Wokingham Dental Clinic Partnership

Perfect Smile Peach Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 8 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 second inspector and had remote access to 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.
- Improvements were needed to manage infection prevention and control procedures.
- Staff knew how to deal with medical emergencies.

Summary of findings

- Improvements were needed to manage medical emergencies. Specifically, the provision of appropriate life-saving equipment.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Improvements were needed to manage risks to patients and staff.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Staff training was not monitored effectively.
- 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 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 did not have appropriate quality assurance processes to encourage learning and continuous improvement.

Background

The provider is part of a dental group, with multiple practices. This report is about Perfect Smile Peach Street Dental Practice.

Perfect Smile Peach Dental Practice is in Wokingham and provides NHS and 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, including dedicated parking for disabled people, are available near the practice.

The practice has made reasonable adjustments to support patients with access requirements. These include:

- A hearing loop
- Wheelchair accessible toilet
- Reading glasses
- A magnifying glass
- Step free access

The dental includes 4 dentists, 2 dental nurses, 1 dental hygienist, practice manager and receptionist. A student dental nurse started to work at the practice a couple of days before our visit so will not be included in any feedback about staff training.

The practice has 3 treatment rooms.

During the inspection we spoke with 2 dentists, 1 dental nurse, the registered manager and the practice manager.

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

Summary of findings

The practice is open:

- Monday 8:30am – 18:00
- Tuesday 8:30am – 17:00
- Wednesday 8:30am – 17:00
- Thursday 8:30am – 17:00
- Friday 8:30am – 15:00
- Saturday 8:30am – 13:00

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 is at the end of this report.

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

- Implement protocols regarding the prescribing and recording of antibiotic medicines taking into account guidance provided by the Faculty of General Dental Practice in respect of antimicrobial prescribing.

- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.

- Take action to ensure hot running water is available in areas where employees are expected to wash their hands taking into account the Workplace (Health, Safety and Welfare) Regulations, 1992.

The registered manager accepted the shortfalls we raised and immediately started to address these.

Where evidence is sent that shows the relevant issues have been acted on, we have stated this in our report but we cannot say that the practice is compliant for that key question as this would not be an accurate reflection of what was found on the day of our inspection.

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 and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

Evidence presented to us confirmed that 6 out of 9 staff completed safeguarding children and vulnerable adults training. Since our inspection we have received evidence to confirm these shortfalls have been addressed.

The practice did not have effective management of infection prevention and control procedures. Specifically:

- Local anaesthetic ampules were stored outside of blister packs in treatment room drawers.
- Instruments were not sprayed or soaked while awaiting decontamination.
- We saw an un-pouched instrument in treatment room 3.
- An infection prevention and control audit presented to us did not document analysis, reflection and learning points which meant any improvements could not be evidenced.
- We saw undated pouched instruments in treatment room 3.

Since our inspection we have received evidence to confirm these shortfalls have been addressed.

Treatment room 3 and the decontamination room had clinical waste bins which could not be foot operated due to being broken.

There was no hot water available in the practice. Since the inspection we have been advised that a plumber has been asked to investigate this.

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, but improvements were needed.

A clinical waste bin at the rear of the practice could not be locked. Since our inspection we have received evidence to confirm this shortfall has been addressed.

There was not an effective cleaning process in place to ensure the practice was kept clean. In particular:

- Cleaning standard checks were not carried out effectively.
- Storage arrangements for the cleaning equipment did not follow national guidance.

Since our inspection we have received evidence to confirm these shortfalls have been addressed.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or 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, maintained and serviced according to manufacturers' instructions.

Improvements were needed to the management of fire safety. Specifically:

- Fire alarm call points were not tested in rotation.

Are services safe?

- A fire exit to the rear of the practice was compromised with rubbish, chairs and flammable cooking materials from neighbouring businesses who shared the fire escape route.
- An oxygen warning sign was not displayed near the location of the oxygen cylinder.

Since our inspection we have received evidence to confirm these shortfalls have been addressed.

The practice did not have arrangements to ensure the safe use of the X-ray equipment. In particular:

- The x-ray machine in treatment room 1 and 2 was missing a rectangular collimator.
- Evidence of three-yearly quality assurance (physics) tests were not available for any of the 3 X-ray machines. We were told the tests were carried out in the week before our visit and a report was not yet available. The provider assured us they would share the documents with us when received.

Radiation warning signs were not available on treatment room 1,2 and 3 doors. Since our inspection we have received evidence to confirm this shortfall has been addressed.

Risks to patients

The practice had not effectively implemented systems to assess, monitor and manage risks to patient and staff safety. Specifically:

- A sharps bin in treatment room 3 had not been changed after three months. This bin was dated July 2022. Since our inspection we have received evidence to confirm this shortfall has been addressed.

Emergency equipment and medicines were checked in accordance with national guidance, however we found areas that required attention:

- Glucagon was stored in a fridge which contained staff food.
- *An out of date glyceryl trinitrate* (GTN) spray had not been removed from the emergency bag.
- A razor and scissors were not available for use with the defibrillator.

Since our inspection we have received evidence to confirm these shortfalls have been addressed.

Records showed that 7 out of 9 staff had completed training in emergency resuscitation and basic life support in the previous 12 months. We have since been supplied evidence which confirms this shortfall has been addressed. We noted that 3 of the 6 staff had carried out online training

The practice had risk assessments to control substances that are hazardous to health (COSHH). Improvements were needed to safety information and storage. In particular:

- COSHH identified products were not stored securely.
- Storage areas were not labelled appropriately with COSHH warning signs.
- The cleaner's cleaning products did not have safety data sheets to back up risk assessments.

Since our inspection we have received evidence to confirm these shortfalls have 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.

Are services safe?

Antimicrobial prescribing audits were not carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents.

The practice did not have a system for receiving and acting on safety alerts. This shortfall was addressed during our visit.

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 did not have systems in place to ensure dental professionals were up to date with current evidence-based practice. In particular:

- Reporting of X-ray quality changed to a two-point grading of 'acceptable or unacceptable' in 2021. This system was not being used by any of the clinicians taking radiographs.

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 did not have effective assurance processes to encourage learning and continuous improvement. Specifically:

- Radiography audits were not carried out.

Effective staffing

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

Evidence presented to us confirmed that:

- Eight out of 9 staff carried fire safety training in the previous 12 months.
- Four out of 9 staff carried out learning disability and autism training.
- Eight out of 9 staff carried out infection prevention and control training.

Since our inspection we have received evidence to confirm these shortfalls have been addressed.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

A dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide but these were not monitored centrally to ensure they were received in a timely manner.

Since our inspection we have received evidence to confirm this shortfall has been addressed.

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 password protected patients' electronic care records and backed these up to secure storage.

Closed circuit television (CCTV) was present inside the practice.

The practice did not demonstrate an awareness of the importance of protecting patients' privacy. In particular:

- CCTV signage was not displayed prominently around the inside of the practice.
- A privacy impact assessment had not been carried out.

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 and information booklet and leaflets provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included photographs, study models 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:

- Hearing loop
- Wheelchair accessible toilet
- Reading glasses
- A magnifying glass
- Step free access

We reviewed the wheelchair accessible toilet and found that the waste paper and sanitary bin were both foot operated.

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, door, 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 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 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.

We saw the practice had processes to support and develop staff with additional roles and responsibilities, but this appeared to be hindered by staff member shortages. The practice manager was covering reception duties on the day of our visit. We were told by the registered manager that agency staff were not employed to cover absent staff.

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 radiography, fire safety, medical emergencies, COSHH, infection control and training required improvement.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had information governance arrangements, but improvements were needed to CCTV protocols.

Engagement with patients, the public, staff and external partners

The practice told us they used patient surveys to obtain patients' views about the service.

Continuous improvement and innovation

The provider had quality assurance processes to encourage learning and continuous improvement, but these were not operated effectively.

Antimicrobial prescribing and radiography audits were not carried out. Infection control audits were incomplete and could not demonstrate improvement over time.

Are services well-led?

Training was not monitored effectively. Evidence was not available to confirm that all relevant staff had completed the 'highly recommended' training as per General Dental Council professional standards.

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 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 **Regulation 17** **Good Governance** 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. 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: **Infection prevention and Control** • Local anaesthetic ampules were stored outside of blister packs in treatment room drawers. • Treatment room 3 and the decontamination room had clinical waste bins which could not be foot operated due to being broken. • Instruments were not sprayed or soaked while awaiting decontamination. • An infection prevention and control audit presented to us did not document analysis, reflection and learning points which meant any improvements could not be evidenced. • We saw undated pouched instruments in treatment room 3. • We saw an un-pouched instrument in treatment room 3. • A clinical waste bin at the rear of the practice could not be locked.

This section is primarily information for the provider

Requirement notices

- Cleaning standard checks were not carried out effectively.
- Storage arrangements for the cleaning equipment did not follow national guidance.
- A sharps bin in treatment room 3 had not been changed after three months. This bin was dated July 2022.

Fire Safety

- Fire alarm call points were not tested in rotation.
- A fire exit to the rear of the practice was compromised with rubbish, chairs and flammable cooking materials from neighbouring businesses who shared the fire escape route.
- An oxygen warning sign was not displayed near the location of the oxygen cylinder.

Radiography

- The x-ray in treatment room 1 and 2 was missing a rectangular collimator.
- Reporting of x-ray quality two-point grading of 'acceptable or unacceptable' was not being used by any of the clinicians taking radiographs.
- Radiation warning signs were not available on treatment room 1, 2 and 3 doors.
- Evidence of 3 yearly quality assurance (physics) tests were not available for any of the X-ray machines.

Emergency Medicines and Equipment

- Glucagon was stored in a fridge which contained staff food.
- *An out of date glyceryl trinitrate* (GTN) spray had not been removed from the emergency bag.
- A razor and scissors was not available for use with the defibrillator.

Control of Substances Hazardous to Health (COSHH)

- COSHH identified products were not stored securely.
- Storage areas were not labelled appropriately with COSHH warning signs.
- The cleaner's products did not have safety data sheets to back up risk assessments.

Audits

This section is primarily information for the provider

Requirement notices

- Radiography audits were not carried out.
- Infection control audits were partially carried out.

CCTV

- CCTV signage was not displayed prominently around the inside of the practice.
- A privacy impact assessment had not been carried out.

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Training

- Training was not monitored to ensure staff kept up to date with their mandatory training and their continuing professional development.

Equality Act 2010

- The waste paper and sanitary bins in the wheelchair accessible toilet were both foot operated.