

South Lane Dental

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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 and a second inspector.

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. Appropriate medicines and life-saving equipment were available.
- The practice did not have effective 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.

Summary of findings

- The practice had staff recruitment procedures which did not wholly reflect 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.
- Leadership and oversight of continuous development required some improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The management of complaints required improvement.
- The practice did not have information governance arrangements.

Background

South Lane Dental is in Clanfield, Hampshire 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 for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 5 dentists, 6 dental nurses, 1 dental hygienist, 1 practice manager, 1 operations and development manager, 1 clinical manager, 1 treatment co-ordinator and 2 receptionists. The practice has 4 treatment rooms and a treatment co-ordinator's room.

During the inspection we spoke with 2 dentists, 3 dental nurses, the treatment co-ordinator, 1 receptionist and the clinical manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday - Friday 8:30am to 5:00pm

The practice had taken steps to improve environmental sustainability. For example:

- Sustainable products such as bamboo toothbrushes and corn starch toothpicks were available to purchase.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.
- Ensure specified information is available regarding each person employed.

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?	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. However, we saw there was no evidence of safeguarding training for three members of staff.

The practice had infection control procedures which reflected published guidance. However, we saw that the local anaesthetic was not stored in blister packs to ensure sterility. Following the inspection we were told that this has been rectified.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems. However, a current risk assessment for Legionella following the installation of a new boiler was not available.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We saw the clinical waste bin, although locked was not secured to the wall.

The practice appeared clean. Improvements were required to ensure that cleaning schedules were completed.

The practice had a recruitment policy and procedure to help them employ suitable staff, including agency or locum staff. These did not wholly reflect the relevant legislation. We saw that satisfactory evidence of conduct in previous employment was not available for any staff. This did not follow the practice recruitment policy. Evidence of Hepatitis B immunity levels was not available for 2 staff members. This was provided after the inspection with a risk assessment in place for the staff member yet to receive their full course of Hepatitis B vaccination. Four members of staff did not have a Disclosure and Barring Service Check (DBS) or risk assessment in relation to this.

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

The practice ensured some equipment was safe to use, maintained and serviced according to manufacturers' instructions. Servicing and maintenance was not always completed at the correct intervals, and where actions were recommended there was no evidence available of completion. The electrical installation condition report, completed in March 2019, states the electrical installation as unsatisfactory and lists actions that were required. We did not see evidence that the actions have been completed. We saw that the air conditioning servicing was last completed on 29 July 2019 and not annually as recommended. The Portable Appliance Test report was sent to us following the inspection.

A fire safety risk assessment was not carried out in line with the legal requirements. The management of fire safety was ineffective. The fire risk assessment was carried out in-house by staff who were not able to demonstrate competency in the risk assessment of fire. Logs of the checks of the smoke alarm, fire alarm and emergency lighting were inconsistently completed. We saw recorded dates of fire drills of 08 February 2018 and then 19 July 2023 and not annually as recommended. We did not see evidence of 6 monthly smoke alarm servicing.

Following the inspection, the practice sent some evidence of their arrangements to ensure the safety of the X-ray equipment and the required radiation protection information, however we were not sent all necessary information for 1 x-ray unit.

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; however, improvements are required to ensure that the lone working policy refers to all of the lone workers within the premises and any risks identified are mitigated. Following the inspection we were told that the policy and risk assessment has been updated to include all relevant staff.

Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance.

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; however, some improvements are required to ensure that all risks are identified. In addition, the relevant safety data sheets were not made available to staff.

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.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

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 had carried out a radiography audit prior to the inspection but we did not see evidence that 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 non-clinical staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council. However, clinical staff did not have evidence of a structured induction.

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 spoke with 8 patients. Patients told us that staff are very friendly and they received excellent service.

Patients said 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. A treatment co-ordinator office was available when needed for private conversations.

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

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 dentists explained the methods they used to help patients understand their treatment options. These included for example photographs, study models, X-ray images and an intra-oral camera.

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; however, staff were unaware of translation services and how to contact these for people who are hard of hearing or for people who don't speak English as their first language.

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

The practice had made reasonable adjustments, including a hearing loop 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 did not provide 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 did not always respond to concerns and complaints appropriately. Complaints we reviewed were not always documented in full and it was unclear whether the complaint had been resolved or closed. There was no evidence of staff discussion or learning from complaints.

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 improvements were needed to ensure the management and oversight of systems that supported the delivery of care were effective.

We saw the practice could improve processes to support and develop staff.

Culture

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

Some staff told us they discussed their training needs during annual appraisals, others stated they had not had appraisals, supervisions or 1 to 1 meetings.

The practice did not have arrangements to ensure staff training was up-to-date and reviewed at the required intervals. We found there were no systems in place to monitor training. At the time of inspection evidence of training was not available for all staff in subjects recommended by the General Dental Council (GDC), their registration body; or by national guidance, including infection control, safeguarding, fire safety, learning disability and autism, legionella, sepsis awareness and Mental Capacity Act. There was also no evidence of inductions for any clinicians.

Governance and management

Staff did not have clear responsibilities, roles and systems of accountability to support good governance and management. Clinical and managerial oversight was not always consistently provided.

The governance system for managing risks, policies, protocols and procedures requires improvement.

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. We saw a patient satisfaction box available at reception; however, staff told us they did not know what happened with this information once collected. The feedback was not collated or analysed.

Feedback from staff was obtained through informal discussions. Staff told us that formal staff meetings were irregular but that staff ensured they communicated on a daily basis.

Continuous improvement and innovation

The practice had some systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access and antimicrobial prescribing. We found that radiographs and infection prevention and control audits required 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the Regulation was not being met The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • An up-to-date risk assessment for Legionella following the installation of a new boiler was not available. • Radiograph and infection prevention and control audits were not carried out at the recommended intervals. • Policy and risk assessments for lone workers failed to identify all lone workers within the premises. • Feedback gathered from people who used the service was not collated and analysed. • COSHH (Control of Substances Hazardous to Health) risk assessments were not always fully completed. In addition, the relevant safety data sheets were not made available to staff. • The management of complaints was ineffective. • Governance systems were ineffective as they did not include sufficient oversight, scrutiny and overall responsibility by the registered manager.
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service provider had failed to ensure that persons employed in the provision of a regulated activity received

Requirement notices

such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- Supervision, appraisals or 1 to1 meetings had not been conducted for all staff.
- The service provider did not have arrangements to ensure staff training was up to date and reviewed at the required intervals.
- Evidence of safeguarding training for three members of staff was not available.
- Staff had not all completed training in several areas including infection control, safeguarding, fire safety, learning disability and autism, legionella, sepsis awareness and Mental Capacity Act.
- Clinical staff did not have an induction when starting work at the practice.

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- There were no systems in place to monitor recruitment.
- 4 members of staff did not have a Disclosure and Barring Service Check (DBS) or risk assessment in relation to this.
- The practice had not obtained satisfactory evidence of conduct in previous employment for any staff.

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Requirement notices

The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:

- Local anaesthetic was not stored appropriately.
- Servicing, maintenance and repairs were not always completed at regular intervals for the emergency lighting, fire equipment, air conditioning or electrical equipment.
- The electrical installation report stated the installation as unsatisfactory. There was no evidence of recommended actions being completed.
- The fire risk assessment was carried out by a person without the necessary competency.
- Logs of the checks of the smoke alarm, fire alarm and emergency lighting were inconsistently completed.
- Evidence demonstrated that fire drills were not always completed annually.
- There was no evidence of 6 monthly smoke alarm servicing.