

Serenity Dental Practice Partnership

Serenity Dental Practice

Inspection report

39 Heron Street
Rugeley
WS15 2DZ
Tel: 01889578225

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Overall summary

We carried out this announced comprehensive inspection on 23 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. Most appropriate medicines and life-saving equipment were available.
- The practice did not have effective systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice staff recruitment procedures reflected current legislation. These were not applied consistently.
- Clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- 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.
- There was a lack of effective leadership and processes for continuous improvement.
- Staff felt involved, supported and worked as a team.
- Shortfalls were found with complaints management to show they were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

Serenity Dental Practice is in Rugeley, Staffordshire and provides NHS and private dental care and treatment for adults and children.

There is a portable ramp for access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 1 qualified dental nurse, 2 trainee dental nurses, 1 dental hygienist and a practice manager. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist, the qualified dental nurse, 1 trainee dental nurse and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 9am to 6pm

Friday from 9am to 5pm

We identified regulations the provider was/is 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.

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Develop systems to ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff. Including the training, learning and development needs of individual staff members at appropriate intervals.

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?	Requirements notice	✗
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 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)

At the time of our inspection the provider did not have a safeguarding policy in place and evidence to confirm staff had completed safeguarding training to a level appropriate to their role was not available. Following our inspection evidence was seen of completion of appropriate levels of training for the staff team.

A Was Not Brought policy or procedure had not been implemented to monitor children who had not attended their dental appointments.

The practice had infection control procedures which reflected published guidance. We found out of date dental materials during our inspection which were removed immediately.

The practice had a risk assessment carried out in August 2019 for Legionella, or other bacteria, developing in water systems. Recommendations were highlighted and there was an action plan in place to address them.

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 was no effective schedule in place to ensure it was kept clean. Following our inspection, a cleaning schedule was put in place.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. The policy reflected the relevant legislation. However, we found the practice were not following their own policy. There was a lack of documentation for staff including references and evidence of Hepatitis B immunity. Appropriate Disclosure and Barring Service (DBS) checks were not available for 4 staff members and there were limited records of staff training and qualifications. We were informed that DBS applications were in the process of being completed and following our inspection evidence of Hepatitis B immunity was submitted.

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

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was ineffective as there was no evidence of servicing of the emergency lighting. Following our inspection, a certificate was submitted to show this had been carried out.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. We found the practice was not using rectangular collimators on the X-ray units as recommended however these were installed following our inspection.

At the time of our inspection the practice was not registered with the Health and Safety Executive (HSE) for work with ionising radiation. A certificate of registration was submitted following our inspection.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. The sharps risk assessment did not reflect working practice as clinicians were not using safer sharps.

Are services safe?

Monitoring of emergency equipment required strengthening. Spacer' device for inhaled bronchodilators, oropharyngeal airways (sizes 0 and 4), self-inflating bag with reservoir for a child and clear face masks for self-inflating bag (sizes 0, 1, 2, 3, 4) were missing. Oxygen face mask with reservoir and tubing for an adult and a child were missing the reservoirs. Oropharyngeal airways (sizes 1, 2, 3,) were out of date and the self-inflating bag with reservoir for an adult did not display an expiry date. All items were ordered following our inspection.

Emergency medicines were available and checked in accordance with national guidance.

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

The practice did not carry out risk assessments to minimise the risk that could be caused from substances that are hazardous to health although safety data sheets were available. Following the inspection samples of risk assessments were submitted.

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 had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were last carried out in January 2023 carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice did not have a system for receiving and acting on safety alerts and sharing 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.

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.

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 did not always obtain patients' signed consent to care and treatment in line with legislation and guidance.

Although there was no policy in place at the time of our inspection, staff 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. The last audit was carried out in July 2023.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

There was no evidence to show newly appointed staff had a structured induction or 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 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. Staff gave clear examples of how they supported patients who were nervous or vulnerable for example, arranging appointments during quieter times of the day.

Staff were observed to be friendly, caring and helpful to patients when speaking with them in person and over the telephone.

Privacy and dignity

Staff were aware of the importance of patient privacy and confidentiality. There was an available area away from reception where patients could have a private discussion if requested.

Staff password protected patients' electronic care records and backed these up to secure storage.

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. We found treatment plans were not always issued to patients.

The practice's website provided patients with information about the range of treatments available at the practice.

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

The practice had made reasonable adjustments, including a portable ramp for access for patients with access requirements. There were 2 ground floor treatment rooms and toilet facilities which were accessible for wheelchair users. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for all patients.

Timely access to services

The practice displayed its opening hours at the entrance to the building.

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 local 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 however, there was no log to monitor the progress of a complaint.

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

We identified some shortfalls in relation to the leadership provided, relating to governance systems, staff training, recruitment, peoples' safety and continually striving to improve.

A practice manager had recently been recruited to support the provider and practice staff.

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. However, these processes and systems were not embedded within the practice.

Culture

A member of staff we spoke to stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during informal 1 to 1 meetings. They also discussed learning needs, general wellbeing and aims for future professional development. There was no evidence provided of staff appraisals.

Governance and management

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

The practice processes for managing risks, issues and performance, were not effective.

Appropriate and accurate information

The practice had some 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, 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

Prior to our inspection, we asked the practice to submit evidence that staff had completed all essential training. This was not provided for all staff and it was not clear from the staff training records we reviewed on the day, what they had completed. There was no formal system in place to ensure staff training was up-to-date and reviewed at the required intervals. Following our inspection, evidence was submitted of training carried out by staff members on a number of topics including infection control, safeguarding; both children and adults, and autism and learning disability awareness.

Are services well-led?

The practice had some 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. At the time of our inspection the radiography audit was overdue the recommended 6-monthly timeframe. Staff kept records of the results of these audits and the resulting action plans and improvements.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12, Safe care and treatment.</p> <p>How the regulation was not being met</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out and the registered person had not done all that was reasonably practicable to mitigate these risks. In particular:</p> <ul style="list-style-type: none">• System of checks of medical emergency equipment and medicines were not effective. The provider had not ensured the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council. An effective system of checks was required.• Legionella risk assessment carried out in August 2019 found areas of concern which had not been addressed at the time of our inspection.• Servicing of the emergency lighting had not been carried out at the time of our inspection.• Improvements required with the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken for Control of Substances Hazardous to Health Regulations 2002.• A safeguarding policy for protection of both children and adults was not available. A Was Not Brought policy and procedure was not in place at the time of our inspection.• There was no effective system for receiving and responding to patient safety alerts, recalls and rapid

Requirement notices

response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17, Good governance

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.

How the Regulation was not being met

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:

- The systems to ensure recruitment procedures complied with the requirements of the regulation were not effective. The provider was unable to evidence that all documents required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were available for all staff.
- Systems to ensure patient consent to care and treatment was obtained and recorded were not consistently applied to ensure the practice was in compliance with legislation.
- A Mental Capacity policy was not in place and there was limited training amongst the staff. Staff training was completed post announcement and before inspection date.
- Systems for performance review and the on-going assessment and supervision of all staff were not established.

This section is primarily information for the provider

Requirement notices

- Audits for radiography were not carried out 6-monthly as recommended.