

Inspire Dental Wickford (Dental Practice) Limited

# Wickford Dental Practice

## Inspection report

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### Overall summary

We carried out this announced inspection on 18 May 2021 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 identified when we inspected the practice on 18 December 2020, 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.

We undertook a focused inspection of Wickford Dental Practice on 18 December 2020 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 or well led care and was in breach of Regulation 12: Safe care and treatment and Regulation 17: Good governance 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 Wickford Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

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 was providing safe care in accordance with the relevant regulations.

##### **Are services well-led?**

# Summary of findings

We found this practice was 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.

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 front.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Wickford Dental Practice is the one of the operations managers.

The practice is open:

Mondays between 8am and 8pm.

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

During the inspection we spoke with the business manager, the registered manager, the practice manager, dentists, dental nurses and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

## Our key findings were:

- The provider had infection control procedures which reflected published guidance.
- There were systems in place to reduce the risks associated with the transmission of COVID -19.
- The provider had systems to help them manage risks to patients and staff.
- The provider had staff recruitment procedures which reflected current legislation.
- The provider had effective leadership to support a culture of openness and continuous improvement.
- There were effective governance systems to monitor the day-to-day running of the practice.

# 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 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.**

There were systems to keep patients and staff safe. Improvements had been implemented to ensure that safety procedures were understood and 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. These included procedures in relation to the provision of aerosol generating procedures (AGPs) to keep patients and staff safe. We noted that air extraction system were installed in each of the seven treatment rooms. Records which were available demonstrated that this equipment provided a minimum of 12 air changes per hour. Other measures were also used to minimise risks to patients such as rubber dam and high volume suction equipment.

The dentists and dental nurse who we spoke with were aware of the safety procedures in place and the fallow time arrangements (period of time to allow generated aerosols to settle before cleaning). They told us that these were followed and that notices with fallow times were posted on the doors of treatment rooms to minimise the risks of confusion or accidental exposure.

We saw that staff kept records of the cleaning they carried out. These included cleaning carried out in the treatment rooms between patient appointments.

The treatments rooms were clean and cleared of any unnecessary items to help ensure effective cleaning, including the cleaning of any aerosol matter generated during dental treatments.

The practice manager monitored cleaning and carried out periodic spot checks to ensure that all procedures were carried out properly.

We saw that regular infection prevention and control audits were carried out. These included COVID-19 specific audits.

Improvements had been made to the practice recruitment policy and procedure to ensure that appropriate checks were carried out for temporary agency staff. Records including evidence of indemnity insurance, General Dental Council (GDC) registration certificates and Disclosure and Barring Service (DBS) checks were available for temporary agency staff who worked at the practice.

There were records to indicate that agency staff completed an induction to familiarise themselves with the practice environment, policies or procedures. There were records to show that COVID-19 related screening risk assessments had been carried out for all staff including agency staff.

### **Risks to patients**

Improvements had been made to ensure that staff were supported and that proper procedures were followed where staff were exposed to risks of COVID-19 (such as where staff family members had tested positive for the virus). There were clear procedures for assessing risks and documenting these. 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 provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B. virus We looked at the records for three members of staff. We saw that each had or were completing a course of vaccinations against Hepatitis B. There were risk assessments in place for staff who were awaiting blood test results to confirm the effectiveness of the vaccine.

# 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**

Improvements had been made so that there were clear leadership arrangements for the day-to-day monitoring and management of the practice.

A new practice manager and a registered manager had been appointed. Staff were aware of the arrangements for leadership and management of the service.

### **Culture**

The culture within the practice had improved and staff who we spoke with told us they were able to raise issues or concerns and contribute to decisions about the day to day management of the service.

Staff told us they felt supported, safe and confident they could raise concerns without fear of recrimination, and that their concerns would be taken seriously.

Regular practice meetings for dentists, dental nurses and administrative staff were carried out where information and updates were shared and discussed.

### **Governance and management**

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

Improvements had been implemented so that there were clear and effective processes for managing risks, issues and performances. There were effective arrangements for monitoring infection control procedures, including those in relation to COVID-19. There were systems to ensure that staff were following these procedures.