

Mr. Stephen Young

Village Dental Practice

Inspection report

23 Farnham Drive
Caversham Park Village
Reading
RG4 6NY
Tel: 01189479666

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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 effective?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The practice was clean and well-maintained.
- The provider's infection control procedures were not operated effectively
- Appropriate life-saving equipment was available.
- The provider did not operate effective systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider's staff recruitment procedures required improvement.
- The clinicians provided patients' care and treatment in line with current guidelines.

Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- The provider did not have a culture of continuous improvement.
- The provider's information governance arrangements were operated effectively.

Background

Village Dental Practice is in Reading and provides NHS and private dental care and treatment for adults and children.

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

The dental team includes three dentists, two dental nurses, one trainee dental nurse, a receptionist and a practice manager.

The practice has two treatment rooms.

During the inspection we spoke with two dentists, two dental nurses 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 9.00am to 5.00pm
- Tuesday 9.00am to 5.00pm
- Wednesday 9.00am to 5.00pm
- Thursday 9.00am to 5.00pm
- Friday 9.00am to 5.00pm

The practice is closed for lunch between 1.00pm and 2.00pm daily.

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 are at the end of this report.

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

- 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 the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Take action to ensure dentists are aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.

Summary of findings

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Implement practice protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.

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?	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.

The practice did not have infection control procedures which reflected current published guidance. Specifically:

- We found a number of dental treatment instruments to be in a poor state of repair.
- Staff clinical uniforms were stored together with outdoor clothing.
- The ultrasonic bath solution change frequency did not follow national standards.
- There were no protocols in place for the regular changing of scrubbing brushes and gloves used by staff for cleaning instruments prior to being sterilised.

Evidence was not available to confirm recommendations made in the Legionella risk assessment had been actioned in a timely manner.

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.

Recruitment checks to help the practice employ suitable staff had not been carried out, in accordance with relevant legislation.

We looked at eight staff recruitment folders and found that:

- None had evidence of a health assessment.
- One did not have evidence of their employment history.
- Two did not have evidence of employment references.
- Two did not have evidence of their immunity status to hepatitis B.

Clinical staff were qualified or were otherwise on a training programme leading to registration, registered with the General Dental Council and had professional indemnity cover.

The practice did not ensure the facilities were maintained in accordance with regulations. Specifically:

- The fire risk assessment was carried out by an individual who was not competent.
- The frequency of testing the smoke detection equipment was not appropriate.
- Emergency lighting was not tested.
- Emergency lighting annual discharge and service was overdue by two months.

Not all the required radiation protection information was available. Specifically, evidence was not available to confirm the X-ray equipment had received a three yearly equipment assessment by a suitable professional.

Risks to patients

The practice had systems to assess, monitor and manage risks to patient and staff safety but improvements were needed. Specifically:

Are services safe?

- Emergency equipment and medicines were available but the frequency of checking these did not follow national guidance
- Local anaesthetic cartridges were stored in treatment room drawers outside of their blister packs.
- The practice did not have adequate systems to minimise the risk that could be caused from substances that are hazardous to health. In particular, safe storage protocols were not followed.
- We were told the dentists did not routinely use a rubber dam when carrying out root canal treatment.

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

Information to deliver safe care and treatment

Dental care records we saw were kept securely and complied with General Data Protection Regulation requirements.

The practice did not have adequate monitoring systems to ensure the referrals were followed up to ensure patients received care in a timely manner.

Safe and appropriate use of medicines

We saw prescriptions were stored securely and monitored as described in current guidance.

Antimicrobial prescribing audits were not carried out.

Track record on safety, and lessons learned and improvements

The practice had not implemented systems for reviewing and investigating when things went wrong.

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.

Dental Implants

We saw the provision of dental implants was not in accordance with national guidance.

- Evidence that the implant drill had been serviced was unavailable.
- Enhanced medical histories were not routinely recorded in patient notes.
- The practice did not have a policy or protocol for smokers or those with gum disease.
- Written consent and treatment plans were not available.

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

There were inconsistencies in the information recorded within the dental care records we looked at. For example, risk assessment for caries, oral cancer and periodontal condition were not routinely recorded.

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 had not carried out radiography audits six-monthly following current guidance and legislation for all the dentists.

Effective staffing

Newly appointed staff had a structured induction.

The practice did not have systems in place to ensure clinical staff had completed CPD as required for their registration with the General Dental Council. In particular:

- Two staff members did not have evidence that they had completed the recommended number of hours of radiography and radiation protection training for the previous five-year period.
- One staff member did not have evidence that they had completed the recommended number of hours of Safeguarding Children and Vulnerable Adults training for the previous three-year period.

Are services effective?

(for example, treatment is effective)

- One staff member did not have evidence that they had completed annual fire safety training in the previous 12 months

The practice was unable to evidence that dentists received appraisals.

Co-ordinating 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 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

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

The inspection highlighted some issues which included, radiography, infection control, staff training and implant treatment management.

Culture

Staff stated they felt respected, supported and valued.

Nursing staff discussed their training needs at an annual appraisal. They also discussed general wellbeing and aims for future professional development.

We were told dentists did not receive annual appraisals.

Governance and management

The provider did not have effective governance and management arrangements. In particular, there was no evidence the policies, protocols and procedures were reviewed on a regular basis.

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 provider did not have systems and processes in place for learning continuous improvement and innovation. For example:

- Radiography audits were not carried out for all dentists.
- Audits of dental care records were not available.
- Antimicrobial audits were not available.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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:</p> <p>Infection Control</p> <ul style="list-style-type: none">• We found a number of dental treatment instruments to be in a poor state of repair.• Staff clinical uniforms were stored together with outdoor clothing.• The ultrasonic bath solution change frequency did not follow national standards.• There were no protocols in place for the regular changing of scrubbing brushes and gloves used by staff for cleaning instruments prior to being sterilised.• Evidence was not available to confirm recommendations made in the Legionella risk assessment had been actioned. <p>Fire Safety</p> <ul style="list-style-type: none">• The fire risk assessment was carried out by someone who was not competent in fire safety management.• The frequency of testing of smoke detection equipment was not appropriate.• Emergency lighting was not tested.• Emergency lighting annual discharge and service was overdue by two months. <p>Radiography</p> <ul style="list-style-type: none">• Evidence was not available to confirm the X-ray equipment had received a three yearly equipment assessment by a suitable professional

This section is primarily information for the provider

Requirement notices

- The practice had not carried out radiography audits six-monthly following current guidance and legislation for all the dentists.

Risks to Patients

- Emergency equipment and medicines were available but the frequency of checking these did not follow national guidance
- Local anaesthetic cartridges were stored in treatment room drawers outside of their blister packs.
- The practice had not implemented systems for reviewing and investigating when things went wrong.
- Evidence to confirm the implant drill had been serviced was unavailable.

Control of substances hazardous to health (COSHH)

- Cleaning products in the kitchen were not stored securely.