

Dr Alec Waugh

Dr Alec Waugh and Associates Dental Surgeons

Inspection report

13 Jesmond Vale Terrace
Heaton Road
Newcastle Upon Tyne
NE6 5JT
Tel: 01912655414

Date of inspection visit: 12 April 2022
Date of publication: 27/05/2022

Overall summary

We carried out this announced focused inspection on 12 April 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.

Our findings were:

- 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.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.

Summary of findings

- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The dental clinic had information governance arrangements; however improvements were needed in relation to the use of closed-circuit television (CCTV).
- The dental clinic was visibly clean and well-maintained; however improvements were needed to the storage arrangements of the cleaning equipment.

Improvements were needed to ensure:

- All written dental care records were stored securely.
- Facilities were safe and equipment was serviced and maintained according to manufacturers' guidance.
- The systems in place to help the provider manage risks to patients and staff were ineffective. In particular, in relation to the management of dental sharps and fire safety.

Background

The provider has two practices and this report is about Dr Alec Waugh and Associates Dental Surgeons .

The practice is in Newcastle Upon Tyne 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. The practice is located close to transport routes and car parking spaces are available near the practice.

The dental team includes four dentists, two dental nurses, three trainee dental nurses, one receptionist, one practice coordinator and the practice manager. The practice has five treatment rooms.

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

The practice is open:

Mondays, Tuesdays, Thursdays and Fridays from 8.30am to 5.30pm

Wednesdays from 8.30am to 5pm

Saturdays from 9am to 5pm

Lunch (everyday) from 1.15pm to 2pm

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.

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

Summary of findings

- Take action to ensure the clinicians carry out patient assessments and ensure they are in compliance with current legislation and take into account relevant nationally recognised evidence-based guidance.

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)

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; however, some improvements were needed. We noted some single use items, for example burs and bristle brushes were stored uncovered in the drawers in the surgeries, increasing the risk of contamination from aerosols. Additional equipment had been installed to aid the extraction and flow of air in the decontamination room, however we could not be assured the correct air-flow was adopted in accordance with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. We observed some sinks in the clinical areas had overflows which was also not in accordance with the 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.

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, however improvements were needed to the storage arrangements of the cleaning equipment to ensure this was fit for use.

The practice 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.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions, with the exception of the suction motor. On the day of the inspection there were no records available to demonstrate this had been serviced and maintained as required. The practice ensured the facilities were maintained in accordance with regulations.

An internal fire risk assessment had been carried out; however we could not be assured the risks around fire safety had been fully assessed. On the day of the inspection we noted several potential hazards relating to the use of Bunsen Burners and overloaded electrical sockets. The risks around this had not been considered and suitably mitigated. Immediately after the inspection, the provider arranged for an external fire risk assessment to be carried out. Further consideration was also needed to the exit routes from the building to ensure these would be safe evacuation routes in the event of a fire. We also discussed the importance of having emergency lighting easily accessible in the event of an incident and the provider arranged for the relocation of the light sources on the day.

The practice had arrangements to ensure the testing of X-ray equipment was undertaken and we saw the required radiation protection information was available. However, improvements were needed as we observed one of the x-ray units was damaged and the risks around this had not be considered and mitigated. We noted the position adopted by clinical staff when carrying out X-rays was not near the isolation switch or control panel used in the event of an incident. The provider told us they would discuss this with their Radiation Protection Advisor to ensure the risks are considered and mitigated. We also discussed the importance of ensuring rectangular collimators were used consistently on all X-ray units.

Are services safe?

Risks to patients

The provider had health and safety policies and procedures; however, improvements were needed to the practice's risk management processes. For example, the risk assessment in place for the handling and disposal of dental sharps did not consider all risks. Improvements could be made to consider all the risks to staff working alone. On the day of the inspection there was no evidence staff had carried out training in regards to the recognition, diagnosis and early management of sepsis. We discussed the advantages of undertaking training to ensure staff were able to triage patients correctly.

Emergency equipment and medicines were available and checked in accordance with national guidance; however, we noted the fridge temperature was not being monitored to ensure that medicines and dental care products were being stored in line with the manufacturer's 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 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

Dental care records we saw were complete, legible and complied with General Data Protection Regulation requirements. Improvements were needed to ensure all written dental care records were stored securely as we noted some patient forms were stored in unlocked cupboards.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. Improvements could be made to the monitoring protocols so referrals were reviewed more frequently to ensure they had been received or that the patient had been called for assessment or treatment.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. 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. Improvements could be made to ensure all clinicians took into account nationally recognised guidance when carrying out patient assessments and patients' individual risk categories.

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.

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 kept detailed dental care records in line with recognised guidance.

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 radiography audits following current guidance and legislation.

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 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

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

The inspection highlighted some areas such as, risk management and adherence to published guidance where improvements were needed.

Culture

The practice had protocols in place to manage the service, however these did not always operate effectively.

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

Staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. 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 the management of the practice.

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

Improvements were needed to ensure processes for managing risks were effective. The practice did not have adequate systems in place for identifying, assessing and mitigating risks in areas such as sharps, radiography and fire safety.

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. On the day of the inspection we noted the provider had installed closed-circuit television (CCTV), to improve security for patients and staff. A policy and privacy impact assessment had been completed; however we discussed some improvements could be made to the information recorded.

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.

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 had 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.

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

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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.</p> <p>How the Regulation was not being met</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Overflows on some of the sinks in the clinical areas and the air-flow arrangements in the decontamination room did not reflect the HTM01-05 guidelines. Some single-use items were also stored uncovered in the drawers increasing the risk of contamination from aerosols.• The risks associated with all forms of sharps had not been considered nor had those risks to staff been mitigated.• The risks associated with fire had not been appropriately assessed and mitigated.• The systems in place to ensure the safety of staff and patients when using the x-ray equipment did not operate effectively.• Cleaning equipment was not stored as required.• Records were not available to demonstrate that the suction equipment had been serviced and maintained according to manufacturer's guidelines.• Systems were not in place to monitor the temperature of the fridge where important medicines are stored.

This section is primarily information for the provider

Requirement notices

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- Not all written dental care records were stored securely.

Regulation 17 (1)