

Highfield Practice Limited

Highfield Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 18 January 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 adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask 5 key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following 3 questions were asked:

- Is it safe?
- Is it effective?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- Cleaning throughout the practice could be improved; maintenance of dental chair covers also required attention.
- The practice had infection control procedures in place, for example in relation to decontamination of dental instruments, which reflected published guidance.
- Staff knew how to deal with medical emergencies. Some emergency medicines and items of emergency equipment were not available.
- The practice had systems to help them manage risk to patients and staff. Some of these systems had lapsed.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures in place. The documentation required to be held, which reflected current legislation, was not in place for all staff members working at the practice.
- X-ray equipment was not being managed in accordance with guidance.

Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- Focus on continuous improvement was lacking and a recent turnover of staff had made it difficult to embed in daily working.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The dental clinic had information governance arrangements.

Background

Highfield Dental Practices is in Barrow-in-Furness, Cumbria and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes 4 dentists, 6 dental nurses, 4 of whom are trainees and 1 who is now the practice manager; 1 dental hygiene therapist and 3 receptionists. The practice has 5 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 2 receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open from Monday to Friday 9am to 5.30pm.

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.

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

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

- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular that staff carrying out these duties are completing tasks in line with recognised guidance and in the correct order.
- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Improve the practice's safeguarding policy, ensuring it contains all relevant contact details of local authority safeguarding leads.

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 effective?	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)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. We discussed how all contact details of local authority adult and child safeguarding leads should be included in these policies, for ease of staff reference.

The practice had infection control procedures, for example, in the decontamination room. Some parts of the process followed by staff when cleaning dental instruments was contrary to recognised guidance; we found staff were manually cleaning instruments without the use of a detergent and following their being cleaned in an ultrasonic cleaner. This was discussed with staff working in the decontamination room on the day of our inspection.

When we were shown round the practice, we saw that greater focus was required on cleaning in other areas of the practice. For example, there were wax deposits on the floor of some treatment rooms. We saw that there was a build-up of dust on the architrave of some of the treatment rooms. Covers of some of the dental treatment chairs were worn and ripped.

The practice had introduced additional safety measures in relation to COVID-19 in accordance with current guidance. This included the installation of air purifying units. However, one of the air filters in each machine had not been replaced in accordance with manufacturer instructions.

Recommendations made in the Legionella risk assessment for the practice had not been actioned. This had identified dead-leg water piping on the water system that should have been removed or capped off. This had not been done. The risk assessment also identified little used outlets that should be flushed on a regular basis; this had not been adopted by the practice.

The practice had policies and processes in place to ensure clinical waste was segregated, stored and disposed of in line with guidance.

Systems were not in place to ensure the practice was kept clean. The equipment used to clean the practice was not kept and stored in line with recommended guidance. This equipment included mops being stored together, inappropriately.

The practice had a recruitment policy to help them employ suitable staff. Our findings on inspection demonstrated all recruitment checks had not been carried out for all staff, in accordance with relevant legislation. For example, the provider held no evidence of Hepatitis B immunity for any of the dentists, no evidence of qualification or identity checks for 3 of the dentists. On recruitment of 2 of the dentists, the background checks carried out included Disclosure and Barring checks that were 2 years old or more, with no risk assessment to support this approach. Not all dental nurses had completed a full course of Hepatitis B vaccinations; there was no monitoring of this to ensure dental nurses took up these vaccines in a timely manner. For dental nurses whose immunity to Hepatitis B was not confirmed, there was no risk assessment in place to minimise their risk of exposure to Hepatitis B.

The provider could not provide satisfactory documentary evidence of clinicians' qualifications or identity checks, as required by Schedule 3 of the Health and Social Care Act 2008. The provider was unable to provide assurance that all clinicians and staff had sufficient medical indemnity cover.

Are services safe?

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions, for example, the compressor, autoclaves, gas boiler and electrical safety checks. The practice ensured the facilities were maintained in accordance with regulations.

The practice did not have arrangements to ensure the safety of the X-ray equipment. The X-ray equipment had not been serviced and maintained according to manufacturer's requirements.

The last servicing and testing of X-ray equipment was in 2017. Recommendations made by the Radiation Protection Advisor in relation to dose of radiation, had not been followed. We also noted that rectangular collimators were not being used, and Local rules for each X-ray set had not been updated to show the new recommended dose of radiation. At our inspection, we were advised that full servicing and testing of all X-ray equipment had been booked for 23 January 2023.

The provider was not carrying out any radiograph audit.

Risks to patients

The practice had some systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety. However, this was not fully adhered to, for example, by ensuring nurses do not dismantle sharps, and were dentists have chosen to not to use safer sharps systems. There was no lone worker risk assessment to cover the staff that cleaned the practice in the evening, when the staff had gone home.

Not all emergency medicines and equipment were available in accordance with national guidance. In particular, there was no Glucagon available; there was no self-inflating bag for use on a child. The emergency kit contained no clear face masks for children and just one size clear face mask for use on an adult. Midazolam held was not in the form recommended for use in dental practice. The system in place to check emergency medicines and equipment were available and ready for use, was not effective.

We saw documentation in relation to staff training in how to respond to a medical emergency. Staff 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.

Information to deliver safe care and treatment

Dental care records we saw were legible, were 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 not carried out.

Track record on safety, and lessons learned and improvements

The practice had a system for receiving and acting on safety alerts, for example from the Medicines and HealthCare Products Regulatory Agency (MHRA).

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. However, oversight of training and relevant continuous professional development (CPD) for clinicians should be improved. We were unable to confirm that dentists had completed the General Dental Council (GDC) highly recommended subjects including radiography and radiation protection, within their CPD cycle.

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. However, clinical records could be further developed to include greater documentation of patient treatment options and the risks and benefits of those options.

Records were not available to demonstrate staff undertook training in patient consent and the Mental Capacity Act. Staff described how they involved patients' relatives or carers when appropriate, but this was not fully recorded in patient records.

Monitoring care and treatment

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

Effective staffing

Evidence was not available to demonstrate all staff had the skills, knowledge and experience to carry out their roles. Staff had not received training or instruction on Sepsis awareness; there was no evidence staff had undertaken training on Information Governance.

The practice did not have systems in place to ensure clinical staff had completed CPD as required for their registration with the General Dental Council. This was an area during inspection that we highlighted as requiring greater oversight and management.

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 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 demonstrated a transparent and open culture during our inspection. They were receptive to feedback we provided and showed a commitment to reach the required standards of compliance.

There was leadership presence on a daily basis at the practice. We were told the practice had experienced a turnover of staff, following the lifting of COVID restrictions on dental practice. We discussed the effect this had on day-to-day management of the practice, and how some areas of governance now required greater focus. The practice principal and practice manager were committed to achieving compliance with required standards and maintenance of this in the longer term.

Evidence from inspection showed that some systems and processes were not embedded among staff. For example, in the following of policy and procedure in the recruitment of staff; in the take-up and retention of required recruitment documents. The inspection highlighted issues or omissions. For example, the development and adherence to an audit cycle for required audits. Where audit is carried out this should be effective, for example, infection control audits are carried out by staff that have access to the information required to answer all questions and prompts – for example, staff levels of immunity to Hepatitis B. Where risk assessments had been completed, these had not been sufficiently studied; we found action points in the risk assessment had not been met, for example, the removal of dead-legs on water piping and the listing of little used outlets on flushing records.

Some information and evidence presented during the inspection process was clear, but where there were gaps in this information, it was apparent that it was because staff had failed to provide or were unable to provide the information. Because there was no embedded system in place whereby staff were asked to present evidence of training or CPD, it was not possible to oversee this effectively.

We saw the practice had processes to support and develop staff with additional roles and responsibilities. However, we observed that the amount of supervision in place for trainee's could be improved. We saw that when staff were working in the decontamination room, part of the process carried out was not in line with guidance, but this had not been brought to the attention of staff.

Culture

Staff stated they felt respected, supported and valued. Overall, we found the systems in place to support staff did not always work effectively. Arrangements in place for staff to discuss their training needs were not effectively overseen and managed.

Governance and management

Staff had responsibilities, roles and systems of accountability to support governance and management. With the change in staffing and management of staff, some roles had been overlooked or responsibilities not picked up or allocated to new staff. This created the gaps in management and oversight we highlighted in this inspection.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed. We were unable to confirm that all staff had studied these policies, or that they were discussed with staff. There were no regular practice meetings, so communication across the practice was not as strong as it could be.

Are services well-led?

Appropriate and accurate information

Policies and processes for managing risks and issues were not embedded. For example, staff taking time to check risk assessments, establish base line audits, and review Local rules in relation to X-ray equipment. Audit was not used to drive improvements.

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

Engagement with patients, the public, staff and external partners

Staff listened to feedback from patients, demonstrated commitment to acting on feedback.

Continuous improvement and innovation

The practice had systems and processes for staff learning. This would benefit from greater oversight.

We saw audit was in place for infection control but that this was not effective as it had failed to highlight the areas for improvement identified at this inspection. There was no audit of radiography, antibiotic prescribing, or clinical record keeping. This impacted on the ability of the practice to demonstrate a commitment to continuous improvement.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the Regulation was not being met</p> <p>Care and treatment must be provided in a safe way.</p> <p>The registered persons had not done all that was reasonably practicable to mitigate the risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>The standard of environmental cleaning throughout the practice did not meet recognised standards.</p> <p>Action points identified in the practice Legionella risk assessment had not been addressed.</p> <p>Appropriate checks when recruiting staff were not carried out.</p> <p>The X-ray equipment at the practice had not been serviced and maintained according to manufacturer's guidance.</p> <p>All recommended emergency medicines and emergency equipment were not available, as described in recognised guidance.</p> <p>Regulation 12 (1)</p>

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>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.</p> <p>How the Regulation was not being met</p>

Requirement notices

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:

Systems and processes to ensure all recommended emergency medicines and equipment were available, were ineffective.

Systems and processes to check standards of environmental cleaning were ineffective.

Oversight, review and management of Legionella safety checks was not effective.

Systems and processes to ensure all required recruitment checks are completed at the time of recruitment, were ineffective.

Systems and processes for maintenance and safety testing of X-ray equipment were ineffective.

There was no system in place to ensure required audits were being undertaken at recommended intervals.

There was no system in place to oversee staff training and continuing professional development.

Systems and processes for communication and discussion with staff at the practice were ineffective.

Regulation 17(1)