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Riverside Dental Surgery

Inspection report

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Date of inspection visit: 25 April 2023
Date of publication: 31/05/2023

Overall summary

We carried out this announced comprehensive inspection on 25 April 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 and a second CQC inspector.

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 practice did not have infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and most life-saving equipment were available.
- The practice had insufficient systems to manage risks for patients, staff, equipment and the premises. We found minor shortfalls in appropriately assessing and mitigating risks in relation to fire safety, hazardous waste management, Legionella and sharps management.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The practice did not follow staff recruitment procedures which reflected current legislation.
- 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.
- Staff felt involved, supported and worked as a team.Staff and patients were asked for feedback about the services provided.

Background

Riverside Dental Surgery is in Tamworth and provides NHS and private dental care and treatment for adults and children.

The practice is accessed via stairs meaning it is not accessible 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 1 dentist, 2 dental nurses, and 1 receptionist. The practice has 3 treatment rooms but only 1 was in use at the time of inspection.

During the inspection we spoke with the dentist, 1 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 to Thursday from 8am to 6pm

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 an effective system for identifying, disposing, and replenishing of out-of-date stock.
- Take action to ensure the availability of an interpreter service for patients who do not speak English as their first language.

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. All staff had received safeguarding training to level 3.

The practice infection control procedures did not always reflect published guidance. During our inspection we found the decontamination room floor, work tops and sinks were visibly stained and in need of repair and cleaning. Brushes used for manual cleaning of instruments were in need of replacement. There were no records of the frequency of changes of brushes or gloves.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems. We found that records of flushing and maintenance of dental unit water lines was effective. However, monitoring and flushing of other taps including seldom used outlets required improvement. We identified multiple taps that were soiled with, rust, limescale and a thick layer of slime.

The practice clinical waste storage and collection protocols were not effective. Frequency of collections needed to be increased to prevent a build-up of waste and arrangements made for collection of sharps containers, waste amalgam and gypsum waste needed to be implemented. It was noted during inspection that the current sharps container was not dated and used containers were not dated when opened or closed in line with guidance. Following our inspection, the provider was in the process of amending his waste collection contract to include all items of waste.

The practice had a recruitment policy to help them employ suitable staff however this was not consistently followed. We did not see evidence of an induction period or policy for new staff and references were not always obtained. Disclosure and barring service (DBS) checks were also not carried out at the point of recruitment for the 2 dental nurses.

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

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus. However, the effectiveness of the vaccination was not known for any of the clinical staff.

The practice ensured most of the equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations however, we noted that the compressor had not been serviced since 2019.

A fire safety risk assessment was carried out in January 2023 in line with the legal requirements. However, areas for improvement and identified actions from previous assessments in January 2022 had still not been carried out, such as the relocation of the clinical waste storage.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

Risks to patients

The practice had some systems to assess, monitor and manage risks to patient and staff safety. However, the provider had not completed a risk assessment in relation to sharps.

Are services safe?

Emergency equipment and medicines were available as recommended with the exception of a spacer device for the inhaler and an oxygen face mask with reservoir for a child. Following our inspection, the missing items were ordered. The provider told us that checks of the medicines and equipment were carried out however they were not recorded.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate life support training (or basic life support training plus patient assessment, airway management techniques and automated external defibrillator training) was also completed by staff providing treatment to patients under sedation.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

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. Antimicrobial prescribing audits were 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 which was shared with staff if appropriate.

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.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability.

However, the dental nursing staff who assisted in conscious sedation did not have the required sedation training to carry out the role, taking into account guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'.

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. We saw a variety of leaflets in the waiting room available for patients. Oral health products were available for patients to purchase.

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 six-monthly following current guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles although we identified a shortfall in relation to sedation training. Newly appointed staff did not have a structured induction.

Clinical staff completed continuing professional development required for their registration with the General Dental Council. The practice arrangements to ensure staff training was up-to-date and reviewed at the recommended intervals required improvement as there was limited training for the reception staff.

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.

On the day of inspection, we spoke with 6 patients. Patients we spoke with told us they were happy with the service received from the practice.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort. We observed patients who were in pain were offered emergency appointments on the same day they contacted the service. Including people who were not registered with the service but required treatment.

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's information leaflet provided patients with information about the range of treatments available at the practice. This was displayed in the patient waiting area.

The dentist explained the methods he 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. The practice did not have the availability of an interpreter service for patients who do not speak English as their first language.

The practice was not able to make reasonable adjustments for patients with access requirements due to the location of the building. However, staff had carried out a disability access audit to continually improve where possible. There was a hearing loop and a magnifier available at reception to assist patients.

Timely access to services

The practice displayed its opening hours outside the practice and provided information in their patient information leaflet and on their 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 information leaflet and answerphone provided information for NHS 111 for patients needing emergency dental treatment when the practice was closed.

Patients who needed an urgent appointment were offered one in a timely manner. During our inspection we witnessed a patient telephoning the practice at 2.30pm for an emergency appointment and was offered one at 5.10pm the same day. When the practice was unable to offer an urgent appointment, they worked with a nearby dental practice 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. At the time of inspection there had not been any concerns or complaints within the previous 12 months.

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

Staff were supportive and worked well together however the inspection did highlight issues and omissions.

We found improvements were needed to ensure the management and oversight of procedures that supported the delivery of care was effective.

Systems and processes for governance and oversight were not always embedded or effective.

Culture

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

Staff discussed their training needs during appraisals, informal 1 to 1 discussion and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

Governance and management

Staff had clear responsibilities, roles and systems of accountability however the practice lacked good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff. Policies were not dated so it was unclear when they were reviewed.

The provider did not demonstrate that they had consistently clear and effective processes for managing risks. For example, we noted shortfalls in appropriately assessing and mitigating risks in relation to fire safety, hazardous waste management, Legionella and sharps management.

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 via NHS Friends and Family Test and demonstrated a commitment to acting on feedback.

Staff meetings were held roughly every three months, attendance list included all staff, feedback was recorded, and staff had the opportunity to raise issues. 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 had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control.

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: • There was no system in place to ensure essential staff training was up-to-date and reviewed at the required intervals. • Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. It was noted during inspection that the current sharps container was not dated and used containers were not dated when opened or closed in line with guidance. • There was no system in place to ensure that equipment was maintained and serviced in line with guidelines and manufacturer's instructions in particular the compressor. • The practice clinical waste storage and collection protocols were not effective. Frequency of collections needed to be increased to prevent a build-up of waste and arrangements made for collection of sharps containers, waste amalgam and gypsum waste. • The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, however this needed improvement to ensure all water outlets were clean and free from slime and limescale. • The management of fire safety was not effective as following a risk assessment where improvements were identified actions were not put in place.

This section is primarily information for the provider

Requirement notices

- Staff recruitment processes were not in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. References were not always sought and disclosure and barring service checks were not completed for two staff members.
- Oversight of medical emergency equipment checks required review as the two items were missing and checks were not recorded.