

Mr Gordon Charles Herman Eckstein

West Mersea Dental Practice

Inspection report

32a
Kingsland Road, West Mersea
Colchester
CO5 8RA
Tel:

Date of inspection visit: 11 March 2022
Date of publication: 28/04/2022

Overall summary

We carried out this announced focused inspection on 11 March 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 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. Appropriate emergency medicines and most life-saving equipment were available. The practice confirmed missing equipment including face masks sizes 0, 3 and 4 were ordered immediately after the inspection.
- The practice had systems to help them manage risk to patients and staff.
- The five yearly electrical fixed wire testing had not been undertaken.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The consent policy did not fully reflect the Mental Capacity Act 2005 and Gillick competency. Not all staff were aware of their responsibilities in relation to these and their responsibilities under the Mental Capacity Act as it relates to their role.
- The practice had staff recruitment procedures which reflected current legislation.
- 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.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.
- Audits of antimicrobial prescribing were not undertaken.

Background

West Mersea Dental Practice is in West Mersea on the island of Mersea off the coast of Essex and provides NHS and private dental care and treatment for adults and children. The practice is the only dental practice on the island, reached by a causeway which can be flooded by seasonal and spring high tides.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice. The practice has made reasonable adjustments to support patients with additional needs.

The dental team includes three dentists, nine dental nurses including one trainee dental nurse, one dental hygienist, two receptionists and a practice manager. The practice has three treatment rooms.

During the inspection we spoke with two dentists, four dental nurses, one receptionist 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 Thursday from 8.30am to 5.30pm.

Friday from 8.30am to 5pm.

The practice had taken steps to improve environmental sustainability. For example, where possible items were recycled, staff were instructed to turn the power off to equipment and lighting when not in use.

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Improve and develop the consent policy and ensure staff awareness of the requirements of the Mental Capacity Act 2005 and Gillick competency and ensure all staff are aware of their responsibilities in relation to this and their responsibilities under the Act as it relates to their role.

Summary of findings

- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Take action to ensure the suitability of the premises and ensure all areas are fit for the purpose for which they are being used. In particular, ensure five yearly electrical fixed wire testing is undertaken.

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?	No action	✓

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.

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. However, we noted there was no evidence of Hepatitis B immunity in the records for one member of staff. We discussed this with the practice manager who assured us this would be confirmed.

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 generally maintained in accordance with regulations. We noted the five yearly electrical fixed wire testing had not been undertaken.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Including: Cone-beam computed tomography (CBCT), Laser and handheld X-ray equipment. We noted the practice did not hold any records to confirm if critical examination testing had been completed. The purpose of the critical examination is to demonstrate that the designed safety features and warning devices operate correctly, that there is sufficient protection for persons from exposure to ionising radiation and that the equipment is safe to use in normal circumstances. We discussed this with the practice manager and following the inspection we were provided with confirmation that this had been undertaken.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. The practice had implemented a safer sharps protocol which assessed and detailed risks to patients and staff from sharps, but they had not undertaken a sharps risk assessment to monitor and manage these risks. We discussed this with the practice manager who confirmed they would introduce a sharps risk assessment.

The provider had emergency medicines as per national guidance, but not all emergency equipment was available in accordance with national guidance. In particular, the provider did not have sizes 0, 3 and 4 masks in line with UK Resuscitation Council guidance. We discussed this with the practice manager and were assured these 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.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were 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 not 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.

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.

The practice consent policy did not reflect the responsibilities under the Mental Capacity Act 2005 or Gillick awareness. There was scope to ensure all staff understood their responsibilities under the Act as it relates to their role.

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 more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice 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 dentists 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 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.

There was strong leadership and emphasis on continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that where the inspection highlighted issues or omissions, the practice took swift action to rectify these.

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.

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated 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 annual appraisals, one to one meetings and during clinical supervision. 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 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.

We saw there were clear and effective processes for managing risks, issues and performance. However, the practice did not have a sharps risk assessment in place at the time of the inspection.

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, surveys, and informal discussions.

Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

The practice was also a member of a good practice certification scheme.

Continuous improvement and innovation

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

Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement.

These included audits of dental care records, disability access, radiographs and infection prevention and control. We noted, the practice had not completed annual antimicrobial prescribing audits.

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