherence to the current British Society of Periodontology (BSP) guidelines.

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.

Improvements were needed to ensure the dentists consistently justified, graded and reported on the radiographs they took. The practice carried out radiography audits; however these were not in accordance with current guidance. We were shown recent audits that assessed a limited number of dental X-rays and appeared to highlight areas of improvement, however there were no reflective outcomes or action plans to drive improvement.

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 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.

The practice collected and reviewed patient feedback. We were told where any suggestions were made these would be reviewed and actioned as appropriate.

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.

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 and information leaflet 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 for example 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 information available in various formats, ramped access, a downstairs surgery and an accessible toilet, for patients with additional needs. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website, patient information leaflet and social media page.

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.

The practice's information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

The practice manager described how they had agreed to provide additional NHS appointments to patients needing urgent care. The team were passionate about continuing to offer NHS services to patients.

When the practice was unable to offer an urgent appointment, they worked with partner organisations and sister practices to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice manager described how they responded to concerns and complaints. Staff discussed outcomes 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. 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 found the provider had the capacity, values and skills to deliver high-quality, sustainable care.

The information and evidence presented during the inspection process was clear and well documented.

We noted there was a lack of oversight of the leadership team to ensure that the practice's systems and processes were followed and risks managed appropriately.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They enjoyed working in the practice.

Staff discussed their training needs during annual appraisals. We were told support was available for clinical staff; however improvements could be made to ensure all clinicians are aware of where to access key documents of reference. We discussed the importance of ongoing clinical support to drive the improvements noted in the clinical records.

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

Governance and management

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

Improvements were needed to ensure processes for managing risks were effective. The practice did not have adequate systems in place for recognising, assessing and mitigating the risks associated with fire and radiation safety, legionella and dental sharps.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had 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 meetings and 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

Are services well-led?

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. We noted not all audits were an accurate reflection of our findings on the day and did not contain outcomes and action plans to drive improvement.

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>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 operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:</p> <ul style="list-style-type: none">• Dental care records did not consistently contain all information in accordance with currently guidelines. <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> <ul style="list-style-type: none">• Systems for managing Legionella were not effective; protocols in place did not highlight possible risks and where recommendations were made in a risk assessment, there was no evidence action had been taken.• Not all fire safety risks had been considered. Records were not available to demonstrate that the smoke detectors and the emergency lighting were monitored and serviced.• Records were not available to demonstrate recommendations made in the Critical Examination Report for 1 X-ray unit had been addressed.• Systems for assessing risks to staff prior to obtaining adequate immunity for vaccine preventable infectious diseases did not consider all the risks and were not specific to the individual.

Requirement notices

- The sharps risk assessment did not consider the risks from all forms of dental sharps. Devices were not available to protect staff when re-sheathing needles.

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:

- Records were not available to demonstrate that accidents and incidents were recorded, reviewed and used to share learning.
- Audits did not consistently contain reflective outcomes and action plans to drive improvement. The record card audit had not highlighted the areas of improvement noted on the day.
- The radiography audit was not carried out in accordance with current guidelines.

Regulation 17(1)