

Mr Mark Adrian Silvester

# Wesley Dental Care

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 27 September 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 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:

- 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. Improvements could be made to the arrangements to ensure appropriate medicines and life-saving equipment is available.
- The practice had systems to help them manage risk to patients and staff. In some areas these had lapsed. The provider had taken action before the inspection to address these.

# Summary of findings

- 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. Information about temporary staff was not always obtained from the agency.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- There was a system to deal with complaints positively and efficiently.

## Background

Wesley Dental Care is in Ossett and provides NHS and private dental care and treatment for adults and children. The practice also provides NHS and private orthodontic treatment.

There is level access to the rear of the practice for people who use wheelchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes 1 dentist, 2 locum dental nurses, 1 decontamination operative and 1 receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with the dentist, 2 locum dental nurses and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thurs 8.45am to 5pm

Friday 8.45am to 4.30pm

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

- Take action to ensure the availability of medicines in the practice to manage medical emergencies taking into account the guidelines issued by the British National Formulary and the General Dental Council.
- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular, taking action to address dead legs.
- Take action to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

# Summary of findings

- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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. We highlighted that staff carried out manual cleaning of dental instruments prior to them being cleaned in an automated ultrasonic device. We advised the service that manual cleaning first carries an increased risk of injury from a sharp instrument.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a new risk assessment. The risk assessment highlighted a dead leg. Dead legs are sections of water piping systems that have been altered, abandoned or capped such that water cannot flow through them, increasing the risk of bacterial aggregation. The provider confirmed they would address this with their contractor.

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. These reflected the relevant legislation. Checks were in place for agency staff, but these were inconsistent.

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. The practice ensured the facilities were maintained in accordance with regulations. We discussed efficacy testing of the ultrasonic cleaner with staff. New staff were not familiar with the frequency of these tests.

Prior to the inspection, the provider engaged a specialist company to risk assess fire safety. This highlighted that testing of fire detection systems had lapsed and fire extinguishers had not been serviced since 2017. The provider had taken action and extinguishers were immediately replaced. We saw in the fire safety logbook that regular testing of fire detection systems and emergency lighting had resumed.

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

### **Risks to patients**

Systems to assess, monitor and manage risks to patient and staff safety had been reviewed in response to the inspection being announced. Action had been taken to address areas where omissions were found.

Sharps safety and lone working arrangements were in place. Staff were aware of sepsis but had not completed any formal training. We signposted the provider to the availability of sepsis prompts for staff and patients.

Emergency equipment and medicines were available. Checking processes should be improved. Items which were surplus to requirements were included which may inhibit staff finding the correct items in an emergency. Buccal midazolam had expired in May 2020. Insufficient efforts had been made to obtain a replacement until the inspection. This was delivered on the inspection day. We discussed alternative ways to ensure expired medicines are replaced with the provider.

# Are services safe?

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

## **Information to deliver safe care and treatment**

Dental care records we saw were 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 some systems for appropriate and safe handling of medicines. We saw that NHS prescriptions were pre-stamped, and the log of prescriptions would not identify any fraudulent activity or if any were missing. The provider confirmed this would be addressed.

Antimicrobial prescribing audits were carried out.

## **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 dentist provided orthodontic treatment. We saw evidence they carried out and documented patient assessments and treatment in line with recognised guidance from the British Orthodontic Society.

### **Helping patients to live healthier lives**

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

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.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

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. There were inconsistencies in the information recorded within the dental care records we looked at. Improvements could be made by ensuring dental care records are in line with nationally agreed standards from The College of General Dentistry.

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

We saw evidence the dentist justified, graded and reported on the radiographs they took.

Until the inspection, the practice had not carried out radiography audits six-monthly 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 dentist 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.

Patients feedback showed 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.

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.

Staff 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 described to us the methods they used to help patients understand treatment options discussed. These included for example 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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

### **Timely access to services**

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.

### **Listening and learning from concerns and complaints**

The practice had a system to respond to concerns and complaints appropriately and discussed outcomes with staff 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 practice demonstrated a transparent and open culture in relation to people's safety.

The provider acknowledged that leadership and oversight had been affected by the loss of staff in lead roles and prioritising access for patients. Where pre-inspection review undertaken by the provider highlighted issues or omissions these were quickly addressed.

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

### **Culture**

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time. External organisations had been engaged to carry out risk assessments and support the provider to review practice policies and procedures.

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

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals, with the exception of face to face medical emergency training. The provider confirmed after the inspection they were awaiting the confirmation of a date with a training provider to complete this.

### **Governance and management**

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

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

We saw the processes for identifying and managing risks and issues had not been regularly reviewed until the provider was informed of the inspection as the provider's focus had been on ensuring patients could continue to receive care. Prior to the inspection the provider had risk assessed Legionella and fire safety. The inspection highlighted some additional risks in relation to staff checks, prescription security and medicines management.

### **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.

### **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.

### **Continuous improvement and innovation**

The practice had systems and processes for learning and continuous improvement

# Are services well-led?

The practice had some quality assurance processes to encourage learning and continuous improvement. Prior to the inspection, the practice had not undertaken audits in accordance with current guidance and legislation. We reviewed newly completed audits of radiography, infection prevention and control, record keeping, and antimicrobial prescribing carried out in response to the inspection being announced. These did not include learning points or action plans to make improvements. We signposted the provider to guidance and audit tools from The College of General Dentistry to support them.