Mrs. Deborah Cail

Limes Dental Centre

Inspection Report

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Overall summary

We carried out this unannounced inspection on 21 November 2019 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 second inspector.

To get to the heart of patients' experiences of care and treatment, we always ask the following five 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:

Are services safe?

We found this practice was not providing safe care in accordance with the relevant regulations.

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Background

Limes Dental Centre is in Worsley, Manchester and provides NHS and private treatment for adults and children.

Portable ramps are available for people who use wheelchairs and those with pushchairs. On street parking is available near the practice.

The team is comprised of the practice owner and a part time dental therapist. There is a practice manager who provides oversight of the service and a receptionist. The practice currently employs the services of locum dentists and agency dental nurses to provide the service. There are two treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with the practice owner, one locum dentist, one agency dental nurse and an agency receptionist. We looked at practice policies and procedures and other records about how the service is managed.

Summary of findings

The practice is open:

Monday 9am to 1pm and 2pm to 5.30pm

Tuesday 9am to 12.30pm

Wednesday and Thursday 9am to 1pm and 2pm to 6pm

Friday 9am to 1pm.

Our key findings were:

- The practice appeared to be visibly clean and tidy. Some maintenance of the building and fixtures was required.
- Infection control procedures require improvement.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. The pads for the automated external defibrillator had expired.
- The provider had some systems to help them manage risk to patients and staff.
- The provider had safeguarding processes 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.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The provider had information governance arrangements.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Full details of the regulations 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 asked the following question(s).

Are services safe?	**Requirements notice**
Are services well-led?	**Enforcement action**

Are services safe?

Our findings

We found this practice was not providing safe 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.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Evidence was not obtained that locum and agency staff had received up to date safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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.

The provider had an infection prevention and control policy and procedures which were displayed for staff to follow. Improvements could be made to ensure staff follow the procedures in accordance with the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Evidence was not available to show the practice obtained evidence that locum and agency staff completed infection prevention and control training and received updates as required.

The arrangements for transporting, checking and sterilising instruments should be reviewed to ensure they are in line with HTM 01-05. Staff carried out validation of the autoclave using steam penetration tests. We noticed 14 of these tests had been placed on the windowsill. These were undated and staff could not demonstrate when these completed tests were carried out. Staff told us that log sheets which test strips could be attached to were previously provided but these had run out and the printer was broken so no further copies could be made.

We observed that heavy duty gloves were provided but staff did not use these to perform manual cleaning on the day of the inspection.

A pre-enzymatic spray was available to pre-treat instruments that could not be decontaminated straight away. We observed this was not used on contaminated instruments that were left in the decontamination room to be processed.

Staff were not following the instructions for the use of the ultrasonic cleaner. For example, they used a six-minute cycle when the procedure specified a 15-minute cycle should be used.

We saw that pouches of sterilised instruments were not marked with the date they should be reprocessed by.

The light in the decontamination room did not work and there was no window. The only source of light was the illuminated magnification device. This was insufficient to allow enough light for staff to carry out decontamination processes safely and effectively.

We noticed that the steriliser was leaking water (the steriliser completed cycles successfully and no error messages were shown on the display). This had resulted in the worksurface underneath splitting. After the inspection, the practice manager confirmed an engineer has been called to investigate the source of the leak and the light in the decontamination room had been replaced. They also confirmed that staff would receive additional training to ensure the procedures are followed and logged in the future.

The records of equipment validation were not up to date. The practice manager told us they kept these at home and brought them to the practice only to carry out the checks in line with the manufacturers' guidance.

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.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The practice manager told us after the inspection they carried out water temperature testing but no evidence of this was provided. Staff maintained dental unit water lines appropriately.

Are services safe?

We saw cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

An area of a treatment room ceiling was temporarily sealed after a leak had resulted in rain water leaking in. Staff confirmed this had not been an issue and the repair appeared to be effective.

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

At the time of the inspection, there were no dentists or dental nurses employed by the practice. Locum dentists and agency dental nurses were used to ensure patients could access treatment. On the day of the inspection, there were no recruitment records available to review to ensure these reflected the relevant legislation. After the inspection the practice manager provided evidence of Disclosure and Barring Service (DBS) checks for three locum dentists. Two of these certificates were two and four years old and not repeated or risk assessed at the point of employment at this practice. Photographic identification was not provided for two locum dentists, the agency nurse or the agency receptionist. There was no evidence that the induction process available was completed for the locum dentists.

Clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover. There was no evidence of indemnity for the agency dental nurse.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

The practice did not consistently obtain evidence that clinical staff completed continuing professional development in respect of dental radiography. After the inspection evidence of this training was sent for two of the three locum dentists.

Risks to patients

The provider had some 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 staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken. A safer sharps system and disposable matrix bands were in use. Staff transported sharps from the dental surgery into the decontamination room where a single sharps box was located. Sharps boxes should be placed close to the areas where medical sharps are used as described in Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

A system was not in place to ensure all locum and agency 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. Evidence of adequate response to the vaccination was received after the inspection for two of the three locum dentists. There were no results for the locum dental nurse and no risk assessment in place.

Staff knew how to respond to a medical emergency. Evidence was not available to demonstrate the provider checked that any locum or agency staff completed training in emergency resuscitation and basic life support every year.

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. We noted the Automated External Defibrillator (AED) pads had expired in August 2018. The provider told us these were no longer available. This had not been risk assessed or acted on appropriately. No action had been taken to investigate the availability of alternative compatible pads or to replace the AED if none were available.

A dental nurse worked with the dentists and the dental hygiene therapist 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 clinicians to confirm our findings and observed that individual records were typed

Are services safe?

and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were 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.

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.

Track record on safety, and lessons learned and improvements

The provider had systems for reviewing and investigating when things went wrong. The staff manual provided information on the action to take in the event of an incident and an accident book was available to document these.

In the previous 12 months there had been no documented safety incidents or significant events. We highlighted the expiry of the AED pads could have been investigated, documented, alternative measures taken and discussed with the rest of the dental practice team.

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.

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 Enforcement Actions 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

Systems and processes were not embedded, The inspection highlighted issues and omissions. We acknowledged the provider had taken measures to ensure sufficient staff were available to ensure patients could access services. There were occasions when staff were not available and patient appointments were cancelled as a result.

The provider had taken some measures to support staff. For example, by providing a reference manual. Staff told us the principal dentist and practice manager were not visible and not always contactable if they had a query or concern. There was insufficient oversight and overall responsibility by the provider to ensure the smooth running of the service.

Governance and management

The registered provider had overall responsibility for the management and clinical leadership of the practice. The agency receptionist was responsible for the day to day running of the service with the practice manager attending outside normal working hours to carry out necessary checks and tests on equipment.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff.

Processes for managing risks and issues were insufficient. In particular, in relation to staff recruitment, checking and immunity. The arrangements to respond to medical emergencies and infection prevention and control. Compliance with decontamination protocols was not monitored.

Appropriate and accurate information

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Continuous improvement and innovation

The provider did not obtain evidence that all locum and agency staff completed 'highly recommended' training and could provide evidence of up to date competency as per General Dental Council professional standards or ensure they had an appropriate induction to the practice to work without managerial oversight.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **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. In particular:** • Infection prevention and control processes were not carried out in line with the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. • Medical emergency arrangements were not in place as described in Resuscitation Council UK guidance and General Dental Council standards. • The registered person did not take reasonably practicable action to mitigate risks to the health and safety of service users receiving the care or treatment. • The registered person did not sufficiently implement up to date induction and training plans for the safe operation of premises and equipment whilst responsibility was delegated to third party locum staff through contracts. Regulation 12(1)

This section is primarily information for the provider

Enforcement actions

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 **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 mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk:** • Systems were not in place to ensure that governance systems remained effective. The system did not include sufficient scrutiny and overall responsibility by the registered individual. • Systems to ensure staff followed correct decontamination processes were ineffective. • Systems were not in place to ensure the environment and equipment was suitable for staff to carry out decontamination processes safely and effectively. • The registered person had not ensured that appropriate life-saving equipment was provided to enable staff to respond to a medical emergency. There was no evidence that expired automated external defibrillator pads had been thoroughly assessed and mitigated. **The registered person had systems or processes in place that operating ineffectively in that they failed to enable 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. In particular:** • Evidence of up to date training and competency in safeguarding, basic life support, radiation protection or infection prevention and control was not consistently obtained from all staff. • The registered person did not ensure all staff were provided with an appropriate role-specific induction. In particular, the locum dentists.

This section is primarily information for the provider

Enforcement actions

- Evidence of immunity to vaccine preventable diseases was not obtained for two clinical members of staff.

Regulation 17(1)(2)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:** • Disclosure and Barring Service (DBS) checks or a suitable risk assessment were not carried out at the point of employment for any staff member. • Photographic identification was not obtained from four members of staff. • There was no evidence of professional indemnity for one clinical member of staff. **Regulation 19(3)**