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Porchester Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 8 February 2024 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 not available as required.
- Systems to manage risks for patients, staff, equipment and the premises were not always effective or robust.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff recruitment procedures did not always reflect current legislation.

Summary of findings

- 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.
- 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.
- Processes to ensure effective leadership and support a culture of continuous improvement were not effective or embedded amongst the staff team.
- 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 information governance arrangements.

Background

Porchester Dental Practice is in Nottingham and provides NHS and private 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 3 dentists, 5 dental nurses, 1 trainee dental nurse, 1 dental hygienist and 2 practice managers. The practice has 3 treatment rooms.

During the inspection we spoke with 2 dentists, 4 dental nurses and both practice managers. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday from 9am to 7pm.

Tuesday, Wednesday and Thursday from 9am to 5pm.

Friday from 9am to 2pm.

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:

- Ensure audits of antimicrobial prescribing and record keeping are carried out in line with guidance.

Summary of findings

- Implement an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

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. Staff had received training to a level appropriate to their role and information on how to identify and respond to safeguarding concerns was displayed around the service.

The practice had infection control procedures which reflected published guidance.

We identified scope for improvement with practice procedures to reduce the risk of Legionella, or other bacteria, developing in water systems. Monitoring checks were carried out but where these identified issues, specifically water temperatures not reaching the required level, action was not recorded as taken. Following our inspection, the provider submitted evidence that action had been taken to address this.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted that clinical waste bags were not always marked in a way to identify the practice as their source.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. We noted these were not always applied consistently to reflect relevant legislation. Evidence of required pre employment checks was not always available, specifically employment history and references.

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. Processes to ensure the practice facilities were maintained in accordance with regulations were not effective. A satisfactory fixed wire electrical safety certificate had not been obtained. Remedial action to address issues identified in an electrical safety assessment of 2022 had not been taken. The provider informed us action would be taken to address these issues. We did not see evidence to confirm this.

A fire safety risk assessment was carried out in line with the legal requirements. We identified scope for improvement in the management of fire safety by ensuring annual fire evacuation drills were carried out as required and strengthening of the recording process for regular monitoring checks.

The practice had arrangements to ensure the safety of the X-ray equipment. We noted the required radiation protection information was not always available. Evidence of annual mechanical servicing for x-ray machines was not provided and local rules did not identify authorised operators.

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.

Emergency equipment and medicines were not available or checked in accordance with national guidance. We identified numerous items that were unavailable or had exceeded their use by date. Specifically, needles and syringes expired in 2013 and 2016, the self-inflating airbag and mask expired in 2021 and oropharyngeal airways in 2013. We found that the storage bags were brittle with age. Additionally, we found lancets and testing strips for the blood glucose test had expired in 2012 and 2015. Records we reviewed stated the equipment had been checked and signed as available and in date by a number of staff from at least January 2022.

Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice risk assessments to minimise the risk that could be caused from substances that are hazardous to health were not robust or effective. Data sheets for hazardous substances were not available.

Information to deliver safe care and treatment

Patient care records were complete, 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 2-week wait arrangements.

Safe and appropriate use of medicines

The practice systems for appropriate handling and storage of medicines were not effective. We noted that antimicrobial prescribing audits were not carried out.

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.

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.

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.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits 6-monthly following current guidance.

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.

On the day of inspection, we spoke with 2 patients and reviewed a range of feedback both online and at the service. All patients we spoke with and feedback we read indicated a very high level of satisfaction with the care and treatment received at Porchester Dental Practice. Comments mentioned the support and friendliness of staff.

Patient feedback stated staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception area was open plan but staff endeavoured to protect patient confidentiality at all times and treatment discussions were held in surgeries.

Staff password protected patients' electronic care records and backed these up to secure storage. 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 practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included photographs, study models, X-ray images and an intra-oral camera.

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 ground floor treatment rooms and access to translation services, for patients with access requirements. 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 and patient information leaflet.

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 website, information leaflet and 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 and in line with the duty of candour. 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

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

We identified a number of shortfalls regarding the leadership provided, relating to governance systems, recruitment, required monitoring checks, maintenance and continually striving to improve. Specifically, monitoring of availability of medical emergency equipment, issuing of prescription pads, rectifying issues with electrical safety, availability of evidence of required pre employment checks and completion of audits.

Following our inspection, the provider submitted information addressing many of the shortfalls we identified, demonstrating the providers commitment to improving the service for both staff and patients. We found that not all issues were addressed and these processes and systems were not yet embedded within the practice.

The information and evidence presented during the inspection process was not always clear and well documented. Information relating to training, maintenance and risk was not always accessible to staff.

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

Culture

Processes to show how the practice ensured high-quality sustainable services and demonstrated improvements over time were not effective. Audits of antimicrobial prescribing were not carried out and other audits did not always include action plans.

Staff we spoke with told us the leadership team was approachable and they felt respected, supported and valued. All staff told us they were proud to work in the practice and were committed to the providers ethos.

Staff discussed their training needs during annual appraisals. 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

Guidance relating to staff responsibilities, roles and systems of accountability to support good governance and management were not effective. Responsibility for completion of monitoring tasks was not shared equitably amongst the staff team. Guidance was not provided to ensure that staff could carry out tasks in the absence of the nominated staff member.

There was scope for improvement with the practice governance systems, policies, protocols and procedures to ensure they were accessible to all members of staff and were reviewed on a regular basis.

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.

Are services well-led?

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

The practice systems and processes for learning, quality assurance and continuous improvement were not always effective. Audits of patient care records, disability access, radiographs, and infection prevention and control were carried out but not always in line with guidance, and action plans were not always developed.

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>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">• Completion of required monitoring checks to assure the availability and suitability of medical emergency equipment was not effective.• Evidence of required pre employment information was not available for all staff.• Maintenance of the building and environment did not follow guidance. Remedial action was not taken to address faults identified in an electrical installation condition report of the practice of 2022.• Audits were not always carried out in line with guidance or in recommended timescales.