

Mr. Geoffrey Humphries

Manor Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 5 July 2022 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 five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three 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:

- The dental clinic appeared to be visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- There was a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.

Summary of findings

- Staff and patients were asked for feedback about the services provided.
- The dental clinic had information governance arrangements.
- Improvements were required to help the practice better manage risk to patients and staff. In particular risks related to the premises.
- The practice had staff recruitment procedures which reflected current legislation. However, improvements were required to ensure the policy was being followed.

Background

Manor Dental Practice is in the London Borough of Sutton and provides NHS and 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 at the practice and surrounding roads. The practice has made adjustments to support patients with additional needs. This includes an accessible toilet for wheelchair users, with a pull cord alarm and lowered reception desk.

The dental team includes a principal dentist, two associate dentists, six dental nurses (who also provide reception cover), one dental hygienist and a practice manager (who is also a qualified nurse and provides nursing cover). The practice has two treatment rooms.

During the inspection we spoke with the principal dentist, one of the associate dentists' three dental nurses, the dental hygienist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Tuesday 9.00am to 6.30pm

Wednesday 9.00am to 5.30pm

Thursday and Friday 9.00am to 5.00pm.

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

- Ensure all premises and equipment used by the service provider is fit for use
- 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 was an area where the provider could make improvements. They should:

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

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.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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.

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published 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.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy which reflected relevant legislation. However, they were not following their policy and carrying out checks in accordance with legislation to help them employ suitable staff, including agency and locum staff. We looked at seven staff recruitment records and four did not have an enhanced criminal records certificate, (Disclosure and Barring services (DBS) checks) carried out prior to employment. We discussed this with the provider during the inspection and they made arrangements to apply for them immediately.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions.

The practice did not ensure the facilities were maintained in accordance with regulations. The practice did not have an electrical installation certificate report (EICR) to confirm the condition of the electrical installation had not been carried out at five-yearly interval required in line with legislation. There was also no annual landlord gas safety certificate in place (a new boiler was installed in May 2021, but no subsequent annual check carried out).

The provider had processes in place for fire safety which included servicing of fire equipment and regular checks and visual inspection. However, there was no fire risk assessment in place that demonstrated the assessment of all risk arising from fire. We discussed this with the provider, and they agreed that they needed to review procedures to ensure compliance with regulations.

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

Risks to patients

The practice had systems for sharps safety, sepsis awareness and lone working.

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

Are services safe?

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.

Information to deliver safe care and treatment

Dental care records we saw were complete, 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. However, antimicrobial prescribing audits were not being carried out. We discussed this with the provider, and they advised us they would review this area of auditing.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating when things went wrong. 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.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

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 dental care records in line with recognised guidance.

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

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 and legislation.

Effective staffing

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

Newly appointed staff had a structured induction and 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 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 in relation to people's safety.

There was strong leadership and emphasis on continually striving to improve.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

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

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities roles and systems of accountability to support good governance and management.

The practice had policies that were accessible to all members of staff and were reviewed on a regular basis.

The practice did not have clear and effective processes for managing risks related to premises. There were ineffective systems in place for assessing fire and electrical risks. This included not having a fire risk assessment in place; no electrical installation certificate and no gas safety certificate.

Risks related to recruitment procedures had not been suitably identified as the provider did not operate robust recruitment procedures, including undertaking DBS checks before staff commenced employment.

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 these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff 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.

The practice was also a member of a good practice certification scheme.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

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	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The registered person had failed to ensure that all premises used by the service were properly maintained. In particular: • There was no gas safety certificate to confirm the safety of gas installation at the practice. • There was no electrical installation certificate report (EICR) to confirm the satisfactory condition of the electrical installation. Regulation 15 (1)
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 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 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. In particular: • Systems in place for assessing risk relating to fire had not been assessed. There was no written fire risk assessment in place. The registered person had systems or processes in place that operated ineffectively in that they failed to enable the

This section is primarily information for the provider

Requirement notices

registered person to maintain 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:

- Disclosure and barring services checks had not been carried out for four members of staff when they commenced employment in the service.

Regulation 17 (1)