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Westpoint Dental Centre

Inspection report

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Overall summary

We carried out this announced focused inspection on 24 June 2021 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 Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we asked the following three questions:

• Is it safe?

• Is it effective?

• 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 well-led?

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

Summary of findings

Background

Westpoint Dental Centre is in Manchester and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. On street parking is available near the practice.

The dental team includes eight dentists, eight dental nurses (four of whom are trainees), two dental hygienists, a practice manager and three receptionists. The practice has six treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Westpoint Dental Centre is the practice manager.

During the inspection we spoke with three dentists, four dental nurses, a dental hygienist, a receptionist, the practice manager and a company compliance manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 8.30am - 5.00pm

Tuesday 7.30am - 7.00pm

Wednesday 8.30am - 7.00pm

Thursday 7.30am - 7.00pm

Friday 8.30am - 5.00pm

Saturday 9.00am –1.00pm

Our key findings were:

- The practice appeared to be visibly clean, tidy and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- The provider had implemented standard operating procedures in line with national guidance on COVID-19.
- Staff knew how to deal with emergencies. Appropriate medicines were available, life-saving equipment was not in line with Resuscitation Council UK guidance. This was addressed immediately.
- Improvements were needed to the systems to identify and manage risk to patients and staff. The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- 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.
- Staff provided preventive care and supported patients to ensure better oral health.

Summary of findings

- Staff felt involved and supported and worked as a team.
- The provider asked patients for feedback about the services they provided.

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.

- Take action to ensure staff have received training in the recognition, diagnosis and early management of sepsis in line with National Institute for Health and Care Excellence guidance.
- Improve the practice's protocols for medicines management. In particular, ensuring prescribing logs can identify missing prescriptions.
- Take action to ensure the practice’s use of dental X-ray equipment is registered with the Health and Safety Executive.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**No action** ✓
Are services effective?	**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)

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations for example. those who were known to have experienced modern-day slavery or female genital mutilation.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had implemented standard operating procedures in line with national guidance on COVID-19. Screening and triaging were undertaken prior to patients attending the premises and immediately upon arrival to assess COVID-19 positive individuals and those who may have been exposed to the virus.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Most of the recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained, however we identified the product used in the dental unit water line was being used incorrectly. This was addressed immediately after taking advice from the manufacturer. The staff responsible for the testing had not received the recommended training to be sure results of water testing were understood and any temperatures out of range acted on.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Clinical waste bins stored outside the premises and accessible to the public were unsecured and one was unlocked. Immediate action was taken to address this.

Are services safe?

The infection control lead carried out infection prevention and control audits annually. The latest audit showed the practice was meeting the required standards. We highlighted to the practice manager that audits should be six-monthly. They confirmed this would be actioned.

The provider had a whistle blowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had appropriate professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Staff had not received any fire safety awareness training, but we saw evidence that fire detection systems were checked weekly and staff participated in fire drills and evacuation procedures. After the inspection evidence was sent that training was booked.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw most of the required radiation protection information was available. We did not see evidence that the provider had registered their use of X-ray equipment with the Health and Safety Executive. Local rules did not take into account Covid operating procedures and were not individual to the specific operating instructions for individual machines and there was a risk of unauthorised use of one unit located outside a surgery.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

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

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken. We highlighted how this could be improved by ensuring all sharp items including safe processes for dismantling dental matrices and burs are assessed. The practice manager gave assurance that this would be reviewed and risk assessed more thoroughly.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus. Evidence of the effectiveness of the vaccination was not checked for one dental

nurse and four trainee dental nurses had yet to receive confirmation of immunity. These staff members had not been risk assessed. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries, these could be improved by specifying the opening times of occupational health and what to do outside these hours.

Staff were aware of sepsis but had not completed any formal training. We noted there were no sepsis prompts for staff or patient information posters displayed within the practice. This provider assured us this would be addressed.

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

Emergency equipment and medicines were available broadly as described in recognised guidance. We highlighted that the emergency medical oxygen was only half full and staff responsible for re-ordering had not been informed. There was no child-sized self-inflating oxygen bag and mask, and the adult sized one looked aged and was degrading. The practice did not have the range of oxygen mask sizes as specified in approved national guidance. We saw evidence the compliance manager took immediate action to obtain all these items. They confirmed the process for oversight and checking of the medical emergency kit would be urgently reviewed.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with General Dental Council Standards for the Dental Team. Risk assessments were not in place for when the dental hygienists worked without chairside support. The practice manager confirmed this would be addressed.

The provider had product safety data sheets about hazardous substances which were held in a file and catalogued for easy reference, risk assessments had not been carried out to ensure the practice consistently followed manufacturer's guidance. As a result, a hazardous substance used to maintain the cleanliness of dental unit waterlines was not being used correctly. Immediate advice was sought from the manufacturer and actions taken to test water samples and implement training to ensure the correct use of this in the future.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements. We highlighted that where copies were taken of patient treatment plans, the text in these scans was unreadable. The practice manager confirmed this would be reviewed.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

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

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance. We noted the log of prescriptions would not identify any fraudulent activity or if any were missing. The practice manager confirmed this would be addressed.

The dentists were aware of current guidance with regards to prescribing medicines.

Are services safe?

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. The system to ensure staff monitor and review incidents could be improved to help staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been one recorded safety incident. This had been documented but there was no evidence of an investigation of follow up actions and learning from this incident. We highlighted this incident should have resulted in a statutory notification being submitted to the CQC, but this had not occurred.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the one of the dentists at the practice who had undergone appropriate post-graduate training in the provision of dental implants. 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 in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists and dental hygienists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their 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.

The dentists and dental hygienist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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

Are services effective?

(for example, treatment is effective)

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

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

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

Nursing and reception staff new to the practice including agency staff had a structured induction programme. We noted that an induction process was not in place for new dentists. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services 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

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care.

During the inspection they were open to discussion and feedback to improve the service. They were knowledgeable about issues and priorities relating to the quality and future of the service. They demonstrated they understood the challenges and were addressing them by taking action during the inspection and immediately submitting a detailed action plan of how and when these actions would be completed, and who was responsible.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

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

Staff discussed their training needs informally and at annual appraisals and one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients.

We saw the provider had systems in place to identify and deal with staff poor performance.

The systems to respond to incidents could be improved to demonstrate thorough investigation and learning occurs, and external organisations are notified where appropriate. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support governance and management.

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

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

Are services well-led?

Improvements were needed to the processes for identifying and managing risks, issues and performance. In particular, in relation to the provision and oversight of medical emergency equipment, Legionella, hazardous substances, monitoring the use of NHS prescriptions, assessing the risks from sharps, the status of staff immunity and radiography.

The action plan submitted after the inspection demonstrated that action was being taken to address the concerns and implement systems to prevent re-occurrence. These systems were yet to be established.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS performance information, surveys, audits, external body reviews was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service.

The provider encouraged verbal comments and online feedback to obtain staff and patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development and had systems to maintain oversight of staff training.

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 **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:** • The registered person had not ensured that appropriate equipment and training was provided to respond to medical emergencies. The systems for checking the availability of medical emergency kit had failed to identify missing and degraded items. • The registered person did not have suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health in line with The Control of Substances Hazardous to Health Regulations 2002. Staff were not provided with information to ensure hazardous substances were used in line with the manufacturer's instructions, this had resulted in the improper use of a hazardous substance. • The registered person did not ensure the practice's sharps procedures were appropriately risk assessed or in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. • The provider had not ensured that documented incidents were investigated, learned from appropriately and external organisations notified where appropriate. • The arrangements for radiation protection was not in accordance with The Ionising Radiations Regulations 2017. Written procedures did not include guidelines for medical exposures and radiation doses particular to individual units.

This section is primarily information for the provider

Requirement notices

- Precautionary measures to reduce the risk of Legionella were not in line with the Approved Code of Practice and Guidance L8, Health and Safety Executive (ALCOP L8), and HTM 04-01: The control of Legionella, hygiene, 'safe' hot water, cold water and drinking systems. The member of staff responsible for the oversight and management of Legionella had not received appropriate training to support them in this role as recommended in the risk assessment.

- The registered person did not ensure that evidence of the effectiveness of the hepatitis B vaccination was checked, and a risk assessment was not in place in relation to staff working in a clinical environment where the effectiveness of their Hepatitis B vaccination was unknown.

Regulation 17(1)