

Dr. Jonathan Hall

Wickham Dental Practice

Inspection report

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Date of inspection visit: 17 August 2023
Date of publication: 20/09/2023

Overall summary

We carried out this announced comprehensive inspection on 17 August 2023 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental practice appeared clean.
- The practice had infection control procedures which reflected published guidance, but improvements were needed.
- 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.
- Recruitment checks had not been carried out, in accordance with relevant legislation to help them employ suitable staff.

Summary of findings

- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- The practice had systems to manage risks for patients, staff, equipment and the premises but improvements were needed to ensure processes were effective.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

Wickham Dental Practice is in Wickham and provides private dental care and treatment for adults and children.

The practice is on the first floor. Patients are advised of this when they contact the practice.

Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 dentist, 2 dental nurses, 1 student dental nurse, 1 dental hygienist and 2 receptionists.

The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentists, 1 dental nurse, 1 student dental nurse, 1 dental hygienist and 1 receptionist.

We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

- 8.30am to 5.30pm Monday to Thursday
- 8.30am to 2.00pm Friday

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.

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

- Take action to ensure that all clinical staff have adequate immunity for vaccine-preventable infectious diseases.

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 ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	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, 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.

The most recent infection control audit indicated the practice was meeting the required standards. However, we found that audit findings were inaccurate.

- A treatment room operators chair covering was torn. We have since received evidence to confirm this shortfall has been addressed.

Recommendations made in the Legionella risk assessment carried out in 2019 had not been actioned.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean. However, cleaning equipment was not stored appropriately. We have since received evidence to confirm this shortfall has been addressed.

Recruitment checks had not been carried out, in accordance with relevant legislation to help them employ suitable staff. We reviewed 3 staff files and found:

- Two did not contain conduct in previous recruitment (references).

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

The management of fire safety at the practice was not effective. In particular:

- A fire risk assessment was carried out in 2019. Annual reviews had not been carried out since that date.
- Actions from the 2019 fire risk assessment remained outstanding.
- Monthly emergency lighting tests were not carried out effectively.
- Annual emergency lighting servicing was not carried out.

We have since received evidence to confirm these shortfalls have been addressed.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

Risks to patients and staff

The practice had not implemented systems to assess, monitor and manage risks to patient and staff safety. In particular relating to sharps safety.

- The dismantling of sharps did not follow the practices sharps risk assessment.
- A sharps boxes in the decontamination room was not labelled appropriately to indicate its location and date of use.
- The effectiveness of the Hepatitis B virus vaccination was outstanding for one clinical member of staff.

We have since received evidence to confirm these shortfalls have been addressed.

Emergency equipment and medicines were available and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Are services safe?

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

We found two yellow clinical waste bins at the rear of the practice were not tethered to a fixed point to prevent being removed from the building car park. We have since received evidence to confirm this shortfall has been addressed.

Information to deliver safe care and treatment

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

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 systems to review and investigate incidents and accidents, but improvements were needed. We noted that:

- A pre-General Data Protection Regulation (GDPR) accident book was in use.
- Completed accident records were not removed and stored securely.

We have since received evidence to confirm these shortfalls have been addressed.

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.

Dental implants

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

involvement in local schemes

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They 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 patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

Effective staffing

Evidence was not available to demonstrate staff had the skills, knowledge and experience to carry out their roles. In particular:

We reviewed 6 staff training files and found:

- Three out of 6 staff did not have evidence to confirm they carried out fire safety training in the previous 12 months. We have since received evidence to confirm one staff member has carried out training since our visit.
- Three out of 6 staff did not have evidence to confirm they carried out learning disability and autism training. We have since received evidence to confirm one staff member has carried out training since our visit.
- One out of 6 staff did not have evidence to confirm they carried out safeguarding children and vulnerable adults training.
- One out of 6 staff did not have evidence to confirm they carried out basic life support training.

Newly appointed staff had a structured induction.

Are services effective?

(for example, treatment is effective)

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 caring?

Our findings

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

Kindness, respect and compassion

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

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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 to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included for example, study models, X-ray images and an intra-oral camera.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including hearing and vision aids for patients with access requirements.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs.

The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Staff took part in an emergency on-call arrangement with other local practices and patients were directed to the appropriate out of hours service.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

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 improvements were needed to ensure the management and oversight of procedures that supported the delivery of care was effective.

Culture

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.

Governance and management

The provider had a system of clinical governance in place which included policies, protocols and procedures but systems were not followed.

The management of fire safety, recruitment, legionella, sharps and infection control required improvement.

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 protecting patients' personal information.

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.

Feedback from staff was obtained 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 where appropriate.

Continuous improvement

The practice carried out audits of patient care records, disability access, radiographs and antimicrobial prescribing.

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

Improvements were needed to ensure infection control audits were carried out correctly and staff training was monitored effectively.

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>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>Infection Control</p> <ul style="list-style-type: none">• A treatment room operators chair covering was torn.• Cleaning equipment was not stored appropriately.• Yellow clinical waste bins at the rear of the practice were not tethered to a fixed point to prevent being removed from the building car park. <p>Recruitment</p> <ul style="list-style-type: none">• Evidence of conduct in previous employment was not available for 2 members of staff. <p>Fire Safety</p> <ul style="list-style-type: none">• Annual fire risk assessment reviews had not been carried out since 2019.• Actions from the 2019 fire risk assessment remained outstanding.• Monthly emergency lighting tests were not carried out effectively.• Annual emergency lighting servicing was not carried out. <p>Sharps</p>

Requirement notices

- The dismantling of sharps did not follow the practices sharps risk assessment.
- A sharps box in the decontamination room was not labelled appropriately to indicate its location and date of use.

Audits

- The most recent infection control audit findings were inaccurate.

Legionella

- Recommendations made in the Legionella risk assessment carried out in 2019 had not been actioned.

Data Protection

- A pre-General Data Protection Regulation (GDPR) accident book was in use.
- Completed accident records were not removed and stored securely.

Staff training

We looked at 6 staff training files and found:

- Two out of 6 staff did not have evidence to confirm they carried out fire safety training in the previous 12 months.
- Three out of 6 staff did not have evidence to confirm they carried out learning disability and autism training.
- One out of 6 staff did not have evidence to confirm they carried out safeguarding children and vulnerable adults training.
- One out of 6 staff did not have evidence to confirm they carried out basic life support training.