

Mr. Robert Wain

Mr Robert Wain – Dovetail

Inspection report

Amy House
61 Blandford Square
Newcastle Upon Tyne
NE1 4HZ
Tel: 01912619911
www.dovetaildental.co.uk

Date of inspection visit: 28 February 2022
Date of publication: 07/04/2022

Overall summary

We carried out this announced focused inspection on 28 February 2022 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 adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- 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 to be visibly 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.
- 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.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.

Summary of findings

- The dental clinic had information governance arrangements.
- There were ineffective systems in place to manage medicines safely to minimise the risks of misuse.
- Improvements were needed to ensure all written dental care records were stored securely.
- Improvements were needed to ensure facilities were safe and equipment was serviced and maintained according to manufacturers' guidance.
- Improvements were needed to the systems used to help the provider manage risks to patients and staff. In particular, in relation to the management of sharps and the handling of substances hazardous to health.

Background

Mr Robert Wain - Dovetail is in Newcastle-Upon-Tyne and provides private dental care and treatment for adults.

There is ramp 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 additional needs.

The dental team includes two dentists, four dental nurses and a practice manager. The practice has three treatment rooms.

During the inspection we spoke with one dentist, three dental nurses 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 to Friday from 9.00am to 5.00pm

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.

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

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	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 and 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 practice had introduced additional procedures in relation to COVID-19 in accordance with 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. Improvements could be made to the water temperature monitoring protocols to ensure these are carried out consistently.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions, with the exception of the suction motor. Improvements were also needed to ensure an assessment of the gas installation and the fixed-wire electrical installation testing were undertaken as required.

The practice had arrangements to ensure the safety of the Cone-beam computed tomography unit and we saw the required radiation protection information was available for all X-ray equipment. Improvements were needed to ensure the handheld X-ray equipment was stored securely in accordance with recognised guidance.

Risks to patients

Improvements were needed to the systems for assessing, monitoring and managing risks to patient and staff safety. This included sharps safety; for example, the sharps risk assessment did not consider the risks associated with all forms of sharps and improvements were needed to the protocols around the handling of sharps. The provider also confirmed they would carry out fire safety training with staff and hold more regular fire drills as part of their overall management of fire safety.

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, (with airway management). The provider confirmed they would renew their Immediate Life Support training for all staff providing treatment to patients under sedation.

The practice had some information and risk assessments to minimise the risk that could be caused from substances that are hazardous to health. However improvements were needed to ensure this information was available for all substances.

Information to deliver safe care and treatment

Are services safe?

Digital dental care records we saw were complete, stored securely and complied with General Data Protection Regulation requirements. However improvements were needed to the storage arrangements of written records as on the day of the inspection, some were not stored securely.

Safe and appropriate use of medicines

The practice had systems for the appropriate prescribing of medicines. Antimicrobial prescribing audits were also carried out. However, the practice did not have a stock control system for medicines which were held on site.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating when things went wrong. 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.

The practice offered conscious sedation for patients. The practice's systems for ensuring sedation was provided safely included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. We discussed with staff how improvements could be made to the patient monitoring protocols carried out during treatment.

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.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff 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 dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting vulnerable members of society such as patients with dementia, and adults with a learning difficulty.

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

Effective staffing

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

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

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.

The practice was a referral clinic for dental implants and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

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 the provider had the capacity, values and skills to deliver high-quality, sustainable care. 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.

The inspection highlighted some areas such as risk management and adherence to published guidance where improvements were needed. The provider described some challenges relating to recent staff shortages that they felt had impacted on some protocols not being adhered to, for example relating to the water temperature monitoring. The staffing issues had been resolved and the provider felt confident the protocols would now be maintained.

Culture

The practice staff showed how they ensured high-quality sustainable services and 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 one to one meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had introduced a monitoring system 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 the management of the practice.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff.

Improvements were needed to ensure processes for managing risks were effective. The practice did not have adequate systems in place for recognising, assessing and mitigating risks in areas such as the handling and disposal of dental sharps.

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 these in protecting patients' personal information. Improvements were needed to ensure all written dental care records were stored securely.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff 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.

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, X-rays and infection prevention and control.

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

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 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.</p> <p>How the Regulation was not being met</p> <ul style="list-style-type: none">• The registered person had ineffective systems in place to manage medicines safely to minimise the risks of misuse.• The portable X-ray equipment was not stored securely in accordance with guidelines.• The registered person could not demonstrate that the suction equipment had been serviced and maintained according to manufacturer's guidelines.• An assessment of the gas installation had not been carried out.• The fixed-wire electrical installation testing had not been undertaken.• The registered person had not considered the risks associated with all forms of sharps nor mitigated those risks to staff.• Individual risk assessments and product information sheets were not available for all substances hazardous to health.• Not all written dental care records were stored securely. <p>Regulation 17(1)</p>