

Kinver Dental and Implant Surgery

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Inspection report

15 Enville Road
Kinver
Stourbridge
DY7 6AB
Tel: 01384872725
www.keetonsdentalpractice.co.uk

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Overall summary

We carried out this announced comprehensive inspection on 13 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. Appropriate medicines and life-saving equipment were available.
- The practice did not have systems to manage risks for patients, staff, equipment or the premises.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had 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.
- There was a lack of effective leadership or a culture of continuous improvement.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

Kinver Dental and Implant Surgery is in Kinver and provides NHS and private dental care and treatment for adults and children.

There is step free 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 4 dentists, 1 dental nurse, 1 trainee dental nurse, 1 dental therapist, 1 practice manager and 1 operations manager. The practice has 2 treatment rooms.

During the inspection we spoke with 2 dentists, 1 dental nurse, the practice manager, the operations manager and one of the practice partners. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Wednesday from 8.30am to 5.30pm.

Thursday from 8.30am to 6pm.

Friday from 8.30am to 5pm.

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:

Summary of findings

- Take action to ensure audits of radiography are undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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. Safeguarding training had been carried out by staff to an appropriate level for their role. Information and guidance regarding safeguarding was available throughout the practice.

The practice had infection control procedures which reflected 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 carried out in July 2023.

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.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We found 1 member of staff had a basic Disclosure and Barring Service (DBS) check but required an enhanced check. This was applied for at the time of our inspection.

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

The practice had ensured most equipment was safe to use, maintained and serviced according to manufacturers' instructions. A 5 yearly electrical installation condition report (fixed wiring) was carried out in May 2023 and found to be unsatisfactory identifying areas of risk which had not been addressed. Following our inspection an electrician had been arranged to carry out the required work.

A fire safety risk assessment was carried out in July 2023 in line with the legal requirements. The recommended actions had only been addressed the week of our inspection.

The practice had arrangements to ensure the safety of the X-ray equipment. However, the X-ray processing machine was found to be faulty since January 2024 and action had not been taken to address this. The required radiation protection information was available.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and lone working. The sharps risk assessment did not reflect processes in place. For example, it stated safer sharps were used however we found this was not the case. Following our inspection evidence was submitted to show needle recapper devices were purchased.

Emergency equipment and 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 had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Safety data information was available for all materials used including cleaning products.

Information to deliver safe care and treatment

Are services safe?

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 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 were shared with staff when appropriate.

One of the treatment rooms was found to require improvements as there were a number of issues. For example, there was a damaged cupboard, the dental chair was missing coverings of operating buttons and upholstery was damaged, the overhead light had no screen protector, flooring was damaged, there was no separate hand washing sink and the suction motor was housed in an unsafe location. We were advised that the provider was aware of these issues and had planned a refurbishment of this treatment room. Following our inspection, the provider confirmed this refurbishment had been brought forward and was underway.

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.

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. They understood their responsibilities under the Mental Capacity Act 2005 and evidence was seen to show training had been carried out.

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 did not carry out radiography audits 6-monthly following current guidance.

Effective staffing

We found not all of the staff had the skills, knowledge and experience to carry out their roles. Limited training was available for the trainee dental nurse and frequently the practice was short staffed where a member of staff was assisting a dentist as well as having responsibility for the reception desk.

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 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 1 patient who told us they were happy with treatment received from Kinver Dental and Implant Surgery.

We reviewed feedback on Google Reviews where patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. We noted that whilst the reception and waiting room areas were open plan, staff were discreet in person and on the telephone. We were told patients were offered an alternative area to speak privately should they wish.

The practice had installed closed-circuit television (CCTV) to improve security for patients and staff. Policies and protocols were in place however, we found the cameras recorded audio which was not reflected in the policy. There was not sufficient signage on display informing patients that recordings were in progress. Following our inspection, we were informed that the audio had been turned off and suitable signage displayed.

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

The dentists explained the methods they used to help patients understand their treatment options. These included 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 had made reasonable adjustments, including level access, ground floor treatment rooms, a hearing loop, reading glasses and access to translation services for patients with access requirements. There was no suitable wheelchair accessible toilet facility. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information 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 website and 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 a local organisation 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

At the time of our inspection, we were informed there had only been 1 complaint made to the practice which had been responded to appropriately. The practice did not record verbal complaints or comments. Following our inspection, a log was put in place for future monitoring.

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 Notice 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 governance systems, staffing levels, staff training oversight, peoples' safety and processes to drive improvement at the practice.

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

Some of the staff we spoke with stated they felt respected, supported and valued.

Staff discussed their training needs during annual appraisals 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 to support good 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 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, electrical safety, CCTV and sharps management. We were told that a number of the issues we found had been reported to the provider on a number of occasions however, no action had been taken to address them.

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, 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 however, some of the staff said these were not always listened to.

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. Radiography audits were not completed at the recommended frequency. 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 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> <p>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:</p> <ul style="list-style-type: none">• The provider had not ensured all recommended actions were addressed in a timely manner as stated in the fire risk assessment.• The provider had not ensured all recommended actions were addressed as stated in the Electrical installation condition report (fixed wiring).• The radiograph processor required attention as was shown to be faulty. <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:</p>

This section is primarily information for the provider

Requirement notices

- Lack of risk management systems for monitoring and mitigating the various risks arising throughout the practice. The provider had been made aware of the multiple issues on a number of occasions but had not addressed them.