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Wollaston Dental

Inspection report

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Overall summary

We undertook a follow up focused inspection of Wollaston Dental on 28 June 2022. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Wollaston Dental on 24 May 2022 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe, effective or well-led care and was in breach of regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Wollaston Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

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

Our findings were:

Are services safe?

We found this practice had made improvements towards providing safe care, however these were not yet fully in accordance with the relevant regulations.

Are services effective?

Summary of findings

We found this practice had made improvements towards providing effective care, however these were not yet fully in accordance with the relevant regulations.

Are services well-led?

We found this practice had made improvements towards providing well-led care, however these were not yet fully in accordance with the relevant regulations.

Background

Wollaston Dental Practice is in Stourbridge and provides private dental care and treatment for adults.

There is level 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 the physical environment to support patients with additional mobility needs.

The dental team includes one dentist and two dental nurses. The practice has one treatment room.

During the inspection we spoke with one dentist and one dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday to Friday from 9am to 3pm.

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 regulation/s the provider was/is not meeting are at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	Enforcement action 
Are services effective?	Enforcement action 
Are services well-led?	Enforcement action 

Are services safe?

Our findings

We found that this practice had made improvements towards providing safe care, however they were not yet fully complying with the relevant regulations.

At the inspection on 28 June 2022 we found the practice had made the following improvements to comply with the regulations:

- The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with 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. Two of the three recommendations had been actioned and the third one was being facilitated.
- We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.
- The provider had a recruitment procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. However, the practice did not yet have a recruitment policy in place.
- A fire risk assessment had now been carried out in line with the legal requirements and the management of fire safety was effective.
- The practice did not yet have all the necessary arrangements to ensure the safety of the X-ray equipment. Following our inspection on 24 May 2022, the provider had appointed a Radiation Protection Advisor (RPA). The RPA advised that the X-ray machine was not fit for purpose. The provider had ordered a new machine which was due to be delivered the week of the 11 July 2022. Following the installation of the X-ray machine, we were not shown evidence of the acceptance test completed by the RPA.
- The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety.
- Emergency equipment and medicines were now available and checked in accordance with national guidance.
- Staff had now completed Immediate Life Support training with airway management in relation providing treatment to patients under sedation.
- The provider had now installed a software compliance system to ensure that going forward Dental care records would be complete, legible, and kept securely and complied with General Data Protection Regulation requirements.
- The practice now had systems for appropriate and safe handling of medicines. An antimicrobial prescribing audit plan was now in place. The provider said they would carry this complete this when they re-opened the practice.
- The practice had implemented systems for reviewing and investigating incidents and accidents.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this practice had made improvements towards providing effective care, however they were not yet fully complying with the relevant regulations.

During the inspection on 28 June 2022 we found the practice had made the following improvements to comply with the regulations:

- The practice offered conscious sedation for patients. The provider was now in the process of implementing systems to include checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, staff availability and training. The provider had enrolled a dental nurse on to a sedation course. The provider agreed to submit evidence as soon as these system were implemented at the practice.
- The provider was in the process of implementing more robust systems to obtain patients' consent to care and treatment in line with legislation and guidance. The provider agreed to send evidence once this was implemented.
- Staff had now completed training and understood their responsibilities under the Mental Capacity Act 2005.
- The provider had now installed a software compliance system to ensure they kept detailed dental care records in line with recognised guidance in the future.
- The provider now had a system in place to justify, grade and report on the radiographs taken at the practice.
- The practice now had a schedule in place to carry out radiography audits six-monthly following current guidance and legislation.
- Staff had the skills, knowledge and experience to carry out their roles. However, the dental nurse was yet to complete sedation training. The provider told us they would not carry out any sedation until the nurse was qualified and competent.
- The provider had not implemented a formal structured induction for newly appointed staff. Clinical staff had now completed continuing professional development required for their registration with the General Dental Council.

Are services well-led?

Our findings

We found that this practice had made improvements towards providing well-led care, however they were not yet fully complying with the relevant regulations.

During the inspection on 28 June 2022 we found the practice had made the following improvements to comply with the regulations:

- The provider demonstrated a more transparent and open culture in relation to people's safety. They were working towards addressing the breaches and risks we identified on our inspection on 24 May 2022. However, there were still outstanding risks that needed to be addressed. For example, a new X-ray machine had been ordered and a date for it to be delivered and installed confirmed. Following the inspection, the provider submitted evidence to show that the Radiation Protection Advisor had visited the practice.
- The practice was working towards ensuring high-quality sustainable services and to demonstrate improvements over time. These were yet to be embedded.
- The provider were working towards putting in place annual appraisals for staff to discuss learning needs, general well being and aims for future professional development.
- The practice now had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.
- Staff now had clear responsibilities roles and systems of accountability to support good governance and management.
- The practice had made some improvements in implementing a system of clinical governance which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Some policies and processes, such as the recruitment were still yet to be put in place.
- We saw the provider now had some clear and effective processes for managing risks, issues and performance. These were yet to be embedded.
- The practice had now implemented some systems and processes for learning, continuous improvement and innovation.
- The practice now had some quality assurance processes to encourage learning and continuous improvement. These included an audit plan for audits of dental care records, radiographs and infection prevention and control. The provider was yet to embed these audits at the practice.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 Safe care and treatment</p> <p>The registered person 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:</p> <ul style="list-style-type: none">• Radiography equipment had recently been installed following advice from a newly appointed Radiation Protection Advisor (RPA). We were not shown evidence of the acceptance test completed by the RPA.• One of the recommendations detailed in the legionella risk assessment had not been completed.• At our inspection on 24 May 2022 we found the provider was failing to demonstrate effective and safe sedation, oversight and management.• At our inspection on 24 May 2022 the provider was not maintaining accurate, complete and contemporaneous records for each service user. They failed to document discussion of treatment options and the benefits, risks and costs of treatment. They did not provide treatment plans for patients or estimates, did not record all the necessary patient monitoring data when sedating patients, such as oxygen saturation, blood pressure, amount of sedative given and how, or post-operative instructions for the patient and the escort details. They did not routinely record patient consent in clinical care records. Due to the practice being closed since our last inspection the provider was unable to demonstrate that clinical care records were completed in accordance with current guidelines.

Regulated activity	Regulation
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Enforcement actions

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 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:

- Audits of infection prevention and control, radiography, disability access, antimicrobial prescribing and record keeping had been scheduled but not completed. No completed audits were available or seen by the inspection team.
- The provider did not provide induction for new starters. There were no documented induction records on the premises for any of the newly employed staff.
- The provider did not complete any staff appraisals and did not hold regular formal staff meetings.