

Wandsworth Town Dental Practice Limited

Wandsworth Town Dental Practice

Inspection Report

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Date of inspection visit: 30 July 2018 & 8 August 2018
Date of publication: 28/09/2018

Overall summary

We carried out this unannounced inspection on 30 July and 8 August 2018 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 not 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

Wandsworth Town Dental Practice is in the London Borough of Wandsworth and provides NHS and private treatment.

There is level access for people who use wheelchairs and those with pushchairs.

Summary of findings

The dental team includes seven dentists, seven dental nurses and two trainee dental nurses. The dental nurses also provided reception duties.

The practice has four treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission 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 Wandsworth Town Dental Practice was the principal dentist.

On the day of inspection, we spoke with three patients.

During the inspection we spoke with two dentists, two of the dental nurses, a receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday-Friday 9am – 5.30pm

Saturday 9am–4pm

Sunday 11am–3pm

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures, however they did not fully reflect published guidance.
- Emergency medicines and life-saving equipment as per national guidance were available, though there were some gaps..
- The practice had systems to help them manage risk.
- The practice did not have suitable safeguarding processes and not all staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures however, there were gaps in checks undertaken.
- The clinical staff provided patients' care and treatment in line with current guidelines.

- The practice was providing preventive care and was supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice asked staff and patients for feedback about the services they provided.
- The practice did not demonstrate effective leadership.
- The practice did not have suitable information governance arrangements.
- Systems were not in place to assess, monitor and improve the quality of the service.

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

- Ensure suitable processes are in place for safeguarding people from abuse.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure specified information is available regarding each person employed

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

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

- Review its responsibilities to respond to the needs of patients with disability and the requirements of the Equality Act 2010 and ensure a Disability Discrimination Act audit is undertaken for the premises.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the practice's protocol and staff awareness of their responsibilities under the Duty of candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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?

We found that this practice was not providing safe care in accordance with the relevant regulations. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

The practice used learning from incidents to help them improve.

Not all staff had received training in safeguarding of children and vulnerable adults. The safeguarding lead for the practice had not undertaken safeguarding training.

Staff were qualified for their roles. The practice could not demonstrate that they had completed all essential recruitment checks for staff employed in the service.

Premises and equipment were clean and properly maintained.

The practice was not fully following national guidance for cleaning, sterilising and storing dental instruments and the disposal of clinical waste.

The practice had arrangements for dealing with medical and other emergencies although there were some gaps.

Requirements notice 

Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients we spoke with told us staff were helpful and informative.

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

No action 

Are services caring?

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

We received feedback about the practice from three patients. Patients were positive about the service the practice provided. They told us staff were warm and friendly and they were given helpful advice.

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

No action 

Summary of findings

Are services responsive to people's needs?

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. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families. The practice had access to telephone interpreter services.

No action



Are services well-led?

We found that 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 Notice at the end of this report).

Staff told us they felt supported and appreciated.

The practice arrangements to ensure the smooth running of the service required improvements. These included systems for the practice team to discuss the quality and safety of the care and treatment provided.

Risks associated with decontamination of dental instruments, Legionella infection, use of X-ray equipment and medicines management had not been suitably identified and mitigated.

Governance arrangements were not appropriate to ensure the smooth running of the service.

Requirements notice



Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that some staff had received safeguarding training. However, there were some staff who had not completed training in safeguarding and this included the principal dentist who was the safeguarding lead. The practice manager told us that they were in the process of updating training files and they were not sure which staff had completed safeguarding training. Following the inspection, the provider sent us an information stating all dentists had completed safeguarding training.

The practice had a whistleblowing policy. The policy had details of external organisations staff could escalate concerns to in the event of needing to report outside the practice.

The dentist told us that they 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 with events that could disrupt the normal running of the practice.

The practice had a staff recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. We looked at 10 staff recruitment records. These showed the practice were not following their recruitment procedure. Essential checks were missing. This included evidence of Disclosure and Barring services checks, references, hepatitis B status, proof of identification, copies of CV's and evidence of registration with appropriate bodies. For example, six records did not have DBS checks. One record had no details to confirm that a dental nurse who also worked as a receptionist was registered with the General Dental Council (GDC). The practice manager told us the person mainly worked as a receptionist, but we noted they had worked as a nurse as recently as the month prior to the inspection. There were no staff files for two of the people who worked at the practice. We spoke with the practice manager about these deficiencies, who assured us that they were working on

improving the records. They told us that the nurse not registered with the GDC was in the process of registering and they would only work as a receptionist until they were registered with the GDC.

The practice had some arrangements in place to ensure that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. For example, Portable Appliance testing (PAT) had been undertaken in June 2018. However, the practice did not have suitable arrangements to ensure the safety of the X-ray equipment. Arrangements had been made for the servicing of the equipment in the month following the inspection.

The principal dentist and practice manager told us that the dentists justified, graded and reported on the radiographs they took and that they carried out radiography audits every year. We did not see paperwork to confirm this nor a radiation protection file.

We saw evidence that two of the dentists had completed continuing professional development (CPD) in respect of dental radiography. The practice manager told us that all dentists had this training but there were no records seen for other dentists.

Risks to patients

The practice had current employer's liability insurance. However, there were some gaps in regards to premises risk assessments. For example, there was no health and safety, legionella or fire risk assessment found. We spoke to the provider about this and they told us that the fire assessment had been carried out but they were not able to give us a copy of it on the day of the inspection. Following the inspection, the provider sent evidence that fire and legionella risk assessments had been carried out.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken.

The provider told us they had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the

Are services safe?

Hepatitis B virus, and that the effectiveness of the vaccination was checked. We were provided with evidence of Hepatitis B immunisation status for some staff, though documentation was missing for other staff to confirm this.

Emergency equipment and most medicines were available as described in recognised guidance. However, there were some gaps. For example, the kit did not contain buccal midazolam. We spoke to the provider about this and they told us that they had this on order. Following the inspection, the provider sent us confirmation that they had ordered a new medical emergency kit that included the missing medicine.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. One of the dental nurses gave a demonstration of the decontamination process which was broadly in line with guidance. However, there were some gaps in the arrangements. For example, instruments were scrubbed under running water and there was only one sink that was used for cleaning and rinsing of dental instruments. We spoke with the provider about this and they told us they would review the decontamination arrangements.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. However, the provider had not carried out a risk assessment. The provider told us that arrangements had been made for one to be carried out.

We saw cleaning schedules for the premises. The practice was clean when we inspected, and patients confirmed that this was usual.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits. The latest audit they had completed showed that the practice was meeting the required standards. However, there were inconsistencies in the audit. For example, the audit said instruments were checked under an illuminated magnifier but the magnifier was not working and was not in use. The audit stated use of two sinks but there was only one sink that was used for cleaning, and rinsing of instruments.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had some systems for appropriate and safe handling of medicines. Medicines were dispensed in separate blister packs and patients were given a slip detailing dosages and other details. There were arrangements in place for the safe disposal of expired medicines. There were no arrangements for a stock control system of medicines held on site and there was no dispensing log. We spoke with the practice manager about this and they told us that they were in the process of putting arrangements in place for the management of medicines.

Track record on safety

The practice monitored and reviewed incidents. In the previous 12 months there had been one safety incident.

Are services safe?

The incident was investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

Lessons learned and improvements

There were adequate systems for reviewing and investigating when things went wrong.

There was a system for receiving and acting on safety alerts. The practice manager told us that they shared safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

We saw from notes that where applicable dentists discussed smoking, alcohol consumption and diet with patients during appointments.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice's consent policy included information about the Mental Capacity Act 2005. The policy was dated May 2018. The policy also referred to how children under the age of 16 years can consent for themselves. Some staff we spoke with demonstrated awareness of the Act while others had a limited understanding. The practice manager told us that arrangements would be made to ensure all staff were up to date with mental capacity training.

Monitoring care and treatment

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The practice carried out conscious sedation for patients who would benefit. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

The sedationist was supported by a suitably trained second individual.

Effective staffing

The principal dentist told us that staff new to the practice had a period of induction based on a structured programme. We did not see evidence of completed induction in staff records.

We saw that some clinical staff had completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

The principal dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice also had systems and processes for 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.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were respectful, 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.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist.

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

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. The reception computer screens were not visible to patients and staff did not leave patients' 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.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standards and the requirements under the Equality Act:

- Interpretation services were available for patients who did not have English as a first language.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had made reasonable adjustments for patients with disabilities. These included steps free access and an accessible toilet.

A Disability Access audit had not been completed. The practice manager assured us it would be completed as soon as possible.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included on their website.

The practice had an appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day.

The practice website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice

was not open. This included a number for patients to call out of hours which was shared with the providers other location. Patients had the option of being seen at either relocation.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The policy had last been reviewed in May 2018.

The principal dentist was responsible for dealing with these. The practice manager told us the practice aimed to settle complaints in-house and would speak with the patient in person to discuss their concern. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. We saw that complaints were handled in line with their policy.

The practice manager told us there were two on-going complaints and one other compliant in the last year. They told us they were unable to show us the records of the complaints as they were held by the principal dentist and they did not have access to the file. Following the inspection the provider contacted us to advise me that a complaints file had been created.

Are services well-led?

Our findings

Leadership capacity and capability

The practice manager had the experience, capacity and skills to deliver the practice strategy.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

The practice manager was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice manager was new to the post but had a vision and set of values for the practice that were shared with staff. The practice had a realistic strategy and supporting business plans to achieve priorities.

Culture

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

The provider and staff were not aware of the requirements of the Duty of Candour.

Governance and management

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

However, systems to support good governance and management were not in place. Systems for monitoring

certain aspects of the service such as staff training and staff recruitment were not in place. Documentation relating to these areas were not filed systematically and many documents were missing or not available. We discussed this with the practice manager and they acknowledged that improvements were required. They were already in the process of making improvements to the governance, for example regarding recruitment records.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice used patient surveys to obtain staff and patients' views about the service. We reviewed the results of surveys received from patients. The feedback was generally very positive.

Continuous improvement and innovation

The practice did not demonstrate that they had quality assurance processes to encourage learning and continuous improvement. The only audit was an infection control one and there were inconsistencies in the audit. The practice manager told us that they would implement a system of comprehensive clinical audits as soon as possible.

Staff told us that they discussed learning needs and general well-being with the manager. Staff we spoke with confirmed they were supported by the practice manager and could speak with them about well-being. The principal dentist told us that staff received annual appraisals though documentation to support this was not available

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met</p> <p>The registered person had failed to establish systems to prevent abuse. In particular:</p> <p>The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users.</p> <p>In particular:</p> <ul style="list-style-type: none">• They did not ensure that all staff had received safeguarding training;• They did not ensure that staff had the right level of knowledge to protect people• The safeguarding lead in the practice had not completed training and did not have sufficient levels of knowledge• They did not have systems in place for staff to report safeguarding concerns within the practice or externally escalating to wider authorities. <p>Regulation 13(1) & (2)</p>
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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17</p>

Requirement notices

Good governance

How the regulation was not being met:

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular:

- Staff training details were not maintained and the provider did not have records to evidence training in some areas staff had completed.

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

- Risks associated with decontamination of dental instruments, Legionella infection, use of X-ray equipment and medicines management had not been suitably identified and mitigated.

There were limited systems and processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.

In particular:

- Infection prevention and control audits were not carried out appropriately in line with guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

This section is primarily information for the provider

Requirement notices

- Audits were not undertaken in line with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2017.

Regulation 17(1)

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.

In particular:

- Copies of curriculum vitae, interview notes, satisfactory evidence of conduct in previous employment and Hepatitis B status were missing for some staff.
- Disclosure and Barring services checks were not available.
- Appropriate checks on registration with professional bodies had not been carried out for some staff

Regulation 19(3)(4)