

Dental Worx Oral Care Ltd

Dental Worx Oral Care Limited

Inspection report

166 Lansbury Drive
Hayes
UB4 8SG
Tel: 02085731210
www.dentalworx.co.uk

Date of inspection visit: 16 February 2023
Date of publication: 21/03/2023

Overall summary

We carried out this announced comprehensive inspection on 16 February 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 clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.

Summary of findings

- The practice had some systems in place to manage risks for patients, staff, equipment and the premises. Improvements could be made to ensure ongoing fire safety management was effective. In addition, improvements were needed to the practice's processes for the control and storage of substances hazardous to health.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation. Improvements could be made to ensure the necessary checks were carried prior to new staff commencing employment.
- 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.
- 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.
- There was effective leadership and a culture of continuous improvement.
- 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

Dental Worx Oral Care Limited is in Hayes, in the London Borough of Hillingdon, and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes the principal dentist and 2 receptionists. Currently they use locum dental nurses for chairside support. The practice has 1 treatment room.

During the inspection we spoke with the principal dentist, the locum dental nurse and one of the receptionists. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Mondays and Wednesdays from 8.30am to 6.30pm.

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

Every second Saturday from 8.30am to 1pm.

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

- Take action to ensure ongoing fire safety management is effective, undertake an appropriate risk assessment and implement the recommendations.

Summary of findings

- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and relevant safety data sheets are available to staff.

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?	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, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. All members of staff had recently completed safeguarding training at a level appropriate to their role.

The practice had infection control procedures which reflected published guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These broadly reflected the relevant legislation. We noted that Disclosure and Barring Service (DBS) checks for staff had been requested shortly before the inspection. Members of staff received the results of these checks on the day of the inspection. The provider told us that they had checked evidence of conduct in previous employment for new members of staff; however, records of these were not available for review. Improvements could be made to ensure that appropriate recruitment checks were completed prior to new staff commencing employment at the practice and that recruitment records were maintained for all staff.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

We observed that fire extinguishers were available. These had been recently installed and were not yet due for servicing. The practice had a functioning fire alarm system and emergency lighting. Improvements could be made to ensure that the practice kept records of the periodic in-house checks of the fire alarm system. We saw evidence that fire drills were undertaken, and staff had completed fire awareness training. A fire risk assessment undertaken by the principal dentist was available for review. Improvements could be made to ensure a fire risk assessment was undertaken by a person who had the necessary skills, competence and experience to do so. Following the inspection, the provider told us that they had now arranged a fire risk assessment with an external company for 25 February 2023 and they would implement any recommendations included within that report.

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

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness.

Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance. We noted that Glucagon (a medicine to treat severe hypoglycaemia) was stored in the fridge, however the provider did not monitor the temperature of the fridge to ensure it was stored between 2 and 8 degrees, as recommended in the manufacturer`s guidance. Following the inspection, the provider told us that they had now ordered a thermometer and implemented a temperature monitoring system.

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

The practice had some arrangements in place to minimise the risk that could be caused from substances that are hazardous to health. On the day of inspection risk assessments for the hazardous substances used at the practice were not available for review and the provider could not demonstrate that the relevant safety data sheets were made available to staff. Following the inspection, the provider submitted evidence that the safety data sheets were now available to staff. They told us that they were in the process of undertaking risk assessments for the hazardous materials they use.

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. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

Helping patients to live healthier lives

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

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

Staff had the skills, knowledge and experience to carry out their roles.

Clinical staff completed continuing professional development required for their registration with the General Dental Council. On the day of inspection there was no evidence of a structured induction program for locum nurses the practice currently relied on for chairside assistance. Following the inspection, the provider submitted a detailed induction plan and they told us they would use this to form the basis of locum and temporary nurses' induction in the future.

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.

On the day of inspection, we reviewed patient feedback and spoke with patients. Feedback we received from patients indicated that they were very happy with the care they had received at the practice.

The patient said staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television (CCTV) to improve security for patients and staff. Following the inspection, the provider submitted a privacy impact assessment for the use of CCTV.

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 information leaflet 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 photographs and X-ray images.

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 an accessible toilet and surgery for patients with access requirements. Following the inspection, the provider submitted a disability access audit and this included an action plan to continually improve access for patients.

Timely access to services

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

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 information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

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 providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

The provider demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on peoples' safety and continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that where the inspection identified areas for improvement these were acted on immediately.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

Staff discussed their training needs during informal discussions. Improvements could be made to implement structured appraisals to discuss learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

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 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 and innovation

Are services well-led?

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Improvements could be made to ensure that infection prevention and control audits were carried out bi-annually in line with the relevant guidance. Staff kept records of the results of these audits and the resulting action plans and improvements.