

Mrs. Carina Sharp

Maycroft Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 22 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.

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 and could evidence refresher training, undertaken on an annual basis.
- Appropriate medicines and life-saving equipment were not available, as referred to in recognised guidance.
- The practice had some systems to manage risks for patients, staff, equipment and the premises. Some processes to ensure safety of some equipment had lapsed and required registrations had not been completed.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. We noted that some staff could not evidence current training on safeguarding.
- 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.
- Staff felt involved and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Processes were in place to deal with complaints positively and efficiently.
- The practice had information governance arrangements.

Background

Maycroft Dental Practice is in Wirral, Cheshire 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 disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 2 qualified dental nurses, one of whom is the practice manager, 3 trainee dental nurses, 3 dental therapists and 3 receptionists. The practice has 3 treatment rooms.

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

The practice is open: Monday to Wednesday from 9am to 5pm; Thursday from 9am to 7pm and Friday from 8.30am to 5pm.

We identified regulations the provider was/is 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

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. Although staff had knowledge of safeguarding processes, and a safeguarding lead was appointed, safeguarding training for trainee nurses could not be evidenced. When we discussed this, the practice manager agreed they would discuss this with the training provider and would provide in-house training in the meantime.

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. When we reviewed water temperature records, temperatures recorded were below the required 50 degrees centigrade plus, for thermic control of legionella. We brought this to the attention of the practice manager; following initial investigations, they provided assurances that the hot water was reaching required temperatures. Nevertheless, the practice manager told us they would share this information with staff, to improve staff understanding of the processes in place for management of legionella.

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, including for agency or locum staff. These reflected the relevant legislation. We saw 3 staff members did not have evidence of immunity to blood borne diseases, namely Hepatitis B. The practice manager was able to evidence staff receiving the correct course of immunisation, but could not show staff had sufficient levels of immunity to Hepatitis B. The practice manager acted immediately to book blood tests with occupational health services, for the 3 staff concerned.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. When we checked local rules for the 3 X-ray sets, we found the practice did not have an identified Radiation Protection Advisor (RPA) to refer to, if needed. Following inspection, the practice confirmed they had updated their local rules with the name of the newly contracted RPA.

The practice had a cone-beam computed tomography (CBCT) facility. The practice were unable to show us the critical acceptance testing for this equipment or the accompanying report. This testing had been carried out shortly before our inspection. The practice had ceased using the machine, until they are assured by the report that it is functioning safely, and any action points have been addressed. We also saw that the practice had begun the process for registration with the Health and Safety Executive (HSE) of X-ray equipment but had not completed this. It is a requirement to register with HSE if you use radiography equipment in patient treatment.

Risks to patients

Are services safe?

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were not available in accordance with national guidance and checks on these had failed to identify items that were missing, out of date, or not ready for use. For example, we found needles for delivery of adrenaline were out of date; pads for the defibrillator were out of date (passed use by date of 2013) and the defibrillator was showing a warning light as the battery required replacement. All clear face masks and tubing were out of date; there was no self-inflating bag for an adult or a child and there was no portable suction. The glucagon was out of date.

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

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

Information to deliver safe care and treatment

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.

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 the provision of dental implants was in accordance with national guidance.

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.

Newly appointed staff had a structured induction; we discussed how this could be improved, by ensuring that trainee nurses received training on safeguarding from the practice, at the earliest possible point. 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 reviewed patient feedback. Patients had commented that staff were understanding when they were in pain, distress or discomfort. Patients commented on the professionalism and friendliness of staff.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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 for example study models and 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 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.

Timely access to services

The practice displayed its opening hours and provided information on their website on how to make contact when the practice was closed.

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 message 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 practice staff demonstrated a transparent and open culture in relation to people's safety.

Systems and processes had been introduced to aid the smooth running of the practice, and staff worked together as a team to provide good access to care and treatment for all patients. Where systems and processes were not embedded, the inspection highlighted this. Practice staff acted immediately to address the findings of our inspection.

Culture

Staff could show how they ensured sustainable services and sought to demonstrate improvements over time.

Staff stated they felt respected, supported and valued. They were happy in their work at the practice.

Staff discussed their training needs during annual appraisal and at practice meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. We discussed training that some staff had not received, for example safeguarding training for trainee dental nurses, and how the practice could address this.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management. Where our inspection highlighted gaps in governance, the practice acted immediately to address this, and committed to reviewing systems in place to ensure they were sufficiently robust. The areas we drew attention to were legionella management, emergency medicines and equipment checks and availability, management of X-ray equipment and necessary registrations, some staff training and records and immunity to blood borne disease for some staff.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff. Following our feedback, these were being reviewed.

We saw there were processes in place for managing risks and performance.

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

Are services well-led?

The practice had systems and processes for learning and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</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">• Implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular that hot water temperatures reach 50 degrees centigrade or above after 2 minutes of opening sentinel outlets, and that this is recorded in the relevant management log.• Ensure 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, and the availability of medicines to manage medical emergencies taking into account the guidelines issued by the British National Formulary and the General Dental Council.• Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account HPA-CRCE-010 Guidance on the Safe Use of Dental Cone Beam Computed Tomography. In particular that all critical acceptance testing has been completed, action points addressed, that regular maintenance and servicing is in place and that the practice have access to a Radiation Protection Advisor, as referred to in local rules.

This section is primarily information for the provider

Requirement notices

- Ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.
- Ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

Regulation 17(1)