Needham Market Dental Partnership

Kinnersley House

Inspection report

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Tel:

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Overall summary

We carried out this announced inspection on 28 September 2021 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 provider 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.

As part of this inspection we 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:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found this practice was providing effective care in accordance with the relevant regulations.

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Summary of findings

Background

Kinnersley House is in Needham Market, Suffolk and provides NHS and private dental care and treatment for adults and children.

Due to the age and limits of the building the practice is unable to provide access for people who use wheelchairs. Car parking spaces, including dedicated parking for people with disabilities, are available in car parks near the practice.

The dental team includes five dentists, six dental nurses, one dental hygiene therapist, one orthodontic therapist, the practice manager, one receptionist and a cleaner. The practice has four treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Kinnersley House is the senior partner.

During the inspection we spoke with three dentists, three dental nurses, the dental hygiene therapist, 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 to Friday from 9am to 5pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had some infection control procedures which reflected published guidance. However, there were no documented infection control leads, and gaps in infection control audits and training were evidenced.
- Staff knew how to deal with medical emergencies. Not all appropriate medicines and life-saving equipment were available. The practice took immediate action to rectify this.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff recruitment procedures reflected current legislation. However, these procedures were not always followed as details of disclosure and barring checks and photographic identification for three members of staff were missing.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Effective leadership or a culture of continuous improvement was not evidenced. Staff appraisals were not undertaken. Information regarding staff lead roles was conflicting. We were assured these would be implemented following our inspection.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff worked as a team.
- The provider dealt with complaints positively and efficiently.
- The provider demonstrated they were taking responsive action to the shortfalls we identified following our visit.

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.

Summary of findings

Full details of the regulation/s the provider was/is not meeting are at the end of this report.

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

- Implement an effective system of checks of medical emergency equipment and medicines to ensure full compliance with the Resuscitation Council (UK) and the General Dental Council guidance.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**No action** 
Are services effective?	**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)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. There was scope to ensure all staff completed infection prevention and control training and received regular updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained. However, there was no named Legionella lead or deputy and no legionella training had been undertaken by staff at the practice.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean. We discussed the cleaning of the material blinds in the treatment rooms and the decontamination room with the practice manager. Following the inspection, we were assured where appropriate these blinds had been removed and where the blinds remained for patient privacy purposes, cleaning processes had been put in place.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

There was no nominated infection control lead and we noted no infection prevention and control audits had been undertaken in the previous twelve months. We discussed this with the providers and the practice manager. Immediately following the inspection, we were provided with a completed infection prevention and control audit. This showed the practice was meeting the required standards. There was scope to ensure there was an appointed infection prevention and control lead and systems to ensure staff undertook infection control training.

Are services safe?

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at seven staff recruitment records. We noted that recruitment information was missing from staff records. For example, there was no evidence of photographic identification in three of these records and no Disclosure and Barring Service checks for three members of staff. These showed the provider had not followed their recruitment procedure.

There were no records of Covid-19 staff risk assessments prior to the practice re-opening or any fit testing certificates including the providers (the Fit Testers) training certificates held on file. We were told that governance information had been inadvertently removed from the practice computer system, the practice manager and lead nurse had been working to restore the lost information.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including gas appliances. We noted the five yearly fixed wire testing had not been undertaken since 2010.

A fire risk assessment had been carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Staff told us they had not undertaken any fire drills, however they were able to describe the actions they would take in the event of an evacuation of the practice.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation. There was scope to ensure these were clinician specific to ensure any learning needs were identified.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

There was a lack of knowledge in the recognition, diagnosis, and early management of sepsis amongst the clinical staff. Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support. Staff training had been completed in August 2020 with training scheduled for all staff in following month of our inspection.

Emergency equipment and medicines were available. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. However, we noted the full complement as per

Are services safe?

Resuscitation guidelines was absent. Namely: clear face masks were not available, there were no paediatric pads for the Automated External Defibrillator (AED) and no dispersible aspirin. There were no blue needles appropriate for intramuscular injections of adrenaline (a medicine used in the emergency treatment of anaphylactic shock). We discussed these concerns with the provider and the practice manager. We were assured during the inspection that immediate action was taken to rectify these issues and replace missing and expired items.

A dental nurse worked with the dentists and the dental hygiene therapist when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

We noted the practice stored medicines in the kitchen fridge along with food items. We noted the fridge temperatures were monitored, however these were not the maximum and minimum temperatures as recommended. The practice manager confirmed a medicines fridge had been purchased and they were awaiting its delivery.

Antimicrobial prescribing audits were not undertaken to ensure the dentist were prescribing according to national guidelines. Following the inspection, we discussed this with the practice manager and the provider and were assured these would be put in place.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services safe?

The practice reviewed regular Coronavirus (Covid-19) advisory information and alerts. Information was provided to staff and displayed for patients to enable staff to act on any suspected Covid-19 cases. Patients and visitors were requested to wear face coverings and use antibacterial hand gels on entering the premises.

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 clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the one of the dentists at the practice who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance. We noted audits of implant success were not evidenced due to the recent implementation of the implant service at the practice.

The practice had access to digital X-rays to enhance the delivery of care.

Comments received from patients reflected high patient satisfaction with the quality of their dental treatment and the staff who delivered it.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their 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.

The dentist and dental hygiene therapist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who were looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

Are services effective?

(for example, treatment is effective)

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. There was scope to ensure estimates were consistently recorded in patients' records amongst the different clinicians.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements. There was scope to ensure these audits were clinician specific and identified any learning or improvements.

Effective staffing

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

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the 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/ Enforcement Actions 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

Staff told us the providers were approachable. We were told that the practice manager was approachable, staff told us they worked closely with them. We received conflicting information regarding responsibilities, roles and systems of accountability to support good governance and management practice. The practice team were unable to confirm designated leads (and deputies) for legionella and infection prevention and control.

The practice manager was newly appointed having recently taken over from a predecessor. The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

Staff told us they were proud to work in the practice and had built strong, professional relationships with their patients.

The staff focused on the needs of patients. We received positive feedback from patients about the service provided.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Governance and management

The providers had overall responsibility for the management and clinical leadership of the practice.

The majority of responsibilities and oversight of systems of accountability to support good governance and management were undertaken by the practice manager. They had overall responsibility for the day to day running of the service. Staff knew the management arrangements, however we found there was a lack of clarity with regard to some staff roles and responsibilities.

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 electrical wire testing, infection control processes and antimicrobial prescribing audits.

We found there were not always effective processes for managing performance. For example, we found the provider was not always following national guidance with regard to staff recruitment. Staff had not received annual appraisals where they could discuss their learning needs, general wellbeing and aims for future professional development. We were informed that appraisals would be implemented for all employed staff following our inspection.

The practice manager 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 on a regular basis.

Appropriate and accurate information

Some quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Are services well-led?

Staff were aware of the importance of information governance arrangements and the importance of these in protecting patients' personal information. However, the practice team were not aware of the Information Governance toolkit (an online self-assessment tool that enables organisations to measure their performance against the National Data Guardian's ten data security standards). We discussed this with the practice manager and were assured they were taking action to put this in place.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service.

The provider encouraged verbal comments to obtain patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used. We were told this had been postponed by the practice during the pandemic but was something the practice hoped to reintroduce shortly.

The provider 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.

Continuous improvement and innovation

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

The providers had quality assurance processes however these did not always result in learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control.

The practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. They were working with the head nurse to ensure systems were in place to embed processes and encourage improvement. There was scope to develop more robust systems to ensure staff had access to core learning topics such as infection control and legionella training.

Staff completed the majority of'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** 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: • A system had not been implemented to ensure staff received regular appraisals of their performance. • There was no nominated infection control lead and no infection prevention and control audits had been undertaken in the previous twelve months. • There was no named Legionella lead or deputy and no legionella training had been undertaken. 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: • There was no system in place to ensure that the electrical fixed wiring was tested every five years. • There were no effective systems in place to ensure all required recruitment checks were carried out on staff before commencement of employment. **Regulation 17 (1) (2)**