

Dr. Gerald Abdoll

# West Hill Dental Care

## Inspection report

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Date of inspection visit: 9 November 2021  
Date of publication: 10/12/2021

### Overall summary

We carried out this announced focused inspection on 9 November 2021 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 provider 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 asked the following three questions:

- 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:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services well-led?**

We found this practice was not providing well-led care in accordance with the relevant regulations.

# Summary of findings

## Background

West Hill Dental Care is near Ottery St Mary and provides NHS dental care and treatment for adults and children. A small amount of private dental care is also provided.

The treatment room is on the ground floor and there is level access to the rear for wheelchair users. Car parking is on the quiet main road adjacent to the practice.

The dental team includes one dentist, two dental nurses and one receptionist. The practice has one treatment room.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with the provider/dentist, one dental nurse and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Five days a week, with clinics conducted on three days a week.

## Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines were available. Some life-saving equipment was out of date.
- Improvements could be made regarding effective systems to help manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- Record keeping was not sufficiently robust to consistently demonstrate that care and treatment was performed in line with current guidelines.
- Staff treated patients with dignity and respect.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There were ineffective governance arrangements to ensure a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The staff team told us they had received no complaints since the last inspection.
- The policy for Information Governance and social media use would benefit from updating.

We identified a regulation 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 is not meeting are at the end of this report.

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

# Summary of findings

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice/College of General Dentistry.
- Take action to ensure the clinicians take into account the record keeping guidance provided by the Faculty of General Dental Practice/College of General Dentistry when completing dental care records.
- Improve the practice's arrangements for ensuring good governance and leadership are sustained in the longer term.

# Summary of findings

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

We asked the following question(s).

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>Requirements notice</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)**

Staff had systems to keep patients safe, but some improvements are required.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A Legionella risk assessment had been completed in 2011. We could not see that all recommendations were being followed. For example, monthly sentinel taps water temperature recordings. The provider told us they would ensure that monthly temperature records would commence and be logged.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

The provider had carried out a recent infection prevention and control audit. The latest audit showed the practice was meeting the required standards. They acknowledged that prior to this audit they had not completed an audit for several years. Audits are highly recommended to be completed at least every six months.

The provider had a Whistle Blowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at two staff recruitment records. These showed the provider followed their recruitment procedure.

# Are services safe?

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

The provider ensured facilities and equipment were safe, including electrical and gas appliances.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building, under a maintenance contract and fire exits were kept clear. We noted, however, that not all recommendations made in the fire risk assessment, updated in 2018, had been implemented. For example, there were also no records of weekly and monthly checks on the fire safety system. There were no staff records of fire safety training.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We noted, however, that the local rules needed updating to reference recent changes in legislation and that staff were wearing dosimeters to monitor individual exposure to radiation.

We saw evidence the dentist justified, graded and reported on the radiographs they took. The provider had carried out a recent radiography audit. They acknowledged improvements could be made in providing a more detailed action plan, for example in recording if a patient had been offered but declined an X-ray.

Clinical staff completed continuing professional development in respect of dental radiography.

## **Risks to patients**

The provider had implemented systems to assess, monitor and manage risks to patient safety, but further improvements could be made.

The practice's health and safety policies, procedures and risk assessments were reviewed annually. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken. However, the risk assessment did not cover all dental instruments, such as matrix bands and the use of a 'safer sharps' system should be considered.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

The dentist had knowledge of the recognition, diagnosis and early management of sepsis. However, dental nurses and reception staff had not received sepsis training. There were no sepsis prompts for staff and patient information posters displayed in the practice. These would help staff triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

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

Emergency medicines were available as described in recognised guidance. Some emergency equipment (defibrillator pads and oxygen delivery face masks with reservoirs) were out of date. We brought this to the attention of the provider, who told us these would be ordered and replaced immediately.

A dental nurse worked with the dentist when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

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

# Are services safe?

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual written or typed records were briefly written and therefore did not record the extent of a dental assessment. For example, such as a full periodontal diagnosis, indication/deferring bitewing radiographs and risk. Dental care records were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

## **Safe and appropriate use of medicines**

The provider had systems for appropriate and safe handling of medicines.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

An antimicrobial prescribing audit had not yet been completed.

## **Track record on safety, and lessons learned and improvements**

The provider had a policy for reviewing and investigating when things went wrong. Staff told us in the previous 12 months there had been no safety incidents.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

# 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. However, improvements could be made. In discussion with the dentist they could describe how they delivered care and treatment in line with current legislation. Dental care records were brief and could not always evidence that clinical pathways had been followed. For example, guidance from Delivering Better Oral Health and from the British Society of Periodontology. Records could not clearly demonstrate that for gum disease there was preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

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

The dentist prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentist had highlighted in a recent record card self-audit that they did not discuss smoking or alcohol consumption with patients during appointments. Therefore, they did not direct patients to local schemes which supported patients to live healthier lives, for example, local stop smoking services. They had identified this as an area for improvement.

There was a notice board display in the patient waiting area educating patients to excess sugar consumption and sugar content in everyday food products to help patients make healthier low sugar choices.

The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

### **Consent to care and treatment**

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentist gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions.

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 dental care records contained information about the patients' current dental needs, past treatment and medical histories. We noted on the day of the inspection and from the patient diary that patients benefitted from generous appointment length times and were offered a scale and polish at every check-up.

### **Effective staffing**

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

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. Some additional staff training was required.

# Are services effective?

(for example, treatment is effective)

## **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 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/dentist was providing good quality dental care but was not effectively overseeing the governance of the practice. There was a small staff team and the provider had decided to take personal responsibility for governance in addition to providing dental services. Between this location and another registered service, they owned they were working six clinic days per week. However, they understood the challenges and were addressing them.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

### **Culture**

Staff stated they felt respected and valued.

Staff discussed their training needs at an annual appraisal and/or during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Openness, honesty and transparency were demonstrated in acknowledging where improvements could be made to effectively govern the practice. However, the practice did not have a policy reflecting legislation with the requirements of the Duty of Candour. Staff were not aware of the Duty of Candour legislation.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed. Staff told us there had been no complaints received at the practice.

### **Governance and management**

The principal dentist had overall responsibility for the management and clinical leadership of the practice. They were assisted by their spouse as the complaints manager lead. We were told the practice had not received any complaints.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. However, we found ineffective quality assurance processes to ensure good governance in accordance with the fundamental standards of care. Action had not been taken to consider recommendations made in the fire and Legionella risk assessments. Some emergency equipment had passed its expiry date. Staff had not received training in sepsis, the Duty of Candour or fire safety. The sharps risk assessment did not consider all sharp dental instruments.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

Quality and operational information, for example audits and external body reviews was used to ensure and improve performance. Performance information was combined with the views of patients.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. We noted, however, that the practice information governance policy would benefit from updating in relation to storage of photographs and use of social media platforms.

# Are services well-led?

## **Engagement with patients, the public, staff and external partners**

The provider used comment cards/encouraged verbal comments to obtain patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider 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 provider had quality assurance processes to encourage learning and continuous improvement. They acknowledged in a recent general audit of the business that improvements could be made to ensuring clinical audits were completed on a regular cycle, as these had not been completed. There had been recent audits of radiographs, infection control and a brief analysis of patient records cards. However, there was no demonstrated audit cycle history. An antimicrobial audit had not been completed.

The provider was part of a local network of single-handed dental providers, set up to provide peer support to similar practices.

Staff completed 'highly recommended' training as per General Dental Council professional standards but some additional staff training was required, for example fire training and training in the Duty of Candour. The provider supported and encouraged staff to complete continuing professional development.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Surgical procedures	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.
Treatment of disease, disorder or injury	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: Action had not been taken to consider recommendations made in the fire and Legionella risk assessments. Some emergency equipment had passed its expiry date. Staff had not received training in sepsis, the Duty of Candour or fire safety. The sharps risk assessment did not consider all sharp dental instruments. There was no established continuous clinical audit cycle in place.