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Wollaston Dental

Inspection Report

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Overall summary

We carried out this unannounced inspection on 4 July 2017 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 provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- 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 that this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this practice was providing responsive care in accordance with the relevant regulations.

Are services well-led?

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

Background

Wollaston Dental Practice is in Stourbridge and provides private treatment mainly to adult patients.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available at the practice.

The dental team includes the principal dentist and two dental nurses, one of whom also acts as the receptionist. The practice has one treatment room that is in use and another treatment room is currently being used as the decontamination and storage room.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

Summary of findings

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

The practice is open: 9am to 3pm Monday to Friday

Our key findings were:

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- Procedures for decontamination of dental equipment reflected published guidance
- The practice was not clean and well maintained in all areas. The decontamination/storage area was extremely cluttered. Visible dirt was noted on the floor in the waiting room, patient toilet and decontamination/storage room. Window blinds within the decontamination area were dirty and skirting boards contained thick dust. We asked for cleaning schedules for these areas but were told that none were available.
- Staff knew how to deal with emergencies. Not all of the appropriate life-saving equipment was available.
- Staff had not completed intermediate life support training which is needed as the practice conducted intravenous sedation.
- The practice had systems to help them manage risk although these required updating.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice's staff recruitment procedures did not ensure that all pre-employment information was obtained in line with regulations.
- Staff told us that they felt involved and supported at the practice and worked well as a team.
- The practice had not asked staff and patients for feedback about the services they provided recently but we were told that systems to obtain patient feedback would be re-introduced.

We identified regulations the provider was not meeting. They must:

- Ensure effective systems are in place in order that the regulated activities at Wollaston Dental Practice are complaint with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. With particular reference to staff recruitment and ongoing training, infection control, audit processes, systems for monitoring and mitigating risk and maintenance of equipment.

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review availability of equipment to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council (GDC) standards for the dental team.
- Review the practice's protocols for conscious sedation, taking into account the 2015 guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.
- Review the practice's protocols for medicines management and ensure all medicines are stored and dispensed safely and securely.
- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.
- Review the processes and systems in place for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

We found that this practice was providing safe care in accordance with the relevant regulations.

The practice had systems and processes to provide safe care and treatment.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles. Evidence of continuing professional development of staff regarding sedation and radiography was not available. The practice mostly completed essential recruitment checks although some checks were missing in one recruitment file seen.

Some areas of the premises and equipment were clean and properly maintained and there were areas that required improvement including the decommissioning of a medical storage refrigerator, ensuring the practice compressor is serviced as set out by current guidelines and that maintenance certificates for the X-ray equipment are always available for inspection.

The practice mainly followed national guidance for cleaning, sterilising and storing dental instruments, but there were areas that required improvement including: de-cluttering of the decontamination area/storage room and kitchenette area and drawers of the treatment room, carrying out further validation tests for the ultrasonic cleaning bath and changing clinical waste bags more frequently to prevent overfilling.

The practice had suitable arrangements for dealing with medical and other emergencies but we did find several minor items missing.

Are services effective?

No action

We found that this practice was generally providing effective care in accordance with the relevant regulations.

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as efficient and effective. The dentist discussed treatment with patients so they could give informed consent and recorded this in their records. Patients told us that they were given both verbal and written information regarding the planned treatment.

There were areas that could be improved with respect to the governance procedures underpinning the provision of intra-venous conscious sedation including: the use of a supplemental oxygen supply cylinder, ensuring that written consent is obtained prior to the sedation appointment rather than on the day of the sedation procedure, ensuring that update training for staff is in line with current recommendations including that for intermediate life support training.

Summary of findings

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

Are services caring?

No action

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from two people. Patients were positive about all aspects of the service the practice provided. They told us staff were sociable, kind and caring. They said that they were given detailed explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action

We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice's appointment system was efficient and met patients' needs.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. Staff said that they would be able to obtain contact details for interpreter services from the internet if required. There were no arrangements to help patients with sight or hearing loss.

Are services well-led?

Requirements notice

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

The practice had a commercially available clinical governance system in place and we found that it was largely ineffective because of the complexity of the system and staff present on the day had not received training in its use. It was apparent that staff were not sure how it worked which led to policies, processes and procedures not being reviewed in a timely fashion and as a result many were out of date.

The practice team kept patient dental care records which were, written or typed and stored securely.

On the day of our inspection there was no recent evidence that the practice monitored clinical and non-clinical areas of their work to help them improve and learn, this included auditing of infection control procedures, patient record keeping, the quality of dental X-rays and aspects of the provision of conscious sedation.

The last patient survey had taken place in 2014. A comments box was available in reception. Some comments made by patients had not been acted upon. The practice had not received any formal written complaints.

No action

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events Staff knew about these and understood their role in the process. There was no evidence that the accident policy had been reviewed or updated since 2013.

The practice had no incidents recorded and staff confirmed that they were not aware of any incidents that had taken place at the practice.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were reviewed, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. These had not been reviewed or amended following changes of staff at the practice. For example the policy recorded the safeguarding lead who was a member of staff who no longer worked at the practice. The practice had a list of contact details for the external agencies responsible for investigation of safeguarding concerns. We were told that these were dated 2008, staff were not sure if these contact details had been reviewed or were up to date.

We saw evidence that staff received safeguarding training. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which had been reviewed but had not taken into accountstaff changes at the practice. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Most emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order although some items were missing which included a selection of airways and a volumetric spacer used for the administration of medicine for the treatment of asthma.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at two staff recruitment files. These showed the practice had not always followed their recruitment procedure. For example there was no proof of identity, vaccination status, evidence of good conduct in previous employment or a DBS check in one file seen.

Clinical staff were qualified and registered with the General Dental Council (GDC).

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were not all up to date or reviewed to help manage potential risk. For example risk assessments identified a member of staff who no longer worked at the practice as the lead. Risk assessments seen covered general workplace and specific dental topics.

Evidence was not available to demonstrate that staff completed regular fire drills and the last completed fire precautions test form was dated November 2016.

We asked for details of the practice's current employer's liability insurance as the certificate on file was dated 2014. We were given assurances that a new certificate was available.

A dental nurse worked with the dentist when they treated patients.

Infection control

No action

Are services safe?

The practice had an infection prevention and control policy but this had not been updated. Generally they followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments that were mostly in line with HTM01-05. We did note that some validation checks were not carried out for the ultrasonic cleaning bath - this included a weekly protein test. Records demonstrated that the steriliser was used in line with the manufacturers' guidance.

On the day of our inspection we found that the practice had not carried out any recent infection prevention control audits in line with current guidelines.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with an internal risk assessment completed in May 2015.

We found the room used for carrying out dental treatment was clean. We saw examples of cleaning schedules for the dental treatment room. We asked for cleaning schedules for other areas of the practice but were not provided with these. We were told that it was the dental nurses' responsibility for cleaning the practice. On the day of inspection we identified that the cleaning had not been effective because there were areas of the practice that were very cluttered and the floors of the waiting area, patient toilet and the room housing the decontamination area were not clean and loose debris was evident. Skirting boards in the decontamination room had thick dust on them and the window blinds were dirty. We also found the waste bin in the patient toilet was overflowing at 9.30am and required emptying and the liquid hand soap container was empty.

Clinical waste bags were overflowing and required emptying on a more frequent basis.

Equipment and medicines

We saw some servicing documentation for the equipment used. This included the service record for the practice steriliser. We did observe that the practice compressor had not been serviced since 2014 and the records for the maintenance of the dental X-ray set was not available for inspection. We were shown an email which demonstrated that a maintenance contract was in place for the X-ray. The contract expires in 2018.

A medicine used for the treatment of low blood glucose was stored in a refrigerator that was not fit for purpose. The internal part of the refrigerator was not clean and there was evidence of mould growing throughout. We also saw three bottles of sodium chloride solution for drug dilution that had expired in November 2016.

The practice also dispensed their own medicines as part of a patients' dental treatment. These medicines were a range of antibiotics and over the counter painkillers; the dispensing procedures were in accordance with current secondary dispensing guidelines. Most medicines were stored securely in a wall mounted metal cabinet, although three packets of medicines were found lying loose in the clean zone of the decontamination area which could be accessed by unauthorised persons.

We saw that there was a recording system for the prescribing and recording of medicines used in the provision of intravenous conscious sedation; this included the reversal agent for the sedative medicine. We found that the recording of dose and amount of medicines prescribed along with the batch number and expiry date was carried out. We did note that two packs of a sedative medicine used as a pre-medication were present and one pack had passed its expiry date.

Radiography (X-rays)

The practice had arrangements to ensure the safety of the X-ray equipment. They generally met current radiation regulations and had the required information in their radiation protection file. We did find that maintenance certificates for the X-ray equipment were not available for inspection, but we were assured that the equipment was maintained appropriately because a current contract was in place whereby the X-ray set was serviced on a three yearly basis.

We saw evidence that the dentist justified, graded and reported on the X-rays they took. On the day of our inspection there was no evidence of audit in relation to the analysis of the quality of dental X-rays.

The recruitment files for the dental nurses did not provide evidence that these staff had completed continuous

No action

Are services safe?

professional development in respect of dental radiography. We requested but were not provided with evidence to demonstrate that the dentist had completed the required amount of continuous professional development in respect of dental radiography.

No action

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice mainly carried out treatment in the provision of dental implants and restorations required as part of a treatment plan involving dental implants along with a small amount of general dentistry. Generally the records contained information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance. Dental care records we saw showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the condition of the gums using the basic periodontal examination scores and soft tissues lining the mouth.

The practice carried out intra-venous sedation for patients who were very nervous of dental treatment and required complex dental treatment such as the placement of dental implants.

Although there were governance systems in place that showed that sedation care was safe, improvements could be made including: record keeping in relation to the assessment of the patient, the use of a supplemental oxygen supply cylinder, ensuring that written consent is obtained prior to the sedation appointment rather than on the day of the sedation procedure and ensuring that update training for staff is in line with current recommendations including that for intermediate life support training and sedation. The practice should also ensure that they are working towards guidelines published in 2015 by the Royal College of Surgeons and Royal College of Anaesthetists in relation to conscious sedation.

Health promotion & prevention

Although the dentist provided a limited range of treatment for patients the dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. Patients who required treatment in relation to the improvement of gum health were referred to local neighbouring practices that had dental hygienist services. Patients we spoke with told us that they were given information regarding oral health and details of how to look after their dental implant.

Staffing

We were told that staff new to the practice had a period of induction based on a structured induction programme. Induction records we saw for the two dental nurses employed at the practice had not been fully completed.

We asked for copies of training certificates or evidence of continuous professional development but these were not available at the practice for all staff. We were therefore unable to confirm that all clinical staff had completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

The dentist confirmed that they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Consent to care and treatment

The dentist understood the importance of obtaining and recording patients' consent to treatment. The dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists, dental hygienists and dental nurses were aware of the need to consider this when treating young people under 16. The dentist described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

No action

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly and helpful. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas did not provide privacy when reception staff were dealing with patients. However staff were aware of the action to take to try and maintain privacy as much as possible Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Music was played in the treatment room and there were magazines and music was played in the waiting room. The practice provided coffee for patients in the waiting area.

Information folders, patient survey results and thank you cards were available for patients to read.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. We saw that written treatment plans were used to confirm the treatments proposed and that these were signed by patients.

We saw several examples of dental care records which showed the detail the dentist had provided to a patient to assist them to reach a decision about the treatment that was best for them. This included explanations of the risks and benefits of each option.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

No action

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment.

Promoting equality

The practice had made some adjustments for patients with disabilities. For example step free access to the building and a ground floor treatment room. The practice did not provide a hearing loop, magnifying glass or accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. We were told that staff would use google translate and would use the internet to find details of interpreter/ translation services which included British Sign Language and braille if required. We were told that currently all of the patients were able to speak and understand English.

Access to the service

The practice displayed its opening hours in the premises. This information was incorrect and required updating.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and we were told that there was usually a slot free for same day appointments. The answerphone provided telephone numbers for patients needing emergency dental treatment when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The principal dentist was responsible for dealing with these. We noted that the policy recorded that a member of staff who no longer worked at the practice was responsible. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We asked to look at comments, compliments and complaints the practice received. We were told that the practice had not received any formal written complaints.

Requirements notice

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. Staff knew the management arrangements and their roles and responsibilities. The dental nurse who worked on reception had recently completed a training course regarding practice management and confirmed that they were starting to review policies, procedures and systems at the practice.

the practice had a commercially available clinical governance system in place. We found that it was largely ineffective because of the complexity of the system. Staff did not fully understand how it worked which led to policies, processes and procedures not being followed or reviewed in a timely fashion. Many were out of date.

We saw that the copy of the Data protection register – information commissioner's office entry had expired on 6 March 2017. We were told that this had been updated but staff did not provide evidence of this.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the principal dentist was approachable, would listen to their concerns and act appropriately.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. There were no recorded minutes of any meetings held during 2017. Staff said they had a close working relationship and discussed issues on an ongoing daily basis.

Learning and improvement

The practice had limited quality assurance processes to encourage learning and continuous improvement. For example clinical audit was not used to highlight areas of improvement. On the day of our inspection we asked for copies of audits in relation to patient record keeping, infection prevention control or the analysis of the quality of dental X-rays or processes and procedures with respect to intravenous conscious sedation. Staff were unable to find this information. We asked the principal dentist to forward any information to us within 48 hours of this inspection but nothing was received.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. We were not shown evidence that staff had received update training regarding sedation or radiography.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had previously used patient surveys to obtain patients' views about the service but we were told that no surveys had been sent out recently. We were shown the results of the last survey dated 2014. Positive feedback had been received. The dental nurse who mainly worked on the reception was aware of the need to re-introduce patient feedback systems as this had been discussed at a recent practice management training course that they had attended.

We saw that there was a comment box in the waiting area. Staff were not aware whether any comments had been made or whether the comment box had been opened recently. We were shown some comments made by patients previously. We noted that the practice had not acted upon the comments made. For example one suggestion was that tea should be available as well as coffee in the waiting area and another was that the patient waiting area and reception floor should be cleaned regularly.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of Regulations 4 to 20A Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the regulation was not being met: There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: The provider was unable to provide evidence that they had completed recent audits regarding radiography, infection prevention and control, conscious sedation or record keeping. There were no systems or processes that enabled 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. There was no evidence that staff had completed fire drills. Fire precautions monitoring checks had not been completed and recorded since November 2016. The fridge used to store medicines had internal black mould including around the door seals. The practice's compressor had not received maintenance or service since 2015. The provider was not able to provide certificates to demonstrate that X-ray machinery had received recent maintenance or servicing. The provider was not completing the recommended tests to ensure the ultrasonic bath was in good working order.

This section is primarily information for the provider

Requirement notices

Infection prevention and control systems were not always effective as areas of the practice contained visible dirt and debris. Areas of the practice were cluttered, the waste bin in the patient toilet and clinical waste bags were overflowing and there was no soap in the patient toilet.

There were no systems or processes that ensured the registered person maintained securely records that are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities and the management of the regulated activity or activities. In particular:

There was no evidence in each staff recruitment file of proof of identification, criminal records bureau check, evidence of good conduct in previous employment or the vaccination status of staff.

Records to demonstrate that staff had undertaken continuous professional development regarding radiography, sedation, and intermediate life support were not available.

Staff induction records were not fully completed.