

M D Surgery Limited

Moreton Dental

Inspection Report

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Overall summary

We carried out this announced inspection on 23 January 2017 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 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 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:

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 caring?

We found this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found this practice was providing responsive 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.

Background

Moreton Dental is in Moreton-in-Marsh and close to the town centre. It provides private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice. There is a local bus service directly outside the practice.

Summary of findings

The dental team includes the principal dentist, one dental hygienist, one qualified dental nurse/ receptionist and one trainee dental nurse. The practice has one treatment room.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 21 CQC comment cards filled in by patients and spoke with three other patients. This information gave us a positive view of the practice.

During the inspection we spoke with the principal dentist, the qualified dental nurse and trainee dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday – Friday 9.00am – 5.00pm. The practice operates an out-of-hours emergency service available until 9.00pm during weekdays and 9.00am-5.00pm Saturdays and Sundays. Details of the call out fees are on the website.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which did not wholly reflect published guidance.
- Staff knew how to deal with emergencies but not all recommended life-saving equipment and medicines were available.
- The practice had some systems to help them manage risk but they were not operated effectively.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice staff recruitment procedures were not thorough and did not fully meet the regulatory requirements.

- 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.
- The appointment system met patients' needs.
- The practice had limited leadership with some governance systems but they were not operated effectively.
- Staff felt involved, supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- Few formal audits had been undertaken to assess and monitor the service and to identify improvements which could be made to enhance the service.

We identified regulations the provider was not meeting. They must:

- Ensure the proper and safe management of emergency equipment and medicines.
- Ensure systems and process to manage infection prevention and control follow current legislative guidance including environmental cleaning.
- Ensure risks relating to health and safety and welfare are assessed monitored and mitigated where possible in accordance with current guidance and legislation.
- Ensure systems and processes are effectively operated to assess, monitor and improve the quality and safety of services provided.
- Ensure records relating to the management of regulated activities are maintained and stored in accordance with record keeping guidance.
- Ensure all required checks are completed in accordance with legislation prior to staff commencing work in the practice.

Full details of the regulations the provider was not meeting are at the end of this report.

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?

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

The practice had some systems and processes to provide safe care and treatment however they were not effectively operated. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles but the practice had not completed essential recruitment checks for all staff employed.

Premises and equipment appeared clean and well maintained. The practice did not followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had arrangements for dealing with medical and other emergencies but did not have all the required equipment and medicines.

The practice had not reviewed risk assessments for example fire, health and safety and had not implemented all required actions for the safety of the practice.

No action



Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as the very best; fantastic staff who look after us well; wonderful with friendly patient care which relaxes you. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles but had limited systems to monitor this.

No action



Are services caring?

We found this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from 24 people. Patients were positive about all aspects of the service the practice provided. They told us staff were the

No action



Summary of findings

best; polite and friendly; care was delivered with professionalism and sensitivity. They said they were given helpful, honest explanations about dental treatment; and said their dentist listened to them. Patients commented they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

The practice appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

The practice had limited management arrangements for the running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was an ineffective management structure, however staff felt supported and appreciated.

The systems for the safe management of medicines was not robust and required attention.

The practice team kept patient dental care records which were clearly written or stored securely.

The practice had not undertaken any monitoring of clinical and non-clinical areas of their work to help them improve and learn. They listened to the views of patients and staff and acted upon them.

Requirements notice



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted upon and stored for future reference.

Reliable safety systems and processes (including safeguarding)

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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse.

We saw evidence staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice arrangements for safe dental care and treatment. Environmental risk assessments had been completed but where risks had been identified actions to mitigate some risk had been taken but not all. Risk assessments had not been reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentist used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Not all emergency equipment and medicines were available as described in recognised guidance.

Staff kept some records of their checks to make sure these were available, within their expiry date, and in working order but they were intermittently checked. None of the staff had recognised they did not have all the required equipment as the practice did not have an inventory which reflected the recommended guidance for equipment and medicines.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ staff but this did not reflect the relevant legislation. We looked at four staff recruitment files. These showed the practice had not wholly followed the legally required recruitment procedure. In three files we saw references had not been obtained. In another file an old Disclosure and Barring Service check had been accepted when in legislation it was not portable.

The principal dentist told they did not make any recruitment checks when an agency nurse arrived for employment. They told us they understood the need for checking the identity of the individual and told they would do this in the future. The principal dentist told us they would address all these recruitment shortfalls immediately.

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

Monitoring health & safety and responding to risks

The practice health and safety policies and risk assessments were not up to date and had not been reviewed to help manage potential risk. These covered general workplace and specific dental topics. For example the fire risk assessment had been completed in August 2015 and had highlighted significant risks. While some of these had been addressed others had not and there were no written plans to do so in the near future. One of these required actions was the installation of a fire resistant door to the boiler room.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

Are services safe?

A dental nurse worked with the dentists and dental hygienists when they treated patients.

Infection control

The practice had an infection prevention and control policy which was out of date and had last been reviewed in 2015. They had procedures to keep patients safe but they did not always follow guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff were unsure if they had completed infection prevention and control training every year and were unable to find evidence of training.

The practice did not have wholly suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. There were no records to demonstrate the equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

For example there were no weekly protein tests to demonstrate the efficacy of the ultrasonic bath and no servicing records for this equipment. The autoclave used had a data logger which was reviewed regularly but there was no evidence of servicing of the equipment since November 2015.

The practice had a separate decontamination room however it did not contain all the recommended equipment for meeting the essential standards of HTM01-05; for example it did not have an illuminated magnifier. We also saw that the decontamination room was in an unobserved patient area and was not locked. The provider should review the security of this room.

The principal dentist told us they had carried out an infection prevention and control audit but could not find the evidence to show us. There was not an annual statement in relation to infection prevention control as required under The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance. The principal dentist assured us they would take action immediately to complete one.

The practice had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. The principal dentist thought a Legionella risk assessment had been completed in 2015 when the practice opened but they were unable to find it.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a term for particular bacteria which can contaminate water systems in buildings); they described the method they used which was in line with current HTM 01 05 guidelines.

We saw cleaning schedules for the premises and the cleaning equipment which did not meet the recommendations of national guidance. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for some but not all the equipment used. Staff were not completing all checks in line with the manufacturers' recommendations. In discussion with the principal dentist they told us they had the documents somewhere but their filing system was poor and they could not find them.

The practice had a brief policy regarding the prescribing, recording, use and stock control of the medicines used in clinical practice. The system in place for the management of medicines, dispensing and supplying of antibiotics and pain relief, was not compliant with the legal requirements.

We asked the principal dentist to show us the system for checking the amount of medicines in the practice and how they were supplied to patients. Documentary evidence seen showed there was no robust audit trail of medicines entering and leaving the practice and we found some antibiotics were out of date. We were shown medicines were supplied in an appropriately labelled container and with a manufacturer's patient leaflet as required in law.

The dentist used the on-line British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence the dentist justified, graded and reported upon the X-rays they took. The practice had not carried out X-ray audits every year following current guidance and legislation.

Are services safe?

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance.

The principal dentist told us they checked and recorded the necessary information in the dental care records but no formal system of audit had been implemented. They told us they would implement an audit process and audit their dental care records and those of the hygienist.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentist told us they and the hygienist discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. However there was no evidence of induction for new agency or self-employed

staff when they started working at the practice. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

The principal dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions.

The policy also referred to Gillick competence and the dentists and dental nurses were aware of the need to consider this when treating young people under 16 years. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were compassionate, efficient and helpful. We saw staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area provided some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. We observed they did not store all paper records securely as sedation records were in an unlocked area in the office.

Music was played in the treatment rooms and there were magazines in the waiting rooms. The practice provided drinking water.

Information folders, patient survey results and thank you cards were available for patients to read.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as oral surgery and specialist orthodontic treatments.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, an accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services.

Access to the service

The practice displayed its opening hours in the premises and their information leaflet.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept some appointments free for same day appointments. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaint policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint. The principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the last 12 months. There had been no complaints in that period. We were shown the system the practice would use to respond to concerns appropriately and discuss outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice and for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had some policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These were not all current and did not reflect current guidance.

For example the systems in place for assessing, monitoring and mitigating risk were limited. The risk assessment templates from the BDA were on available on the computer but they had not been adapted to reflect the risks in the practice and how they would be mitigated. The provider did not have the following safety certificates: Electrical hard wiring, gas safety, legionella risk assessment.

During the inspection we identified there were not adequate systems in place for checking the equipment in a timely way i.e. the compressor, had not been serviced within the required period and the autoclaves were not being appropriately validated in line with HTM 01 05 and had not been serviced since installation. The provider did not have evidence the HSE had been notified of the X ray machine installation.

There were few arrangements in place to monitor the quality of the service and make improvements. For example the provider was unable to show us documentary evidence all the electrical equipment had been checked in line with national guidance and legislation. The lack of medical equipment and medicines as required by Resuscitation Council UK and BNF. No inventory to check equipment and medicines against.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the principal dentist was approachable, would listen to their concerns and act appropriately. The principal dentist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice being a small team had informal discussions where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had few quality assurance processes to encourage learning and continuing improvement. Some audits had been undertaken with results seen but the provider had not completed an action plan or identified any dates for re-audit.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The staff team had an annual appraisal. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff files.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year, however not all training certificates were available to corroborate this. The General Dental Council requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so. We observed the trainee dental nurse was registered to commencing a training course in March 2017. They told us they felt supported and there was a clear mentoring arrangement for them within the practice.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used comment cards and verbal comments to obtain staff and patients' views about the service. We saw

Are services well-led?

feedback from the website and comments displayed in the waiting room. We noted all patients had found the practice to be excellent and no suggestions for improvement. The 21 CQC comment cards corroborated this information.

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 did not have effective systems in place to ensure that the regulated activities at the Moreton Dental Practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider did not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others.• The provider did not effectively assess the risk of, and prevent, detect and control the spread of infection• The provider had not ensured the management and supply of medicines was robust.• The provider did not have effective governance systems in place which assessed, monitored and improved the quality and safety of services provided.• Records relating to the management of regulated activities were not created and, amended appropriately in accordance with current guidance. For example, there was no evidence of induction for new agency or self-employed staff when they started working at the practice.