Inspire Dental Wickford (Dental Practice) Limited

Wickford Dental Practice

Inspection report

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Date of inspection visit: 18 December 2020
Date of publication: 25/01/2021

Overall summary

We carried out this unannounced inspection on 18 December 2020 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to follow up on concerns we received and 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 CQC specialist dental adviser.

To consider the concerns we received we asked the following questions

• Is it safe?

• 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 not providing safe care in accordance with the relevant regulations.

Are services well-led?

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

Background

Wickford Dental Practice is in Wickford, in Essex and provides NHS and private dental care and treatment for adults and children.

Summary of findings

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available at the rear of the practice.

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the delivery of services for which the practice is registered.

During the inspection we spoke with the regional manager and two dentists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Mondays between 8am and 8pm.

Tuesdays to Thursdays between 8am and 6pm and between 9am and 1pm on Saturdays.

Our key findings were:

- The provider had infection control procedures which reflected published guidance including guidance related to the management of COVID-19. However these were not being monitored to ensure that they were fully understood and adhered to.
- The provider had systems to help them manage risks to patients and staff. However there were ineffective arrangements to monitor these systems and ensure that risks to patients and staff were assessed and managed.
- The provider had staff recruitment procedures which reflected current legislation. Improvements were needed to ensure that important checks were carried out to determine the suitability of temporary agency staff who worked at the practice.
- The provider had ineffective leadership to support a culture of openness and continuous improvement.
- There were ineffective governance systems to monitor the day-to-day running of the practice.

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 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 well-led?	**Enforcement action** 

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)

There were systems to keep patients and staff safe. However these were not monitored to ensure that they were routinely followed.

The provider had an infection prevention and control policy and procedures in line with 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. However these and specific procedures in relation to the provision of aerosol generating procedures (AGPs) were not being monitored to ensure that systems were robust to keep patients and staff safe.

On the day of the inspection the regional manager told us that each of the seven dental treatment rooms could be used to carry out AGP's. We were told that a new air extraction system had been installed in each of the seven treatment rooms, which provided 12 air changes per hour. The regional manager told us that the fallow time (period of time to allow generated aerosols to settle before cleaning) had been reduced to 15 minutes.

We looked at the appointment schedules for the day and noted that appointments were booked consecutively between 9.30am and 5.00pm. The appointment schedules seen did not include any time for cleaning the treatment rooms between patient appointments.

We asked if staff kept records of the cleaning they carried out. The regional manager told us that staff did not record cleaning carried out in the treatment rooms between patient appointments. We asked to see the general cleaning schedules. We noted that these had not been completed since January 2020. The regional manager, when asked, was unable to tell us the reason why cleaning schedules were not being completed and told us that they were unaware that staff were not completing cleaning schedules.

The specialist dental adviser looked in two dental treatment rooms. They found that the work surfaces were cluttered with items and paperwork. This meant that the provider could not be assured that cleaning procedures employed were effective, including the cleaning of any aerosol matter generated during dental treatments.

The provider had a recruitment policy and procedure to help them employ suitable staff. We looked at the records for three members of staff and saw that all of the important pre-employment checks including Disclosure and Barring Service (DBS) checks had been carried out. On the day of the inspection two temporary agency dental nurses were working at the practice. We asked the regional manager about the checks that were carried out to determine the suitability of temporary agency staff. We were shown indemnity insurance records and General Dental Council (GDC) certificates for both agency dental nurses. The regional manager told us that no other checks were carried out and that they relied on the agency to conduct these checks.

There were no records to indicate that agency staff completed an induction to familiarise themselves with the practice environment, policies or procedures. There were no records to show that COVID-19 related screening risk assessments had been carried out for agency staff. The regional manager said that they were unaware of these having been carried out.

Risks to patients

The regional manager told us that two members of staff were self-isolating due to family members testing positive for COVID-19. One member of staff had informed the practice on 18/12/2020 and the other had been in isolation for some

days. The regional manager described the procedures which should be followed and the documentation which must be completed. These included assessing risks in relation to other staff working in the practice who may have been in contact with the staff now in isolation. The documents and assessments in both cases had not been completed at the time of our inspection visit.

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 and to check that the effectiveness of the vaccination was checked. We looked at the records for three trainee dental nurses who had been recently recruited to work at the practice. We saw that each had or were completing a course of vaccinations against Hepatitis B but had not received blood test results to confirm the effectiveness of the vaccine. There were no risk assessments in place to identify and manage risks of exposure to Hepatitis B for these members of staff.

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 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.

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered. The previous registered manager had left the practice in October 2020.

Leadership capacity and capability

There was a lack of clear leadership and the systems for the day-to-day monitoring and management of the practice were not effective.

The regional manager told us that they ordinarily carry out six weekly monitoring checks on the dental practices, for which they are responsible. They told us that these checks have not been carried out since 21 January 2020. We asked if any other forms of monitoring had been considered such as virtual meetings. The regional manager told us that these had not been considered or used.

Culture

The culture within the practice was not such so as to encourage staff to raise issues or concerns or to be able to influence the day to day management of the service.

One element of the concerns brought to our attention was that staff did not feel confident they could raise concerns without fear of recrimination or that their concerns would be taken seriously. We asked the regional manager how staff could raise concerns and if any concerns had been raised.

We asked if practice meetings were held so that staff could raise concerns and be part of general discussions about the management of the practice and other issues such as guidance updates in relation to COVID-19. The regional manager told us that no practice meetings had been held since March 2020 when the practice closed due to the COVID-19 related lockdown. They told us that guidance and information was shared with staff via a series of memos. We saw that staff signed to indicate that they had read and understood the changes. There were no arrangements for discussion with staff to ensure that these updates were fully understood. There were no arrangements to monitor and ensure that staff were adhering to the guidelines, policies and procedures.

We asked to see the minutes from the last practice meeting. This was dated November 2019 and included a number of issues raised such as lack of proper cleaning, staff not following procedures in relation to wearing personal protective equipment (PPE) and dentists leaving pre-prepared needles in drawers prior to patient treatments. We asked the regional manager if these issues had been addressed, reviewed or monitored. They told us that they were not aware of the issues that had been raised and documented in the minutes of the practice meeting.

Governance and management

The practice was part of a corporate group which had a central support system for the management of areas including human resources, finance, clinical support and patient support.

However there was a lack of clear and effective processes for managing risks, issues and performance. There were ineffective arrangements for monitoring infection control procedures including the procedures in relation to COVID-19. There were no systems to ensure that staff were following these procedures.

Are services well-led?

The governance arrangements in relation to monitoring the service, assessing and managing risks were not followed. There were ineffective arrangements for monitoring cleaning procedures to ensure they are followed. There was a lack of monitoring to ensure appropriate checks are carried out when temporary agency staff work at the practice. There was a lack of suitable systems to assess and monitor risks in relation to staff immunity and exposure to Hepatitis B.

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. 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.** **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 leadership within the practice and the systems to assess and monitor day to day management were not carried out:** • There had been no six weekly monitoring of the practice as described by the regional manager since January 2020. • There had been no practice meetings since November 2019. There were ineffective systems for staff to raise concerns or contribute to the running of the practice. • The minutes from the practice meeting held in November 2019 included a number of issues raised including the lack of proper cleaning within the practice. There were ineffective systems for monitoring and addressing these issues. • There were ineffective governance systems to monitor procedures in relation to the cleaning and infection prevention and control procedures, risks in relation to staff immunity and exposure to Hepatitis B and to ensure that appropriate checks are carried out when temporary agency staff work at the practice.

This section is primarily information for the provider

Enforcement actions

Regulation 17 (1) (2)

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 **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 12** **Safe care and treatment** 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: There were ineffective systems to ensure that the practice was cleaned in line with the infection prevention and control procedures including COVID-19 related guidance: • There were no cleaning schedules completed since January 2020. • The patient appointment schedules did not include time allocated for cleaning the dental treatment rooms between appointments. • The dental treatment rooms were cluttered making cleaning and removal or aerosol matter ineffective. There were ineffective arrangements to assess and minimise risks to patients and staff: • There were ineffective arrangements to assess and manage risks in relation to COVID-19: • The procedures for dealing with instances where staff were in isolation due to contact with persons who tested positive for COVID-19 were not being followed consistently. Two members of staff were self-isolating due to family members testing positive for COVID-19. The procedures including assessing risks to other staff within the practice had not been followed. • There were no screening assessments completed for agency staff who worked at the practice.

This section is primarily information for the provider

Enforcement actions

- There were ineffective systems to assess and manage risks to staff exposure to Hepatitis B in the absence of confirmation of the effectiveness of vaccination.

Regulation 12 (1) (2)