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Phillips & Co Cosmetic Dentistry

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on Thursday 16 November 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 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. Not all the appropriate life-saving equipment was available in accordance with current guidelines. The checking process could be improved.

Summary of findings

- The practice had some systems to manage risks for patients, staff, equipment, and the premises but improvements were required to ensure processes were effective.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures in place however improvements were required to ensure essential checks are in place.
- 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.
- Complaints were dealt with positively and efficiently.
- Oversight and management of systems and processes could be improved.

Background

Phillips & Co Cosmetic Dentistry is in Darlington and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs at the rear of the practice and those with pushchairs. Car parking spaces are available for patients upon request. There are pay and display car parking spaces available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 3 dental nurses and 1 receptionist. The practice has 3 treatment rooms.

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

The practice is open:

Monday – Thursday from 9am to 5:30pm

Friday from 9am to 2pm

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

- Improve the practice's risk management systems for monitoring and mitigating the various risks arising from the carrying on of the regulated activities.
- Implement audits for prescribing of antibiotic medicines and patient dental care records 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 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.

The practice had infection control procedures which reflected published guidance. We saw the design and layout of surfaces and touch-free equipment in the treatment rooms and decontamination room supported staff to follow appropriate infection prevention and control process. Infection prevention and control audits were being undertaken annually. Guidance in HTM 01-05 stated these should to be completed every 6 months.

The practice had some procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. However, we could not be assured these were effective. Recommendations made in the Legionella risk assessment, carried out in 2020, had not been actioned. These included:

- Flexible hoses should be replaced.
- Thermal control was to be achieved by monitoring hot and cold-water temperatures on a monthly basis.

No documented evidence was available for us to demonstrate whether temperature monitoring protocols were carried out monthly.

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 staff recruitment procedures in place. However, we found that recruitment procedures and continued oversight of documents were not established. In particular:

- Evidence of satisfactory conduct in previous employment (references) had not been obtained for staff.
- Evidence was not available to confirm that a suitable role-specific induction had been carried out for staff.
- Disclosure and Barring Service (DBS) checks were not always completed or risk assessed at the start of employment.

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

The practice's system for checking and monitoring equipment to ensure that all equipment is well maintained needed to be improved. In particular:

- The dental compressor had not been annually serviced and pressure vessel inspected in line with manufacturer's instructions and national guidance.
- The washer disinfectant and ultrasonic cleaner had not been annually serviced and validated in line with manufacturer's instructions and national guidance.

We have since been sent some evidence which confirms these shortfalls have been addressed.

A fire safety risk assessment was carried out in 2020 in line with the legal requirements. However, we found recommendations within the fire safety risk assessment report had not been actioned: These included:

- Fire evacuation drills were to be completed; no documented evidence was available to demonstrate that fire drills had been completed. Consideration had not been given to how a sedated patient would be safely evacuated from the practice in the event of an emergency.

Are services safe?

- Testing of the fire alarm and emergency lights; no documented evidence was available to demonstrate testing of the fire alarm or emergency lights had been completed.
- A second fire extinguisher needed to be wall mounted and signage added.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT) and handheld X-ray equipment. However, improvements were required. In the latest annual performance report for the handheld X-ray device, there was a recommendation that had not been addressed. The handheld X-ray needed to be dismantled and stored in a locked cupboard if not in use in line with guidance on the safe use of Hand-held Dental X-ray Equipment. We saw no evidence that this recommendation had been risk assessed or addressed.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. The monitoring and oversight of risk management systems could be improved. In particular:

- We saw no evidence on the day of inspection that a sharps risk assessment was in place. We have since been sent evidence which confirms there was a risk assessment in place, but this did not reflect their current processes. For example, manual cleaning of contaminated instruments and to ensure the safe handling of glass vials and dental needles.
- There were no risk assessments for clinical staff who didn't have evidence of adequate immunity against Hepatitis B.
- Arrangements were not in place to obtain timely advice and, if appropriate, follow up treatment in the event of a sharp's injury.

Procedures to monitor the medical emergency kit needed to be improved. Monthly documented checks were undertaken but nationally agreed guidance states this needs to be completed weekly. Appropriate life-saving equipment was not available in accordance with current nationally agreed guidelines from Resuscitation Council UK. In particular:

- Child self-inflating resuscitating bag and mask was not available.
- Size 0,1,2 oropharyngeal airways were not available.
- Portable suction was not available.
- Aspirin was not dispersible.
- Glucagon, a medicine used to treat low blood glucose levels was not stored in line with the manufacturer's instructions.
- A second emergency medical oxygen tank was not available. This was required as the practice undertook sedation.

Staff took immediate action to order the missing items during the inspection and evidence was later sent to show these were now in place.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Online immediate life support (ILS) training was completed by staff providing treatment to patients under sedation. We discussed the benefits of face to face training for ILS giving due regard to guidance from the Resuscitation Council UK. We discussed this with staff and were assured face to face training would be completed.

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 2-week wait arrangements.

Are services safe?

Safe and appropriate use of medicines

We saw medicines for sedation and antimicrobials for dispensing were held securely and had appropriate monitoring records available.

Antimicrobial prescribing audits were not carried out. We signposted them to guidance provided by the College of General Dentistry to support this process.

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.

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 and training. The design and choice of integrated equipment supported staff to monitor patients during treatment effectively. We discussed reviewing manufacturer's instructions to investigate if the pulse oximeter/blood pressure machine required regular maintenance or calibration.

We saw the provision of dental implants was in accordance with national guidance. We discussed reviewing manufacturer's instructions to investigate if the implant drill motor required regular servicing.

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.

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 6-monthly following current guidance.

Effective staffing

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

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.

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.

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.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

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 and information leaflet 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 photographs, study models and X-ray images. The provider had installed intra-oral cameras and large monitors in treatment rooms to show patients images, scans and treatment options; and to view their treatment if they wished.

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 for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. Staff had undertaken training in autism and learning disability awareness to increase their understanding of patients with these conditions.

Timely access to services

The practice displayed its opening hours and provided information on their website, patient information leaflet and social media page.

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 partner 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 appropriately. Staff discussed outcomes to share learning and improve the service.

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 provider had focused on providing high quality, sustainable care to patients. Meanwhile, other areas of governance and oversight had lapsed.

Systems and processes were not effective or were not consistently followed. On the day of the inspection the practice was open to feedback and started taking immediate action to address the concerns raised during the inspection. They have provided evidence to confirm that some actions were in progress.

Culture

Staff 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. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was monitored.

Governance and management

We found that processes for identifying and managing risks were not effective. We noted shortfalls in appropriately assessing and mitigating risks in relation to legionella, fire safety, recruitment, risk assessments, equipment maintenance and medical emergency equipment checks.

Improvements were needed to ensure the systems in place to assess, monitor, mitigate risk and improve the quality of the service were effective. The provider took immediate action to show they were in the process of addressing these risks and updating the practice systems to prevent reoccurrence of these issues. Evidence was sent after the inspection to demonstrate this. These systems were yet to be embedded.

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, 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

The practice systems for learning and continuous improvement could be improved.

Are services well-led?

Quality assurance systems in place were not operating effectively; the infection prevention and control audit was not completed at the required intervals; and antimicrobial prescribing audits were not being completed.

We saw examples of innovation. In particular, the design and layout of the treatment rooms, use of touch-free integrated technology and equipment to support staff in effective cleaning and patient monitoring.

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>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 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:</p> <ul style="list-style-type: none">• Systems to ensure medical emergency arrangements and checking processes were in line with Resuscitation Council UK and conscious sedation guidance was not effective.• Where risks assessment and external inspection reports identified specific risks, these risks had not been assessed and mitigated. For example:<ul style="list-style-type: none">■ Oversight and management of fire safety was not effective.■ Oversight and management of legionella was not effective.■ Oversight and management of sharps risks was not effective.• Systems to ensure equipment and facilities were maintained and serviced in line with manufacturer's instructions and national guidance were not effective. <p>You are failing to ensure that systems or processes are in place 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.</p>

This section is primarily information for the provider

Requirement notices

- Systems to ensure essential pre-employment checks were undertaken in line with Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were not effective.
- Systems were not in place to obtain evidence of immunity to Hepatitis B for all clinical staff. Risk assessments were not in place where immunity levels were low or unknown.