

Good Dentist

Hollins Road Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 13 June 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were 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:

- The dental clinic appeared to be visibly clean and well-maintained.
- The practice's infection control procedures should be improved to reflect published guidance.
- Staff knew how to deal with medical emergencies. Not all the appropriate medicines and life-saving equipment were available.
- The practice systems to help them identify and manage risk to patients and staff were not effective.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The staff recruitment procedures did not reflect current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines. The documentation of this could be improved.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.

Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.

Background

Hollins Road Dental Practice is in Oldham and provides NHS and private dental care (including private orthodontics) and treatment for adults and children.

A ramp is available for wheelchair users to access the reception and ground floor surgery. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes three dentists, four dental nurses (which includes two trainees), a receptionist and a practice manager. The practice has two treatment rooms.

During the inspection we spoke with two dentists, a dental nurse, the receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 9am-5.30pm

Friday 9am-4pm

We identified a regulation 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 is at the end of this report.

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

- Improve the practice protocols regarding auditing dental care records to check that necessary information is recorded.
- Take action to ensure 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?	No action	✓
Are services effective?	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.

Although we assessed this location as not well led, the impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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 infection control procedures should be reviewed to ensure these are in line with published guidance. Records of sterilisation cycles were incomplete; the steriliser had a data logger, but staff could not access the data held on the device and no action had been taken to address this. Not all pouches of instruments were labelled with the date when they should be reprocessed. The practice had not risk assessed whether additional safety measures in relation to COVID-19 should be considered in accordance with current guidance.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. We discussed with staff to ensure dental unit waterline flushing logs specify which dental chair these are carried out on.

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

We saw the practice was visibly clean and tidy, and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff.

Not all the essential recruitment checks had been carried out, in accordance with relevant legislation to help them employ suitable staff, including agency and locum staff. Disclosure and barring service (DBS) checks were not carried out for new staff members. Evidence of satisfactory employment history had not been obtained for two new staff members and references had also not been requested for one of these.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. A fire safety risk assessment was in place and we saw evidence that fire safety systems were maintained appropriately.

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

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working. Systems to assess health and safety risks should be reviewed to ensure they are effective. For example, the sharps risk assessment did not include the risk of all sharp items, the electrical safety risk assessment had not highlighted a visibly loose power socket and where clinical staff immunity to hepatitis B was unknown there were no risk assessments.

Are services safe?

Emergency equipment and medicines were available. Checking processes should be reviewed to ensure these are in accordance with national guidance. Midazolam (which is used to treat prolonged epileptic fits) was not as described in the British National Formulary, and staff had not been trained in its correct use. The provider took immediate action to address this and evidence of the correct medicine having been obtained was sent after the inspection. It was not clear whether the pads for the automated external defibrillator could be used on children as they specified for adults of 55kgs or over. The practice manager told us they would seek advice on this.

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

Dental care records we saw were complete, legible, were 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. We highlighted that the documentation of antimicrobial prescribing could be improved by ensuring a diagnosis, consideration of treatment options and whether there is a risk or symptom of systemic infection are consistently documented.

Track record on safety, and lessons learned and improvements

The practice had systems for reviewing and investigating when things went wrong, or where significant events occurred. These were not used effectively. Staff told us about two recent occasions where practice equipment was stolen but these were not documented as significant events.

The practice had a system for receiving and acting on safety alerts but could not demonstrate that these were reviewed and acted on in a timely way.

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.

The principal dentist provided private orthodontics. Patient assessments were in line with recognised guidance from the British Orthodontic Society.

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.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. We highlighted that options, risks, options and benefits explained were not consistently documented in dental care records.

Monitoring care and treatment

The practice kept detailed dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation.

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 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

The practice demonstrated a transparent and open culture in relation to people's safety.

Improvements could be made to ensure there is strong leadership and emphasis on continually striving to improve. We noted that management capacity had been limited due to staffing issues, and the focus had been on delivering patient care.

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

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time. Improvements had been made to the premises and further improvements were planned.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs informally, during meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

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

Governance and management

Staff had clear responsibilities roles and systems of accountability to support governance and management.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. The practice manager had not had the opportunity to review these yet.

We saw the processes for identifying and managing risks, issues and performance were not effective: For example:

- The provider had not carried out a risk assessment before reducing the Covid 19 protection measures in the practice.
- Systems to risk assess health and safety in the practice were not effective.
- There was ineffective oversight of infection prevention and control.
- There was ineffective oversight of medical emergency arrangements.
- Systems were not in place to ensure safety alerts were reviewed and acted on in a timely way.
- Essential checks were not carried out for new staff members.

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 these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

Are services well-led?

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

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

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. We highlighted that audits should have documented results and action plans to show improvement over time. In particular, we discussed how audit could be used to further improve the documentation of antimicrobial prescribing and consent.

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>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">• The provider had not carried out a risk assessment before reducing the Covid 19 protection measures in the practice.• Systems to risk assess health and safety in the practice were not effective. In particular, ensuring risks from all sharps, staff immunity and electrical safety were assessed.• There was ineffective oversight of infection prevention and control. Staff were aware that records of sterilisation cycles were irretrievable, but no action had been taken to address this.• There was ineffective oversight of medical emergency arrangements. The provider had not ensured that staff were confident to respond to some medical emergency situations.• Systems were not in place to ensure safety alerts were reviewed and acted on in a timely way.• Essential checks including DBS checks, employment history or references were not always carried out for new staff members.

This section is primarily information for the provider

Requirement notices

Regulation 17(1).