

The Dentists Dorridge

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Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 20 July 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 policies which reflected published guidance. However, staff did not always follow these.
- Staff knew how to deal with medical emergencies. Not all appropriate life-saving equipment was available. The provider ordered the missing items following the inspection.
- The practice did not have all the necessary systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. However, not all staff were up to date with safeguarding training.

Summary of findings

- 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.
- Effective leadership and a culture of continuous improvement were not in place.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

The Dentist Dorridge is in Dorridge, Solihull and provides 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 people with disabilities, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

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

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

The practice is open:

Monday from 8.30am to 5.30pm.

Tuesday from 8.30am to 5pm.

Wednesday from 8.30am to 4.30pm.

Thursday from 8.30am to 5.30pm.

Saturday from 9am to 1pm.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

Summary of findings

- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.

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. We noted apart from the principal dentist, staff had not completed safeguarding training since 2019. There is a requirement that safeguarding training is completed every 3 years.

Not all infection control procedures reflected published guidance. For example, colour coded mops were stored in the same bucket.

The practice did not have procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. The risk assessment was incomplete, there was no evidence of recommendations being implemented and there was no evidence that staff were taking and recording water temperatures.

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

Although the surgeries, decontamination room and domestic areas appeared clean there were no cleaning schedules in place to ensure that cleanliness standards were being maintained. Staff said they had ordered cleaning schedules prior to the inspection.

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.

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

The practice did not ensure all equipment was safe to use, maintained and serviced according to manufacturers' instructions. The provider did not show us evidence that they had an electrical installation condition report (fixed wiring) in place. They sent us evidence the autoclaves had been serviced following the inspection.

An internal fire safety risk assessment had been carried out by the provider in line with the legal requirements. The provider said they would contact an external company to complete an additional comprehensive risk assessment to assure themselves they were meeting their legal responsibilities.

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

Risks to patients

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.

Not all emergency equipment was available and checked in accordance with national guidance. We noted oropharyngeal airways (sizes 0 to 4), the child size self-inflating bag with reservoir and clear face masks for the self-inflating mask (sizes 0 to 4) were all missing. The first aid kit was out of date. The provider ordered these items following the inspection. We noted the temperature of the fridge where the glucagon (a medicine used to treat low blood sugar in diabetic patients), was stored was not checked daily to ensure it was being stored in line with the manufacturer's guidance. We could not be assured weekly checks of the drug and equipment were being completed as there were no dates recorded on the checklists.

Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate life support training was also completed by staff providing treatment to patients under sedation.

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 two-week wait arrangements. However, the provider did not have a system in place to ensure patient referrals to other dental or health care professionals were centrally monitored to ensure they were received in a timely manner and not lost.

Safe and appropriate use of medicines

The practice did not have systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. Where the practice dispensed antibiotics the practice's name and address was not detailed on the container or label of the medicines. There was no stocklist of medicines in place.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

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 six-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. Clinical staff had mostly completed continuing professional development required for their registration with the General Dental Council. However, only the safeguarding lead had completed safeguarding training within the last 3 years, all other staff were overdue by 1 year.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentist 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.

We reviewed all forms of patient feedback. Patients reported staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. 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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including an accessible surgery 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 and patient information leaflet.

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, 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 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

We found shortfalls in the leadership and oversight of the practice which resulting in systems and processes not being fully embedded.

Culture

Staff could not consistently show how they ensured high-quality sustainable services and demonstrated improvements over time. For example, infection prevention and control audits had not been completed.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The provider did not offer staff formal appraisals to discuss their learning needs, general wellbeing and aims for future professional development. We noted it was a small practice and staff had the ongoing opportunity to meet informally with managers.

The practice did not have arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

We were not assured that the provider's system for clinical governance was effective. For example, the practice's protocols for medicines management to ensure all medicines were stored and dispensed of safely and securely were not in place and the legionella risk assessment was incomplete with pages missing.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

The practice did not have clear and effective processes for managing risks, issues and performance. We found shortfalls in mitigating and assessing risks associated with legionella, medicine management and medical emergencies.

Appropriate and accurate information

Staff did not consistently act on appropriate and accurate information. The practice did not use all the required quality and operational information, for example, we found shortfalls in mitigating and assessing risks associated with legionella,

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 informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

The practice was also a member of a good practice certification scheme.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of disability access, radiographs and antimicrobial prescribing. Staff kept records of the results of these audits and the resulting action plans and improvements. However, we were not provided with audits of infection prevention and control and patient dental care records.

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>Regulation 17 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the Regulation was not being met</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• There were limited systems for monitoring and improving quality. For example, infection prevention and control audit and record keeping audit had not been completed.• The provider did not have practice protocols and procedures to ensure staff are up to date with their mandatory training.• 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.• The practice's protocols for medicines management to ensure all medicines were stored and dispensed of safely and securely were not in place. The temperature

Requirement notices

of the fridge where the glucagon (a medicine used to treat low blood sugar in diabetic patients), was stored was not checked daily to ensure it was being stored in line with the manufacturer's guidance.

- The legionella risk assessment was incomplete with pages missing. We did not see evidence the provider had taken action to implement any recommendations in the practice's risk assessment. We were not provided with evidence staff checked the water temperatures weekly.
- The practice did not ensure all equipment was safe to use, maintained and serviced according to manufacturers' instructions. The provider did not show us evidence an electrical installation condition report (fixed wiring) was in place.
- A systematic comprehensive approach had not been implemented for staff appraisals.