

Laura Davison & Lythan Davies

Watermead Dental Centre

Inspection report

The Village Square
Watermead
Aylesbury
HP19 0FX
Tel: 01296330700

Date of inspection visit: 18 March 2022
Date of publication: 13/04/2022

Overall summary

We carried out this announced focused inspection on 18 March 2022 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 adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

The provider took over control of the practice six weeks prior to our visit and was working through an improvement action plan. The findings in this report acknowledges this.

Our findings were:

- The dental clinic appeared to be visibly clean and well-maintained.
- Improvements to infection control procedures were needed.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- 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 reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

Watermead Dental Centre is in Aylesbury and provides NHS and private dental care and treatment for adults and children.

There is step free access (via a portable ramp) 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 dental team includes two dentists, five dental nurses, three dental hygienists, a receptionist and a practice manager (who is also a dental nurse). The practice has three treatment rooms.

During the inspection we spoke with one dentist, two dental nurses, one dental hygienist, one receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday 9.00am – 4.30pm
- Tuesday 9.00am – 7.00pm
- Wednesday 9.00am – 7.00pm
- Thursday 9.00am – 6.00pm
- Friday 9.00am – 4.30pm

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

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?	No action	✓

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 did not have infection control procedures which reflected current published guidance. Specifically, when we looked at surgeries we found:

- A patient treatment chair covering was split in two places.
- Out of date dental materials in drawers.
- An un-pouched handpiece in a drawer.
- Open containers of cotton wool rolls and swabs in drawers.

The practice assured us they would address these shortfalls as soon as practicably possible.

- The seal between worktops and walls and skirting and floors were incomplete in places.
- Surgery drawer handles were in a poor state of repair and showed signs of rust.

Since our visit we have been sent photographic evidence to confirm these shortfalls have been addressed.

Evidence was not available to confirm recommendations made in the Legionella risk assessment had been actioned in a timely manner. Since our visit we have been sent evidence to confirm this shortfall is being addressed.

Records were not available to demonstrate that the ultrasonic baths used by staff for cleaning instruments were validated correctly and maintained in line with the manufacturers' guidance. The practice told us they were in the process of replacing the ultrasonic baths with new ones.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

Cleaning equipment was not stored appropriately. Since our visit we have been sent evidence to confirm this shortfall has been addressed.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place which reflected the relevant legislation.

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

The practice ensured dental equipment was safe to use and maintained and serviced according to manufacturers' instructions.

The practice did not ensure the facilities were maintained in accordance with regulations.

Specifically:

- Emergency lighting was not routinely discharged and serviced.
- A carbon monoxide detector was not present in the practice.
- The annual fire drill was overdue.

Since our visit we have been sent evidence to confirm these shortfalls have been addressed.

Are services safe?

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

Risks to patients

The practice had not fully implemented systems to assess, monitor and manage risks to patient and staff safety. In particular relating to sharps safety and sepsis awareness.

- Sharps injury information was not available in treatment rooms.
- A sharps bin was stored on the floor of the decontamination room.
- The sharps policy did not reflect current practice.

Since our visit we have been sent evidence to confirm these shortfalls have been addressed.

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 did not have adequate systems to minimise the risk that could be caused from substances that are hazardous to health. In particular:

- Environmental cleaning products were not stored securely in the kitchen.
- Two unlabelled fluid containers were seen in surgery one.

Since our visit we have been sent evidence to confirm these shortfalls have been addressed.

Information to deliver safe care and treatment

Dental care records we saw were kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice did not have systems for appropriate and safe handling of medicines. Dispensed medicine labelling did not follow the Human Medicines Regulations 2012. Since our visit we have been sent evidence to confirm this shortfall has been addressed.

Antimicrobial prescribing audits were not carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating when things went wrong. 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.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

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

There were inconsistencies in the information recorded within the dental care records we looked at. We were told the practice was in the process of introducing an electronic dental care record recording system which would address any omissions.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out intra-oral radiography audits six-monthly following for their current guidance and legislation, however OPG (Orthopantomogram) x-rays were not audited. Since our visit we have been sent evidence to confirm this shortfall has been addressed.

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 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 providing well-led care in accordance with the relevant Regulations.

Leadership capacity and capability

The practice demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve.

We understood the provider had only taken over control of the practice recently and was working through an improvement action plan, but some areas required immediate attention. For example, fire safety COSHH, sharps, medicine labelling and infection control. We have since received evidence to confirm these shortfalls have been addressed.

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

The practice could show they were embedding high-quality sustainable services.

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

The provider had taken over a few weeks prior to our visit so appraisals were not due.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

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

The practice 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.

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 these in 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 commitment to acting on feedback.

The practice gathered feedback from staff through meetings, surveys, 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 practice was in the process of embedding systems and processes for learning, continuous improvement and innovation.

Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control. We noted that antimicrobial audits had not yet been carried out.

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