

Dr Vanya Ruseva

# Ward & Allison Dental Practice

## Inspection report

### DENTAL SURGERY

1 Market Street

Ilkeston

DE7 5QU

Tel: 01159324811

[www.wardandallisondentalclinic.co.uk](http://www.wardandallisondentalclinic.co.uk)

Date of inspection visit: 18 July 2023

Date of publication: 11/08/2023

## Overall summary

We carried out this announced comprehensive inspection on 18 July 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. Systems had not identified that some equipment and medicines were missing or incorrect.

# Summary of findings

- The practice had systems to manage risks for patients, staff, equipment and the premises.
- 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.
- 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.
- Documentation regarding the Control of Substances Hazardous to Health (COSHH) did not include product safety data sheets.
- The practice had installed CCTV for security reasons. However, a data protection impact assessment had not been completed.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.

## Background

Ward and Allison Dental Practice is in Ilkeston and provides mainly NHS (90%) 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 including having a ramped entrance for wheelchair users, a hearing loop for hearing impaired patients and 2 ground floor treatment rooms and an accessible toilet.

The dental team includes 3 dentists, a visiting implantologist, 2 dental nurses including an apprentice dental nurse, 2 dental therapists, 1 practice manager and a treatment co-ordinator. The practice has 5 treatment rooms, 2 of which are on the ground floor. The practice offers dental treatment under sedation and a visiting implantologist provides a dental implant service.

During the inspection we spoke with 1 dentist, 2 dental nurses, 1 dental therapist, the treatment co-ordinator and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday, Thursday and Friday from 9am to 5pm, and Tuesday and Wednesday from 8:30am to 5pm.

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

- Improve the practice's processes for the control of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure safety data information is available for each product.
- Implement protocols for the use of closed-circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

# Summary of findings

- Take action to ensure the availability of medicines and equipment in the practice to manage medical emergencies taking into account the guidelines issued by the British National Formulary and the General Dental Council.

# 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 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 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. The practice ensured the facilities were maintained in accordance with regulations. We saw the documentation relating to the 5-year fixed wire electrical safety check was due for renewal in June 2022. Immediately following the inspection, we were informed an electrician had been contacted to carry out the necessary safety check.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. However, we noted rectangular collimation to ensure a focused beam was not fitted to all X-ray machines, and the X-ray plates were scratched which meant the resulting X-ray image was not always clear.

### **Risks to patients**

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

Medical emergency equipment and medicines were available and checked in accordance with national guidance. However, we saw that 300mg Aspirin was missing from the medical emergency kit. The Midazolam, a medicine used to treat epileptic seizures, was not the buccal variety which is recommended in national guidance from the Resuscitation Council UK. We saw there was no portable suction, and the adult self-inflating bag was out of date with sizes 0, 3 and 4 masks for the self-inflating bags also missing. We were informed these items had been ordered immediately after the inspection.

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 (COSHH). However, we saw there were no product safety data sheets available for products covered by the Control of Substances Hazardous to Health Regulations 2002. Staff took steps to address this by identifying where to source the product data safety sheets from on-line.

## **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.

We saw the provision of dental implants was in accordance with national guidance. These were managed and placed by a visiting implantologist.

### **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. However, staff had a limited understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) as the policies and guidance available was not clear or cover all relevant aspects relating to the MCA. We were sent an updated policy after the inspection which clarified the situation with regard to the 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 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 6-monthly following current guidance.

### **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.

# 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 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 to improve security for patients and staff and had registered with the Information Commissioners Office (ICO). However, a data protection impact assessment had not been completed as identified in guidance from the ICO.

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 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 having a ramped entrance for wheelchair users, a hearing loop for hearing impaired patients and ground floor surgery and toilet 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 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 information and evidence presented during the inspection process was affected by a poor internet connection. With many policies, audits and other documentation either not retrievable or not presenting the most up-to-date versions.

### **Culture**

Staff discussed their training needs during annual appraisals. They also discussed 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. However, governance systems were hampered by the internet connection for the computerised compliance system being used.

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.

Feedback from staff was obtained through meetings, surveys, and informal discussions.

### **Continuous improvement and innovation**

The practice had systems and processes for learning, quality assurance, continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. We saw that the system for checking the medical emergencies equipment and medicine had not identified missing or out of date items.