

Mr. Christopher Carre

Mr C Carre BDS Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 14 December 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, but they did not reflect published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were not available.
- The practice did not have systems to manage risks for patients, staff, equipment and the premises.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children, 1 member of staff did not have the correct level of training for their role.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff did not provide 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.
- 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.
- The leadership arrangements and processes for continuous improvement were not working effectively. There was not a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had ineffective information governance arrangements.

Background

Mr C Carre BDS Dental Practice is located within Stretford Mall, in Stretford, Greater Manchester and provides NHS dental care and treatment for adults and children.

There is step free 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 practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 dentist, 1 dental nurse and a receptionist. The practice has 1 treatment room.

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

The practice is open:

Monday, Thursday and Friday from 9am to 6pm

Tuesday and Wednesday from 9am to 5pm

We identified a regulation the provider is 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 is not meeting are at the end of this report.

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?	Enforcement 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)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Not all members of staff had the required level of safeguarding training for their role. The principal dentist submitted evidence that the training had been completed after the inspection.

The practice did not have infection control procedures which reflected current published guidance. Records were not available to demonstrate that the equipment used by staff for cleaning and sterilising instruments was used in line with the manufacturers' guidance. There was no evidence of successful completion of each autoclave cycle and staff were not checking the temperature of the solution used for manual cleaning of instruments. There were no environmental cleaning logs. We noted matrix bands, handpieces and instruments loose in the surgery drawers. There was no infection prevention and control audit. Following the inspection, the principal dentist has submitted evidence that all logs are being kept and the water temperature is now being taken and recorded. We were sent evidence that all loose instruments had been reprocessed and were now in pouches, environmental cleaning logs had been started and an audit has been completed.

The practice had procedures to reduce the risk of legionella, or other bacteria, developing in water systems, in line with a risk assessment. However, there were outstanding recommendations that had not been completed and monthly hot and cold-water temperature checks were not logged. After the inspection, the principal dentist submitted evidence that the actions from the risk assessment were ongoing and monthly temperature logs had been created.

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 however there were no environmental cleaning logs.

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.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover. We noted there was no evidence of a Disclosure and Barring Service (DBS) check for 1 member of staff and there was no evidence of the effectiveness of the Hepatitis B vaccination for this member of staff. The principal submitted evidence that a new DBS has been applied for.

The provider did not have effective fire safety management procedures. A fire risk assessment was completed in August 2007 and had not been reviewed since then. A fire drill had been carried out by the security team at Stretford Mall but no logs were kept at the practice and no evacuation time was recorded for the dental practice staff. The fire alarm was tested weekly by the security team at Stretford Mall but the practice did have access to these logs and did not keep their own. The emergency lighting at the practice was a torch on the reception desk and there were no logs to check it was working. Fire extinguishers had been serviced in April 2023 but there were no logs for weekly visual checks. The principal dentist submitted evidence that alarm checks would be logged, torch would be tested each month and logged and weekly fire extinguisher checks would be logged. Staff did not have up to date fire safety training.

The practice did not have arrangements to ensure the safety of the X-ray equipment. The X-ray machine had been broken for over 12 months when we visited on 14 December 2023, no replacement had been ordered and no alternative measures had been adopted. The principal dentist was continuing dental treatment without the use of diagnostic x-rays. Following our inspection, a new X-ray machine was installed on 18 January 2024.

Are services safe?

Risks to patients

The practice had not implemented systems to assess, monitor and manage risks to patient and staff safety. In particular relating to health and safety, lone working and sharps safety. The practice had not carried out a health and safety risk assessment since 2014, there was no sharps risk assessment and no lone worker risk assessment, to help them manage risks to staff and patients. The practice did not have business continuity plan. The principal dentist submitted evidence that health and safety, sharps safety and lone worker risk assessments had been completed and a business continuity plan had been created.

Emergency equipment and medicines were not available and checked in accordance with national guidance. In particular, buccal midazolam, used in the treatment of prolonged seizures, a size 0 oropharyngeal airway and size 21-gauge needles were missing from the medial emergency kit. Glucagon, a medicine used to treat low blood sugar was stored outside of the fridge and the expiry date had not been adjusted as necessary. We noted the battery for the automated external defibrillator (AED) was out of date however the AED was fully functional. There were no logs for checking the emergency equipment or medicines, including the AED and oxygen. The principal dentist submitted evidence that buccal midazolam, a size 0 airway, 21-gauge needles and a replacement battery for the AED had been ordered. Logs for checking all emergency equipment and medicines had been implemented.

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 not carried out risk assessments in relation to the safe storage and handling of substances hazardous to health. We found no risk assessments on the day of inspection and staff had no access to safety data sheets. We discussed this with staff and were assured this would be addressed and rectified.

Information to deliver safe care and treatment

The dental care records we saw were not complete. In particular, there was no record of which local anaesthetic was used. We discussed this with the dentist and were assured this would be addressed and rectified.

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 did not have systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not carried out. We saw NHS prescriptions were not stored securely or their use monitored effectively. We discussed this with the dentist and were assured this would be addressed and rectified. Evidence was submitted to show a prescription log had been created.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate 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. However, improvements are needed to ensure the detail recorded in dental care records reflects nationally recognised 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. 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

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.

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. Staff told us they had enough time for their role and did not feel rushed in their work.

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.

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.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

They stored paper records securely.

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 dentist explained the methods they used to help patients understand their treatment options.

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 for patients with access requirements. Staff had not carried out a disability access audit as required to continually monitor access to patients.

Timely access to services

The practice displayed its opening hours and provided information on the NHS website.

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. Patients had enough time during their appointment and did not feel rushed.

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

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations 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 responded to concerns and complaints appropriately. 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.

Leadership capacity and capability

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

There was a lack of leadership and oversight at the practice. In particular, there was no health and safety risk assessments, including sharps and lone working, fire safety was not effective, the x-ray machine was not working for over 12 months, items were missing or had expired in the medical emergency kit and there were no audits of infection prevention and control, radiography or antimicrobials.

Systems and processes were not embedded among staff. For example, no logs for environmental cleaning, no evidence of successful completion of each autoclave cycle, water temperature checks for legionella were not logged, not all staff members had a DBS check or evidence of immunisation against Hepatitis B.

The inspection highlighted some issues or omissions. For example, no business continuity plan, dental care records were not in line with guidance, there was no prescription log and pads were not stored securely.

The information and evidence presented during the inspection process was disorganised and poorly documented. For example, policies had not been updated since 2014.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

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 were proud to work in the practice.

Governance and management

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

The practice had an ineffective clinical governance system in place. For example, dental care records did not follow current guidance, there were no logs for the decontamination processes and the x-ray machine had been broken for a year.

The governance system included policies, protocols and procedures however we were not assured these were accessible to all members of staff. There was no evidence the practice's policies, protocols and procedures were reviewed on a regular basis.

The practice did not have clear and effective processes for managing risks, issues and performance. For example, there was no health and safety risk assessments, including sharps and lone working and fire safety management was not effective.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Engagement with patients, the public, staff and external partners

There was no evidence staff gathered feedback from patients, the public and external partners.

Are services well-led?

Feedback from staff was obtained 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 where appropriate.

Continuous improvement and innovation

The practice did not have appropriate quality assurance processes to encourage learning and continuous improvement. The practice had not undertaken audits of disability access, radiographs and infection prevention and control in accordance with current guidance and legislation.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

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> <ul style="list-style-type: none">• There were no systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular, clinical records lacked information regarding local anaesthetic used.• There were no systems or processes that ensured the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities.• 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 improve the quality and safety of the services being provided.• The registered person had failed to ensure that all equipment used by the service was properly maintained.• The equipment being used to care for and treat service users was not safe for use.• There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. There was no proper and safe management of medicines.</p>