S A Harrison Laboratories Limited

Safe Dental

Inspection report

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Overall summary

We carried out this announced focused inspection on 6 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 was visibly clean.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. The system to check the contents of the medical emergency kit was not working effectively.
- The systems to help them manage risk to patients and staff were not all effective.
- 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.
- The clinical staff provided patients' care and treatment in line with current guidelines.

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.
- The dental clinic had information governance arrangements.

Background

Safe Dental is in Morley and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes two dentists, a dental hygienist and therapist, a trainee dental nurse, a receptionist and a practice manager (who is also a qualified dental nurse). The practice has one treatment room.

During the inspection we spoke with one dental nurse 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 and Tuesday from 9:00am to 5:00pm

Wednesday from 9:00am to 7:30pm

Thursday from 8:00am to 5:00pm

Friday from 8:00am to 6:00pm

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider was not meeting are at the end of this report.

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

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

Summary of findings

The five questions we ask about services and what we found

We 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.

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 infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted there was no feminine sanitary waste bin in the toilet. The Health and Safety Executive state that employers have to provide somewhere to dispose of sanitary products. We were told one would be ordered.

We saw the practice was visibly clean 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. These reflected the relevant legislation.

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

We noted the autoclave had not been subject to a pressure vessel examination or validation since September 2020. This was now overdue. We were told this was booked in to be completed. However, an effective system was not in place to ensure these are completed at the correct interval.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

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 systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

The practice held emergency equipment and medicines which reflected national guidance. However, we noted several items in the kit had passed their expiry date. These included the glucagon, the adult pads for the automated external defibrillator, oro-pharyngeal airways and a mask for the self-inflating bag. Staff showed us that they had some of these items which were in date, however, the out of date items had not been removed from the emergency kit and replaced with the in-date items. The system to check the contents of the kit was not working effectively.

Staff knew how to respond to a medical emergency. There was only evidence one member of staff had completed hands on medical emergency training. We saw evidence some members of staff had completed on-line training. We discussed the benefits of hands on medical emergency training as opposed to on-line training.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.However, we noted not all of these risk assessments accurately reflected the risks associated with the different substances. We discussed with staff the need to ensure risk assessments are accurate.

Are services safe?

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

During the inspection we identified some out of date local anaesthetic in the surgery. This was removed immediately.

We asked if an antimicrobial prescribing audit had been carried out. We were told that it had not.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

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.

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.

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 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.

Staff 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.

Culture

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

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

The system to ensure staff were up to date with required training was not effective. There was only evidence that one member of staff had completed face to face medical emergency training.

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 and were reviewed on a regular basis.

Improvements could be made to the processes for managing risks associated with the carrying out of the regulated activities:

- The system for identifying, replacing and disposing of out of date medical emergency equipment and medicines was not working effectively.
- The system for identifying, replacing and disposing of out of date local anaesthetic was not working effectively.
- The system for ensuring equipment is maintained appropriately was not working effectively.
- The system for managing the risks associated with substances which are hazardous to health was not effective.

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.

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 some quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs and infection prevention and control. We noted the infection prevention and control audit did not reflect our findings on the day of inspection as it had not identified the rips in the dental chair and the dental care record audit had not been completed for over a year. In addition, an antimicrobial prescribing audit had not been completed.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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. How the Regulation was not being met 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: • The system for identifying, replacing and disposing of out of date medical emergency equipment and medicines was not working effectively. • The system for identifying, replacing and disposing of out of date local anaesthetic was not working effectively. • The system for ensuring equipment is maintained appropriately was not working effectively. • The system for managing the risks associated with substances which are hazardous to health was not effective. • The system for ensuring staff are up to date with required training was not effective. There was additional evidence of poor governance. In particular: • Quality assurance processes were not working effectively.

This section is primarily information for the provider

Requirement notices

Regulation 17(1)