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Lilac House Specialist Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 27 March 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.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had infection control procedures which did not fully reflect published guidance.

Summary of findings

- Staff knew how to deal with medical emergencies; all required medicines were available and except for one item, all required life-saving equipment was available.
- Systems to ensure staff received medical emergency training in line with published guidance could be improved.
- The practice had systems to manage risks for patients, staff, equipment, and the premises; improvement was needed in some areas.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Procedures for obtaining patient consent, responding to patient safety alerts, and monitoring referrals could be improved.
- 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, The British Society of Periodontology and Prosthodontics.
- Improvement was needed to ensure governance was effective, systems were embedded, and these followed published guidance.
- Systems to ensure audits were accurately reflected could be improved.
- Staff felt involved, supported, and worked as a team.
- Systems were not in place ensure the on-going assessment, supervision, and appraisal of staff.
- 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

Lilac House Specialist Dental Practice is in Acomb, York and provides private periodontal and prosthodontic dental care and treatment.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 1 dental nurse and a dental therapist. The practice has 2 treatment rooms.

During the inspection we spoke with both dentists and the dental nurse. We looked at practice policies, procedures, and other records to assess how the service is managed.

The practice is open: Monday to Thursday 9am – 5.30pm

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

- Take action to ensure staff have received training to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Implement an effective system for responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System, and other relevant bodies, such as Public Health England.
- Improve and develop the practice's policies and procedures for obtaining patient consent to care and treatment to ensure they are in compliance with legislation, take into account relevant guidance, and staff follow them.
- 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.
- Take action to ensure audits of radiography and infection prevention and control accurately reflect systems in place to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	**No action** ✓
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**No action** ✓
Are services well-led?	**Requirements notice** ✗

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice infection control procedures did not fully reflect published guidance. In particular:

- Used dental instruments were transported for processing on an open wheeled trolley; instruments were not transported securely in a lockable container.
- Clinical waste was not bagged prior to being transported on an open wheeled trolley to the decontamination room for disposal.
- There were no paper towels available to dry hands in the decontamination room.
- There was no system in place to demonstrate that household gloves used to handle contaminated instruments were changed weekly in line with guidance.
- The infection prevention and control audit did not reflect our findings on the day of inspection.

The practice infection prevention and control equipment validation procedures did not reflect published guidance and manufacturer's instructions. In particular:

- There were no validation records in place for the washer disinfector, we were told validation was not being completed on this machine.
- 1 of the 2 autoclaves in place was not being validated, it was noted that it was not plugged into the mains. However, when we plugged it in and switched it on it displayed its readiness for use. We were told this machine was unreliable and was not being used regularly, the autoclave had not been removed from service and there was no signage to indicate that it was not to be used.

Guidance states validation is necessary to demonstrate that the physical conditions required for sterilisation (temperature, pressure, time) are achieved.

The practice legionella management systems required review. We found legionella water temperature monitoring was being done and recorded monthly. An in-house risk assessment had been completed; however, mandatory requirements require a written scheme is in place completed by an experienced and competent person.

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, these reflected the relevant legislation.

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; we identified areas of fire safety management where improvements could be made, in particular:

Are services safe?

- In-house visual safety checks on the fire extinguishers and smoke alarms were not recorded.
- There was no emergency lighting in place.
- There was no emergency fire exit signage and no fire evacuation muster information available in the patient area.
- The in-house fire safety risk assessment had not identified the areas listed above.

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.

Risks relating to sharps safety and sepsis awareness required review. For example:

- Single use sharps were not disposed of at point of use; used sharps were transported on an open wheeled trolley to the decontamination room for disposal.
- Safer sharps were not in use and a justification for this had not been included in the risk assessment.
- We noted, sepsis awareness could be improved amongst the team.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support. In the past 12 months, records showed some staff members had completed face to face training to update their skills and knowledge, and some staff had completed online training only. We discussed the requirement to update skills, in respect to emergency resuscitation annually in line with professional requirements. The provider confirmed in writing that face to face training was planned for later this year for the whole team.

Except for 1 size 0 face mask, all emergency equipment and medicines were available and checked in accordance with national guidance.

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 a system for referring patients with suspected oral cancer under the national two-week wait arrangements; there was no process to monitor and record referrals to ensure they were received in a timely manner and not lost.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines.

Antimicrobial prescribing audits were being 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; action taken in response to an alert was not being recorded.

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

Improvements could be made to ensure staff recorded patients' consent to care and treatment in line with legislation and guidance. We were told consent was implied with the referral into the practice, however this was not recorded in the patient care record.

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 the radiographs they took. We noted inconsistent grading and reporting on the radiographs taken; the radiography audit had not reflected this.

Effective staffing

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

Newly appointed staff had a structured induction and 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 practice was a referral clinic for periodontic and prosthodontic treatments. We saw staff monitored and ensured the dentists were aware of all incoming referrals.

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.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The provider 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 dentists explained the methods they used to help patients understand their treatment options.

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. The provider 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 the internet.

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.

Patients had enough time during their appointment and did not feel rushed.

The practice 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.

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 Notice section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The provider demonstrated a transparent and open culture in relation to people's safety.

There was an emphasis on peoples' safety and continually striving to improve.

The practice was currently experiencing staffing shortages, the team collectively covered reception duties and ensured there was sufficient time between appointments to maintain standards and patient communication. Hygiene therapy treatment was currently being covered by one of the principals.

The inspection highlighted some areas where improvements were needed; for example, risk management, effective quality assurance and adherence to published guidance.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

We saw no evidence of performance management records, including regular staff appraisals; staff told us learning needs, general wellbeing and aims for future development were discussed but this was not currently documented.

Governance and management

Staff had responsibilities, roles, and systems of accountability to support governance and management. These could be improved upon to ensure systems were embedded and staff followed up-to-date published guidance.

Improvement was required to ensure effective oversight and management of systems and processes. In particular:

- Infection prevention and control systems were not aligned to published guidance.
- Equipment validation protocols were not aligned to published guidance and manufacturer's instructions.
- Legionella management, fire safety systems and safer sharps systems were not fully effective.
- Systems to ensure staff received medical emergency training in line with published guidance could be improved.
- Systems to ensure referrals were monitored and tracked were not in place.
- Records to demonstrate the practice's response to patient safety alerts were not in place.
- Systems to ensure audits were accurately reflected could be improved.
- Systems to record the on-going assessment, supervision, and appraisal of all staff were not in place.

The practice had policies, protocols, and procedures in place, these were accessible to all members of staff and were reviewed on a regular basis.

Appropriate and accurate information

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

Are services well-led?

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 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

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of disability access and antimicrobial prescribing. We found the X-ray audit and infection prevention and control audits did not accurately reflect our findings on the inspection day.

Staff kept records of the results of these audits and the resulting action plans and improvements.

This section is primarily information for the provider

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 operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • Infection prevention and control systems were not aligned to published guidance. • Equipment validation protocols were not aligned to published guidance and manufacturer's instructions. • Legionella management was not in line with the Health and Safety Executive. • Fire safety management systems were not fully effective. • Safer sharps systems were not in line with the Health and Safety Executive. • Systems to record the on-going assessment, supervision, and appraisal of all staff were not in place. Regulation 17(1)