

Wensum Dental Practice Limited

# Wensum Dental Practice

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 20 April 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.

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 dental clinic appeared to be visibly clean and well-maintained.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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.
- Staff felt involved and supported and worked well as a team.
- Staff and patients were asked for feedback about the services provided.
- The dental clinic had appropriate information governance arrangements in place.
- Recruitment procedures were not effective and appropriate references and disclosure and barring service checks had not been completed for staff.

# Summary of findings

- Auditing and risk management systems within the practice were not effective in driving improvement.

## Background

Wensum Dental Practice provides private dental care and treatment for adults and children.

There is ramped access to the practice for people who use wheelchairs and those with pushchairs. There are ground floor surgeries but not a fully accessible toilet.

Car parking spaces are available on site.

The dental team includes two dentists, two hygienists, a practice manager and five dental nurses. The practice has three treatment rooms.

During the inspection we spoke with the principal dentist, a hygienist and two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Mondays to Fridays from 9am to 5pm.

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.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Improve the practice's sharps procedures to ensure clinicians are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- 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.

# 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?	Enforcement 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 principal dentist was the lead for safeguarding matters and had undertaken additional training for this role.

The practice had infection control procedures which mostly reflected published guidance. Infection control audits were undertaken by staff but not as frequently as recommended by national guidance. There was no analysis of the results or action plan put in place to drive improvement. We noted that the same shortfalls had been identified in the audits year after year. Although the practice had access to a washer disinfectant it was not used, and staff manually scrubbed dirty instruments. We explained that manual scrubbing was the least effective method of cleaning and risked the most injury to staff.

The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice had some procedures to reduce the risk of Legionella or other bacteria developing in water systems, including flushing through dental unit water lines and monitoring water temperatures. A legionella risk assessment had been completed in January 2022, but its recommendation to have the practice's air conditioning system serviced had not been implemented.

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 premises were kept clean. We noted that some cleaning equipment was not stored effectively to prevent possible cross contamination.

The practice had a recruitment policy and procedure to help them employ suitable staff, but we noted that appropriate Disclosure and Barring Service checks, and references had not always been obtained prior to new staff starting their employment at the practice.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover in place.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. However, not all the recommendations from the most recent radiation protection advisor's visit had been actioned by staff.

### **Risks to patients**

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. However, we noted the principal dentist had only just started using safer sharps the day of our inspection, prior to this she was manually resheathing needles.

The practice had undertaken a premises risk assessment, but we found some information it contained was inaccurate.

Most emergency equipment and medicines were available and checked in accordance with national guidance, although we noted there was no portable suction or eye wash available.

Staff undertook regular fire evacuations from the building, and we saw that fire extinguishers had been serviced regularly. However, the practice had not undertaken a comprehensive fire risk assessment of the premises and staff had not received appropriate fire training.

# Are services safe?

The practice had assessments to minimise the risk that could be caused from substances that were hazardous to health.

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

The practice held some medicines on site but there was no system of stock control in place to ensure missing medicines could be identified.

The hygienist administered local anaesthetics and patient group directions were in place for this.

Glucagon was stored in the practice's fridge, and the fridge's temperature was checked daily to ensure it was functioning correctly.

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

The practice had not implemented effective systems for reviewing and investigating accidents and incidents that had occurred. Although some incidents had been recorded, there was no evidence to show how learning from them had been shared across the staff team to prevent their recurrence.

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The practice had a system for receiving and acting on national patient 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 dental care provided was evidence based and focussed on the needs of the patients. The practice kept records of the care given to patients including information about treatment and advice given. However, information about patients' risk level of caries, periodontal disease and oral cancer had not always been completed to inform patient recall intervals. The staging and grading of gum disease was not routinely recorded by the dentist.

Patients' dental care records had been audited to check that clinicians recorded the necessary information. We noted that the lack of radiographs had been identified as a shortfall for three audits consecutively, with no evidence of improvement.

### **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 had a satisfactory understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and Gillick competence guidance.

We saw that patients' consent to treatment was not always recorded in the dental care records we reviewed.

### **Effective staffing**

Staff reported they had enough time for their job and did not feel rushed in their work.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

The hygienist reported that they occasionally worked alone, but no risk assessment had been completed for this.

### **Co-ordinating 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. The practice did not have an effective system in place to ensure referrals made to other dental health care providers were monitored and tracked to ensure their timely management.

# 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 Notice 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 principal dentist had overall responsibility for the practice and clinical matters. There was also a practice manager who had day to day responsibility for the running of the service. We identified several issues in relation to the practice's recruitment procedures, risk assessment and auditing systems which indicated that leadership and oversight of the practice needed to be strengthened.

### **Culture**

Staff stated they felt respected and valued and told us they enjoyed their work. They described both the principal dentist and the practice manager as approachable and supportive.

Staff discussed their training needs during annual appraisals and one to one meetings.

### **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.

There was a patient complaints procedure in place and paperwork we viewed in relation to recent complaints showed they had been dealt with in a satisfactory way.

### **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.

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 some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiography, and infection prevention and control. However, not all audits were carried out as frequently as recommended or had clear actions plans in place to drive improvement. Some shortfalls were identified in the audits year after year.

## 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><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Regulation 17 Good governance</b></p> <p>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.</p> <p>How the Regulation was not being met</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> <ul style="list-style-type: none"><li>• Auditing systems were not effective in driving improvement and shortfalls identified as a result of some audits had not been addressed repeatedly.</li></ul> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who might be at risk. In particular:</p> <ul style="list-style-type: none"><li>• The provider had not ensured 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.</li><li>• There was no system in place to ensure that missing medicines held on the premises could be easily identified and accounted for.</li></ul>



## Requirement notices

- Not all the recommendations from the practice's Legionella risk assessment had been implemented.
- Not all the recommendations from the practice's radiation protection advisor's visit had been implemented.
- A comprehensive fire risk assessment of the premises had not been carried out and staff had not received appropriate fire training
- There was no evidence to show how learning from accidents and incidents had been shared across the staff team to prevent their recurrence.

There were no systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- Patients' dental assessments were not recorded in accordance with nationally recognised evidence-based guidance.

Regulation 17(1)(2)

### Regulated activity

Diagnostic and screening procedures

Surgical procedures

Transport services, triage and medical advice provided remotely

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

#### **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

#### **Regulation 19 Fit and Proper Persons employed**

Staff recruitment processes were not in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. DBS checks and references had not been completed for staff to ensure they were suitable to work with vulnerable adults and children at the point of their employment