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Sidwell Dental Surgery

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 17 May 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.
- Staff knew how to deal with medical emergencies. Appropriate medicines were available.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. Staff should complete safeguarding training updates at least every 3 years.
- 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.

Summary of findings

- Staff worked well 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.
- Improvements are required to ensure the effectiveness of infection control procedures and processes, including the Control of Substances Hazardous to Health (COSHH).
- Improvements are required to effectively maintain equipment used in the premises.
- Improvements are required to manage stock control, to ensure items do not exceed manufacturer's use-by dates.
- The culture at the practice is patient focused and the providers demonstrated an open and willing attitude to ensure issues identified will be addressed.

Background

Sidwell Dental Surgery is in Exeter and provides NHS dental care and treatment for adults and children. A small amount of private dentistry is also provided.

The surgery is on the first floor, accessed either by stairs or a passenger lift. However, the practice is not fully accessible due to limitations with the size of bathrooms. 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 and 1 dental hygienist, who provide chairside support for one another. The practice has 1 treatment room.

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

The practice is open: Monday to Friday 9.00am – 1.00pm. 2.00pm – 5:30pm.

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

- 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.

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

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

- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Take action to ensure that all the staff have received updates in training, to an appropriate level, in the safeguarding of children and vulnerable adults at least three yearly.
- Improve and develop staff awareness of autism and learning disabilities and ensure all staff receive appropriate training in this.
- Implement audits for prescribing of antibiotic medicines, taking into account the guidance provided by the College of General Dentistry.

Summary of findings

- Take action to ensure the service takes into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010, by reviewing the disability access audit.

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. We noted, however, that the staff had last completed safeguarding training in 2012. We discussed this with them, and they told us they would source training for an update.

The practice had written infection control procedures, but we found processes requiring improvement: We noted infection control audits had not been completed at least every 6 months, reflecting current guidance. We noted some single use dental items had been cleaned, sterilised and reprocessed. We also saw some cleaned and sterilised dental instruments loose inside drawers in the treatment room, which should be bagged once reprocessed. Sealing of the flooring in the decontamination room needed attention in some areas to facilitate effective cleaning. A chair intended for people accompanying patient in the treatment room had a fabric cover. Permeable fabrics are not recommended in the treatment room, as effective cleaning cannot be assured. In discussion with staff, we heard that the water in the ultrasonic bath was changed daily. It is recommended that the water in the ultrasonic is changed after each session and that a thermometer is used to check the water temperature is as recommended in 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.

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

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

We noted that the autoclave and compressor were overdue their recommended servicing dates. The provider told us they would arrange for the equipment to be serviced.

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

We looked at arrangements to ensure the safety of the X-ray equipment and improvements are required: There were three X-ray units at the practice, which included an orthopantomogram (OPG) machine. We were told that the OPG machine and one of the other X-ray units were no longer used and had been decommissioned. However, we saw no record of discussions with the radiation protection advisor regarding safe decommission and the units were not labelled as out of use. We could not see evidence of current servicing for the in-use unit. The provider told us they would arrange for servicing to take place. We were also unable to find all the records required in the radiation file, such as registration with the Health and Safety Executive. We saw that the local rules needed updating to reference current Ionising Radiation Medical Exposure (IRMER) regulations. One member of staff was overdue training in IRMER awareness. We also saw that a rectangular collimator was not used, as recommended, with the X-ray unit. There was also no X- ray warning sign on the treatment room outer door. The provider told us all the issues would be addressed.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness. However, some areas needed addressing.

Are services safe?

Emergency equipment and medicines were available. However, we noted some oropharyngeal airways had passed their recommended manufacturer's use-by date, the first aid kit had also passed the manufacturer's use-by date and the oxygen cylinder was smaller than the recommended size. The provider said they would take steps to ensure items were replaced.

We noticed the rubber dam kits had passed their manufacturer's use-by date. The provider told us they would replace them.

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. However, we saw there was some decanting of cleaning products into smaller unlabelled bottles. Handmade mouthwash intended for patient use was also prepared at the practice. This item is unable to be quality controlled. We also saw the eye wash kit had passed the manufacturers' use-by date. We raised these issues with the provider, who said they would stop using handmade items and would ensure any permitted decanted items were fully labelled. They told us the eye wash kit would be replaced.

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 two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines, but improvements could be made.

We saw there was no monitoring records of the fridge temperature where a medicine was stored, to ensure the item was kept within the recommended temperature range. The provider told us they would purchase a thermometer and maintain a record.

An antimicrobial prescribing audit had not been completed. This is recommended.

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.

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 dentist justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. However, we saw staff had completed training in learning disabilities several years ago. We discussed all staff updating training in learning disability awareness, and to include autism awareness in this training.

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.

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

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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 did not have its own website. The NHS Choices website provided some information about the range of services provided. Printed information about NHS banding prices was displayed in the practice. We discussed with the provider developing printed information for patients about services and current pricings for private dentistry. The General Dental Council states simple pricing information must be displayed in either the reception or waiting area of the practice. The providers told us this information is currently available on request.

The dentist explained the methods they used to help patients understand their treatment options. These included for example, study models and X-ray images.

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.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. However, this had last been updated in 2011 and was therefore overdue review.

Timely access to services

The practice opening hours were on the NHS Choices 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. 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 demonstrated a transparent and open culture in relation to people's safety. The practice team of two worked well together. This was a single chair practice with a focus on patient dental care. Patients benefitted from generous appointment times. Improvements are required to ensure effective governance is met and sustained. The providers showed us they understood the challenges and provided assurances the necessary improvement would be implemented.

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.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients and demonstrated a commitment to acting on feedback.

Continuous improvement and innovation

The practice had systems and processes for learning and quality assurance. These included audits of patient care records, disability access and radiographs. We discussed ensuring audits contained action plans for improvement, where applicable.

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 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: • Infection control audits had not been completed at least every 6 months, reflecting current guidance. • Some single use dental items had been cleaned, sterilised and reprocessed. • Some cleaned and sterilised dental instruments were loose inside drawers in the treatment room and not bagged and therefore posed an infection control risk. • Sealing of the flooring in the decontamination room needed attention in some areas, to facilitate effective cleaning. • A seat in the treatment room was covered with fabric, which meant effective cleaning could not be assured. • The water in the ultrasonic bath was changed daily rather than after each session. The water temperature in the ultrasonic bath was not checked using a thermometer, to ensure it did not exceed a recommended level. • The autoclave and compressor were overdue their servicing dates. • We were told that the OPG machine and one of the other X-ray units were no longer used and had been decommissioned. However, we saw no record of discussions with the radiation protection advisor regarding safe decommission and the units were not labelled as out of use. • We could not see evidence of current servicing for the in-use X-ray unit. • We were unable to find evidence of registration with the Health and Safety Executive in the radiation file. • The local rules needed updating to reference current IRMER regulations.

This section is primarily information for the provider

Requirement notices

- One member of staff was overdue training in IRMER awareness.
- A rectangular collimator was not used, as recommended, with the X-ray unit.
- There was no X- ray warning sign on the treatment room outer door.
- Some oropharyngeal airways had passed their manufacturer's use-by date.
- The first aid kit had passed its manufacturer's use-by date.
- The oxygen cylinder was smaller than the recommended size.
- There was some decanting of cleaning products into unlabelled bottles.
- There was handmade mouthwash in the practice, intended for patient use. This product was unable to be quality controlled.
- The eye wash kit had passed the manufacturer's use-by date.
- The rubber dam kits had passed the manufacturer's use-by date.