

Mr Abas Said

Pitsea Dental Surgery

Inspection report

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Date of inspection visit: 1 November 2022
Date of publication: 02/12/2022

Overall summary

We carried out this announced comprehensive inspection on 1 November 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 always ask the following five 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 was 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 not always available.
- The practice systems to help them manage risk to patients and staff were not robust or effective. Specifically, fire safety and legionella management.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff recruitment procedures did not reflect current legislation.
- Patient dental care records did not comply with recommended guidance.
- 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.
- The appointment system took account of patients' needs.
- Effective leadership and a culture of continuous improvement were not in place.
- Patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had some information governance arrangements.

Background

Pitsea Dental Surgery is in Pitsea, Basildon, Essex 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 near the practice. The practice has made some adjustments to support patients with additional needs.

The dental team includes 3 dentists, 2 dental nurses, 1 dental hygienist, 3 receptionists and 1 support worker. The practice has 3 treatment rooms.

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

The practice is open:

Monday to Friday from 8.30am to 5pm. The practice is closed daily between 1pm to 2 pm.

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 is not meeting are at the end of this report.

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

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records. In addition, ensure the clinicians adopt an individual risk-based approach to patient recalls taking into account the National Institute for Health and Care Excellence guidelines.
- Take action to ensure clinicians record in the patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017.
- Take action to ensure dentists are aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.

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. However, staff told us they did not use the thermometer during decontamination of instruments to ensure the water temperature for cleaning dental instruments was the correct temperature. We saw an infection prevention and control (IPC) audit undertaken on 27 October 2022, we did not see any previous IPC audits. It was not clear how frequently the practice had undertaken audits of infection prevention and control. 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. We found that where hot water taps temperatures had been recorded these were consistently below the recommended guidance of 55 degrees celsius, in all cases between 40 degrees celsius to the highest at 48 degrees celsius. The last recording was in the decontamination room on 31 October 2022 with a reading of 42 degrees celsius. These records dated back to 2020 with no action taken to mitigate the potential risk of legionella growing in the hot water system. There was no evidence that the legionella lead had undertaken any legionella training or that there was a named deputy who had undertaken any legionella training.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We found the external clinical waste bin was not locked, however this was secured behind a locked gate. The compliance advisor confirmed this would be replaced with a lockable clinical waste bin.

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 and procedure to help them employ suitable staff and had checks in place for agency and locum staff. Several members of staff had been with the practice for over 20 years, not all the team had enhanced Disclosing and Baring Service (DBS) checks in place. We noted after the inspection had been announced the compliance advisor had completed DBS risk assessments and had applied for Enhanced DBS checks for all staff.

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. We were told one autoclave was broken, however there was no signage on the broken autoclave to ensure staff did not use it. The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety required improvement. The compliance advisor had scheduled fire safety training for all the team in November 2022 and had recently appointed fire wardens. We found that recommended regular fire drills were not carried out. We did not see any records to confirm these had ever been carried out.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. There was no rectangular collimator fitted to the X-ray machine. We discussed this with the compliance advisor who confirmed this would be put in place.

Risks to patients

Are services safe?

The practice systems to assess, monitor and manage risks to patient and staff safety were not effective. In particular relating to fire safety and legionella management.

Emergency equipment and medicines were not available and checked in accordance with national guidance. In particular, we found there were no needles or syringes available to administer emergency medicines. All oropharyngeal airways, face masks size 0 and 5 were missing and there were no self-inflating bags. In addition, there were no eye wash or spillage kits available. The compliance adviser confirmed that these had all been ordered and the practice were able to obtain some syringes and needles during the inspection.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support.

The dentist did not use dental dam in line with guidance from the British Endodontic Society or any other methods to protect the airway when providing root canal treatment. The dentist informed us they were aware of this requirement, but had not taken action to implement such safeguards.

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. There was scope to ensure these were more detailed.

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. An antimicrobial prescribing audit had been carried out between April and June 2022.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice had a system for receiving and acting on safety alerts. There was scope to ensure systems were in place to disseminate and discuss these safety alerts with other clinical staff.

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, from the dental care records we reviewed, there was some variation in evidence to demonstrate that clinicians were following professional guidance.

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

Comments received from patients reflected high 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.

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.

Staff had a clear understanding of their responsibilities under the Mental Capacity Act 2005. However, not all staff we spoke with were aware of Gillick competence and we were not assured that all staff had completed Mental Capacity Act training.

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

There were some variations in consistency and detail in the dental care records we reviewed. We found there was a variation in the evidence recorded in dental care records that professional guidance was always followed. In addition, there was a lack consistency in detail regarding patient consent and treatment planning.

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

Not all the dental care records we reviewed evidenced the dentists justified, graded and reported on the radiographs they took. The practice carried out a radiography audit on 6 June 2021. However, we did not see evidence of radiography audits since that time, this was not in line with current guidance and legislation of six-monthly audit.

Effective staffing

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

We saw that clinical staff completed continuing professional development required for their registration with the General Dental Council. There was limited evidence of the providers oversight of staff training and no evidence that staff had undertaken induction when they first joined the practice.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. The compliance advisor had recently introduced a referral log. However, we found this was not embedded as staff were unaware of the referral log when asked.

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. Staff gave clear examples of how they supported patients who were nervous or vulnerable.

Patients we spoke with told us they were always treated with respect, they said staff were compassionate and understanding.

Patients told us staff were kind and helpful 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.

Staff gave patients clear information to help them make informed choices about their treatment.

Information about the range of treatments available at the practice was displayed in the practice reception area.

The dentists described to us the methods they used to help patients understand treatment options discussed. 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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

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.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. There was scope to ensure the outcomes were discussed with staff 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 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

There was one lead dentist at the practice who had the day to day responsibility for the running of the service, responsibility for clinical matters, complaints, administration, staffing issues, recruitment, infection prevention and control, legionella, fire safety, patient feedback and social media. We identified several issues in relation to the practice's recruitment procedures, staff training, legionella management, fire safety management, the medical emergency kit, risk assessment and auditing systems which indicated that governance and oversight of the practice needed to be strengthened.

Culture

Staff stated they felt respected and valued, and told us they enjoyed their work. They described the lead dentist as approachable. Staff were proud to work in the practice with some having been with the practice for over 20 years.

There were no processes in place for staff to discuss their training needs. Annual appraisal, staff meetings and one to one meetings had not been undertaken. There were limited systems in place for staff to discuss their learning needs, general wellbeing and aims for future professional development.

There were no systems in place for the practice to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

The practice had a system of clinical governance in place which included policies, protocols and procedures. However, we noted that these were not easily accessible to all members of staff and it was unclear if these were reviewed on a regular basis. There were no regular team meetings to ensure information was shared across the team or staff had an opportunity to raise any concerns they may have.

Processes for managing risks, issues and performance were either not in place or where recently implemented were not embedded.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. We noted cupboards were locked or secured with chains and padlocks where appropriate.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners.

Staff told us that prior to our inspection staff meetings were not held. We noted the compliance advisor held a meeting with staff the day before the inspection.

Continuous improvement and innovation

Prior to our inspection, we asked the practice to submit evidence that staff had completed all essential training. This was not provided, and it was not clear from the staff training records we viewed on the day, what they had completed. There was no formal system in place to ensure staff training was up-to-date and reviewed at the required intervals.

Are services well-led?

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiography, and infection prevention and control. However, not all audits were carried out as frequently as recommended or had clear actions plans in place to drive improvement.

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>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">• Staff recruitment processes were not in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice did not have a recruitment procedure and Disclosure and Barring Service checks had not been obtained prior to employment for any staff. There was no system in place to ensure essential staff training was up-to-date and reviewed at the required intervals.• There was no system in place to ensure staff received formal appraisal and feedback about their working practices.• There was no system to ensure audits of radiography, antimicrobial prescribing, and infection prevention and control were undertaken at regular intervals to improve the quality of the service.

Requirement notices

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 might be at risk. In particular:

- There were limited systems for monitoring risk assessment action plans and ensuring improvement was put in place. For example; legionella hot water checks were undertaken but no action was taken where these were recorded outside of required parameters. There was no evidence that the named nominated legionella lead or deputy had completed legionella training.
- Staff had not undertaken fire safety training or fire evacuation drills.
- The provider had not ensured the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- There was no evidence to show how learning from alerts, accidents and incidents had been shared across the staff team to prevent their recurrence. Staff meetings were not held.

Regulation 17 (1)