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Capehill Dental Surgery

Inspection report

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Date of inspection visit: 5 May 2021
Date of publication: 17/06/2021

Overall summary

We carried out this unannounced inspection on Wednesday 5 May 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.

As part of this inspection we 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:

Are services safe?

We found this practice was 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

Capehill Dental Surgery is in Smethwick, West Midlands and provides NHS and 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. Car parking spaces are available near the practice on local side roads or in a pay and display car park which is a short walk from the practice.

The dental team includes three dentists, three dental nurses (including one trainee and a practice supervisor), and one receptionist. The practice has three treatment rooms, two of which were in use by the practice at the time of inspection.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Capehill Dental Surgery is the area manager.

During the inspection we spoke with one dentist, one dental nurse and the practice supervisor, who is also a dental nurse. The practice owner and registered manager attended for part of the inspection visit. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from 9am to 6pm

Tuesday from 9am to 6pm

Wednesday from 9am to 6pm

Thursday from 9am to 6pm

Friday from 9am to 6pm

Saturday 9am to 1pm

Our key findings were:

- The provider had infection control procedures which mostly reflected published guidance. Ultrasonic protein and foil testing was not being completed at the required frequency. There was a ripped stool in use in the dental treatment room and inconsistencies were noted in the dating of pouched dental instruments.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- 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 provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked as a team.
- The provider had information governance arrangements.

Summary of findings

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

- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' (In particular repair or replace the ripped dental stool in the treatment room, complete validation and checks on the ultrasonic cleaner at the frequency recommended in the manufacturers guidance, pouched dental instruments should be dated in line with guidance. Storage of three in one tips should be improved, sharps boxes should be dated and signed with date of opening.
- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.
- 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.
- Implement an effective system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No action	✓

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)

Staff had clear systems to keep patients safe.

The provider had safeguarding policies and procedures to provide staff with information about identifying the signs and symptoms of abuse and neglect. Information was available to inform staff how to report concerns and deal with suspected abuse. Staff had received training to help ensure they knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. Safeguarding was discussed during practice meetings and update training provided. We were told that initially safeguarding concerns would be discussed with the practice supervisor and the registered manager who is the safeguarding lead.

Posters were displayed in the patient toilet to help patients receive support or report female genital mutilation.

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. A log was kept of those vulnerable patients who missed appointments when the practice was closed due to lockdown. When the practice re-opened, these patients were contacted and offered an appointment.

The provider had an infection prevention and control policy and procedures. They mostly followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. The infection control lead had completed specific infection control and prevention lead training in April 2020 and update training in May 2020.

Some improvements were required to the arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed that the ultrasonic cleaning equipment used by staff for cleaning instruments was not validated or maintained in line with the manufacturers' instructions. Records demonstrated that protein and foil tests were not being completed at the required frequency. The registered manager confirmed that the frequency of these tests would be adjusted as requested. Other equipment used for the decontamination of dental instruments was used, validated and maintained as required.

The provider had suitable numbers of dental instruments available for the clinical staff. Inconsistencies were noted regarding the recording of dates on pouched instruments. Not all staff were following the practice procedure of recording the sterile pouched instruments with the expiry date as some were recording the actual date of sterilisation, therefore some pouches we saw were in date and others had passed the expiry date for re-sterilising as these had been dated incorrectly. The registered manager confirmed they would discuss this with staff and ensure that all staff followed the same procedure.

The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised 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.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

Are services safe?

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 which was completed in April 2021. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained. Water quality testing was completed quarterly, and water temperatures were checked daily.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean. However, we noted that areas in the practice waiting room and in the ground floor dental treatment room had paint and plaster missing from the walls which would make these areas difficult to clean.

The provider had implemented additional measures to the patient journey to reduce the spread of Covid 19. Ventilation machinery to increase air changes was used when aerosol generating procedures were completed. Staff had all been fit tested and checked for the appropriate masks and personal protective equipment (PPE) and a certificate in the waiting room recorded that staff had completed COVID infection control training in January 2021. There were posters on display to remind staff of the correct procedure for donning and doffing of PPE. A Perspex screen surrounded part of the reception desk and some precautions had been taken in the waiting room to try and ensure that patients did not sit next to each other whilst waiting to see the dentist. We were told that the front door to the practice was closed and patients were usually asked to wait outside the practice before seeing the dentist to try and ensure patients socially distance.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. On the day of inspection clinical waste was securely stored.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit completed in May 2021 showed the practice was meeting the required standards. However, we saw that a dental stool used in the treatment room was ripped and would not be able to be cleaned sufficiently. We also saw that three in one tips were stored in an open lidded box in a cupboard in the dental treatment room. These three in one tips were not pouched. Sharps boxes seen had not been signed by staff and did not record a date of opening. It would therefore be difficult to identify when these boxes should be closed and replaced.

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

The dentist we spoke with did not always use dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. Dental care records did not document the reason for the non-use of the dental dam, such as for example refusal by the patient, and where other methods were used to protect the airway, there was no evidence of completion of a risk assessment.

The provider had a recruitment policy and procedure to help them employ suitable staff. We discussed the recruitment procedure with the practice supervisor and registered manager and looked at three staff recruitment records. These showed the provider followed their recruitment procedure. We saw that disclosure and barring service (DBS) checks were available in the three staff recruitment files that we saw. We were told that DBS were available for all staff at the practice.

We observed that most clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover. However, we were not provided with evidence to demonstrate that one dental nurse was appropriately registered with the General Dental Council (GDC). We were told that this nurse's GDC registration had lapsed and was not undertaking nursing duties until re-registration was confirmed.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We saw that a portable appliance test had been completed on 27 January 2021 and were shown a gas safety certificate dated July 2020.

A fire risk assessment was carried out in line with the legal requirements, action was required to address issues identified. The registered manager was aware of the actions to take and confirmed that action would be taken as soon as possible. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Regular checks were documented for fire safety equipment to demonstrate that they were in good working order.

Are services safe?

The practice had some arrangements to ensure the safety of the X-ray equipment, we saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation. We saw that the last audit was completed in March 2020 and was overdue for completion.

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.

We looked at the practice's arrangements for safe dental care and treatment. The dentist we spoke with was not using a safer sharps system, however other systems were in place to remove and dispose of needles and other sharp dental items safely.

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.

The clinician we spoke with required update regarding the recognition, diagnosis and early management of sepsis and at the time of inspection there were no sepsis prompts for staff or patient information posters displayed in the practice. This information would help to ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care. Following this inspection we were told that patient information posters had been put on display throughout the practice.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year, staff completed their annual update in April 2021.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

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

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 dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with a clinician to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. However, we saw that some information was not recorded on dental care records such as a risk assessment regarding tooth wear or basic periodontal examination results for children aged over seven years of age. Dental records were legible, kept securely and complied with General Data Protection Regulation requirements.

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.

Are services safe?

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.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentist we spoke with was aware of current guidance with regards to prescribing medicines. The practice was completing antimicrobial prescribing audits but two of those seen were overdue for review.

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.

During discussion we were told that in the previous 12 months there had been no safety incidents, should an incident occur it would be investigated, documented and discussed with the rest of the dental practice team. However, during discussion, we discussed some incidents which had taken place but had not been identified as a significant event or recorded as such.

Accident record books were kept, and we noted that there had been no accidents at the practice recently.

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.

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. However, the dentist we spoke with was not fully aware of the British Society of Periodontology (BSP) classification for periodontal diseases issued in 2017 and the newer BSP clinical guidelines for the treatment of periodontitis. Care and treatment were delivered in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

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 prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

We were told that the dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. However, not all records seen demonstrated that smoking cessation was discussed.

The dentist described to us 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, in line with guidance issued as a result of the Covid pandemic, patients were not signing to demonstrate consent currently. Staff were aware of the need to ensure written consent was obtained as soon as guidance changed.

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 included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also 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.

Staff described how they and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. However, we saw that the dentist was not recording basic periodontal examination results for children aged over seven years of age.

Are services effective?

(for example, treatment is effective)

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

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

Staff new to the practice had a structured induction programme. The practice used an induction package produced by an external agency. Staff signed a document when they had completed their induction training. We were told that regularly weekly probation/support meetings were held with staff whilst completing induction training. 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 dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. Systems were in place to monitor referrals to ensure patients received treatment.

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

We found partners had the capacity, values and skills to deliver high-quality, sustainable care.

Leaders 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.

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.

Culture

The practice had a culture of high-quality sustainable care.

The dentist we spoke with said they felt valued and supported, they had worked at the practice for many years.

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. Development plans were completed as part of the appraisal process. We were told that appraisal meetings had not been held recently and had not been completed during 2020 due to issues caused by the Covid pandemic. However, staff had been contacted recently to arrange their appraisal meetings for 2021. We saw evidence of development plans in some staff folders.

We saw the provider had systems in place to deal with staff poor performance.

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. We were told that the provider or manager were always available if staff needed to discuss anything or raise concerns.

Governance and management

The registered manager and provider had overall responsibility for the management and clinical leadership of the practice. The practice supervisor was responsible for 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 practice was moving towards a paperless system and were transferring all information on to the practice's computer system.

Reception staff were responsible for completing a Covid risk assessment for each patient prior to their appointment at the practice. We saw that some records had been kept demonstrating this, but this was not recorded on each occasion. The reception logbook shown to us had not been completed after 6 February 2021.

We saw there were some processes for managing risks, issues and performance. However, there were some areas in which systems and processes were not effective or not embedded.

A clinical governance audit had been completed in May 2020, any issues for action identified had been addressed.

Appropriate and accurate information

Are services well-led?

Staff acted on appropriate and accurate information.

Quality and operational information, for example audits and external body reviews was used to ensure and 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. We were told that staff had completed information governance training and we saw some evidence to demonstrate this. The practice was completing the Data Security and Protection Toolkit. The Data Security and Protection Toolkit is an online self-assessment tool that enables organisations to measure and publish their performance against the National Data Guardian's ten data security standards.

Engagement with patients, the public, staff and external partners

The provider encouraged verbal comments to obtain staff and patients' views about the service. Full practice meetings were not currently being held as this would be difficult whilst maintaining social distancing. We were told and saw evidence that regular update emails were sent to staff in lieu of practice meetings. Staff said that if they had any concerns or queries, they could speak with the practice supervisor/registered manager or practice owner.

Patients were previously encouraged to complete the NHS Friends and Family Test (FFT) but this had ceased following guidance released concerning the Covid pandemic. We were told that this would recommence in line with the timescales suggested in guidance. The FFT is a national programme to allow patients to provide feedback on NHS services they have used.

The practice responded to all reviews about their service on the NHS Choices website.

Systems were in place to investigate and respond to any complaints made. We were told that verbal complaints would be dealt with immediately and any written complaints forwarded to the complaint lead (registered manager) for investigation.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The practice was also a member of a good practice certification scheme.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records (April 2020 and January 2021), radiographs (March 2020) and infection prevention and control (May 2021). Staff kept records of the results of these audits and the resulting action plans and improvements.

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