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WN-UK CLINIC

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 28 November 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. The premises were not well-maintained in non-clinical areas.
- The practice had infection control procedures which reflected published guidance.
- Staff did not know how to deal with medical emergencies. Not all appropriate medicines and life-saving equipment were available. We have evidence that all missing items were ordered following out inspection. We now have evidence that they are now available.
- We identified shortfalls in assessing and mitigating risks in relation to fire safety, health and safety and the safe handling and disposal of sharps.
- Not all staff knew their responsibilities for safeguarding vulnerable adults and children.

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.
- Leadership was not effective.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The providers complaints policy required updating to include up to date information in relation to escalating complaints.
- Overall governance systems required strengthening and embedding with the practice team.

Background

WN-UK Clinic is in Northampton and provides private dental care and treatment for adults and children.

The practice is accessed via steps, meaning the service is not easily accessible for people with restricted mobility, those who use wheelchairs and those with pushchairs.

Car parking spaces, including dedicated parking for disabled people, were available near the practice.

The dental team includes 2 dentists and 1 trainee dental nurse. The practice has 1 treatment room.

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

The practice is open:

Monday to Friday from 10am to 6pm.

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.

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

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

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Implement an effective system for identifying, disposing and replenishing of out-of-date stock.
- Improve the practice's waste handling protocols to ensure waste is segregated and disposed of in compliance with the relevant regulations, and taking into account the guidance issued in the Health Technical Memorandum 07-01.

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?	**Enforcement 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 not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Actions 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.

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

The practice had a safeguarding policy that required updating. Staff had received training but were unable to demonstrate an understanding of their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

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

the practice details attached to clinical waste bags and that sanitary waste collected in line with guidance.

The practice clinical areas 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, 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 ensured most equipment was safe to use, maintained and serviced according to manufacturers' instructions. We found dental items, that had exceeded the manufacturers use by date.

The practice building was across 4 levels. We found that non-clinical areas of the building such as offices and a kitchen, that were accessible to staff and potentially patients, were not maintained in accordance with regulations. We found black mould present in 2 rooms. We found floorboards to be loose and missing in 1 room with holes present posing a safety risk. The electrical fixed wire (5 yearly certificate) did not include all levels of the building and we found exposed live wires in 2 rooms posing a safety hazard. The provider was responsive to our findings and addressed these shortfalls immediately including new floorboards, replastering of 2 rooms, additional emergency lighting implemented and a satisfactory electrical fixed wire certificate which covered all levels of the building.

A fire safety risk assessment was carried out in line with the legal requirements. We were not assured that this was completed by a competent person. The risk assessment did not accurately reflect processes in place at the practice or identify levels of risk found on inspection.

The overall management of fire safety equipment was mostly effective. The fire exit at the rear of the property was accessed by a gate which was locked presenting a risk in an emergency. The provider fixed this following inspection to ensure a clear exit route.

The practice had arrangements to ensure the safety of the X-ray equipment. We noted that the provider did not have the required radiation protection information in relation to registration with the Health and Safety Executive (HSE). Following our inspection, the provider informed us they had contacted the HSE.

We found the cone-beam computed tomography (CBCT) was not in line with guidance in relation to quality assurance as there was no evidence of any audits.

Are services safe?

Risks to patients

The practice did not have systems to assess, monitor and manage risks to patient and staff safety. For example, there was not a risk assessment in place regarding sharps safety and the sharps policy was not reflective of processes in place. The health and safety risk assessment did not highlight areas of concern found on inspection in relation to the loose and missing floorboards and exposed electrical wires.

Not all emergency equipment and medicines were available and checked in accordance with national guidance. This included a spacer device for the inhaler, dispersible aspirin and self-inflating bags for adult or child. Following the inspection, the provider sent evidence these were now present.

We found that not all staff had completed hands on basic life support training and could not demonstrate how to effectively operate lifesaving equipment, specifically the oxygen cylinder.

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 did not always take into account guidance provided by the College of General dentistry. During the inspection reviewed 5 clinical care records. Of the 5 records we reviewed we found they did not always include evidence of patient examinations, post operative instructions, recall frequencies and the recording of patient consent.

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 however, improvement was required to ensure the audit was reflective of up-to-date guidance.

Track record on safety, and lessons learned and improvements

We found the system in place to manage significant events was not effective. The practice had not recorded any significant events despite incidents occurring in relation to a security incident, risk assessments, audits and safety alerts. There was no evidence to show how learning from these incidents had been actioned or shared across the staff team to prevent their recurrence.

The practice system for receiving and acting on safety alerts required improvement. We were told that the provider was aware of recent safety alerts which were received by email. However, staff were unaware of recent safety alerts and did not provide evidence that these had been acted upon.

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.

The practice provided free toothpaste and toothbrushes to patients to encourage better oral health.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. Staff knowledge required improvement to ensure staff 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 did not always keep detailed patient care records in line with recognised guidance. We found scope for improvement in relation to ensuring notes were legible and followed guidance provided by the College of General Dentistry.

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 6-monthly following current guidance.

Effective staffing

Newly appointed staff had completed an induction and clinical staff completed continuing professional development required for their registration with the General Dental Council. However, Staff could not always demonstrate that they had the skills, knowledge and experience to carry out their roles. Specifically in relation to medical emergencies, mental capacity act and safeguarding.

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 a patient survey from November 2023. 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.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

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 dentist explained the methods they used to help patients understand their treatment options. These included photographs, study models, videos and 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 not made reasonable adjustments for patients with access requirements. The practice was not accessible for patients with access requirements. Staff had carried out a disability access audit but had not 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 front door.

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 answerphone did not provide telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. However, we were told staff would always answer the mobile telephone out of hours and provide support.

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

At the time of inspection, the practice had received one complaint we saw this was responded to appropriately. The practice complaints policy did not reflect up to date contact details for patients to escalate their complaint to if required.

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

Clinical management and oversight of procedures that supported the delivery of care were ineffective.

We identified shortfalls in relation to the practice's risk assessing relating to fire, safeguarding, sharps and health and safety, which indicated that governance and oversight of the practice needed to be strengthened.

Systems and processes were not embedded, in relation to the governance of the practice.

The information and evidence presented during the inspection process was not always well documented.

Following our inspection the provider submitted evidence of the numerous actions, in particular in relation to the premises, they had taken to address the shortfalls we identified demonstrating their commitment to improving the service.

Culture

Staff stated they felt respected, supported and valued.

The practice had arrangements to ensure most staff training was up-to-date and reviewed at the required intervals. We found staff knowledge on the day did not always reflect this.

Governance and management

The practice had some policies, protocols and procedures but these were not always reviewed and updated on a regular basis and did not accurately reflect processes in place.

Appropriate and accurate information

Staff did not always act on appropriate and accurate information. For instance, in relation to safeguarding details, complaints information and freedom to speak up 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 and demonstrated a commitment to acting on feedback.

Continuous improvement and innovation

Practice systems and processes for learning, quality assurance and continuous improvement were not always effective or embedded amongst the staff team. We noted that audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control were carried out. However, records of the results of these audits along with action plans and evidence to demonstrate improvements (despite shortfalls found on the day) were not always developed. For example, in relation to disability access and patient care records.

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 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: • There was a lack of oversight and leadership around governance systems, quality assurance and monitoring and mitigating risk. This resulted in issues not being identified or adequately managed with the potential to impact upon the delivery of safe and well-led care. For example, there were insufficient processes for identification of risk, such as risk assessments, audits of CBCT radiographs or reviews of processes. • Improvements were needed in relation to identifying the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010. • Practice policies and procedures required updating in relation to complaints, safeguarding and freedom to speak up. • Evidence was not available to show that the practice was registered with the Health and Safety Executive (HSE) for the use of X-ray equipment.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Assessments of the risk to the health and safety of service users receiving care or treatment were not being carried out. In particular: • The provider did not maintain the premises and equipment in a safe way. • The provider had not ensured that fire safety processes were effective or in line with Fire Safety Legislation. For example: - The fire risk assessment was not completed by a competent person and did not highlight concerns found on the day of inspection in relation to the premises. - The fire exit was blocked by a locked gate. • The provider had not ensured that all medical emergency equipment was available, or that staff were trained to manage medical emergencies. • There was no evidence to show how learning from safety alerts, accidents and incidents had been actioned or shared across the staff team to prevent their recurrence. • Staff were not following the practices sharps procedures to ensure the practice was compliant with the Health and Safety (sharp instruments in Healthcare) Regulations 2013. • There was no sharps risk assessment in place. • The sharps policy was not reflective of processes in place.