

Mr Ahmed Al-Morhiby

Wentworth Dental Practice

Inspection Report

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Overall summary

We carried out an unannounced responsive inspection on 30 June 2016 to ensure the practice was providing safe care in respect of the regulations; we did not inspect other aspects of the service.

Our findings were:

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations.

Background

Wentworth Dental Practice is an NHS and private dental practice situated in the centre of Easington Colliery, County Durham close to public transport links. The practice has two treatment rooms, both on the ground floor and a decontamination room. There is a reception and waiting area. Staff facilities were also located on the ground floor.

There are three dentists, a practice manager, a receptionist and two dental nurses (one of which is a trainee).

The practice is open:

Monday – Thursday 08:30 – 17:30

Friday 08:30 – 14:00.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings were:

- There were sufficient numbers of staff to meet the needs of patients.
- Governance arrangements were in not place for the smooth running of the practice; the practice did not have a structured plan in place to audit quality and safety including infection control. The surgeries were cluttered and visibly dirty.
- Staff were not up to date with mandatory training in infection prevention and control or safeguarding.
- No Legionella risk assessment had been carried out.
- Several emergency medicines were out of date.
- Daily and weekly checks on the decontamination equipment were not carried out.

We identified regulations that were not being met and the provider must:

- Ensure checks of all medical emergency medicines and equipment are established to manage medical

Summary of findings

emergencies, giving due regard to guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

- Ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD).
- Ensure the practice's infection prevention and control procedures and protocols are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Ensure that all staff undertake relevant training, to an appropriate level, in safeguarding of children and vulnerable adults. Ensure that systems and processes are established and operated effectively to safeguard patients from abuse and review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Ensure COSHH risk assessments are implemented for all materials used within the practice. Review the practice responsibility in regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Ensure the practice undertakes a Legionella risk assessment, giving due regard to guidelines issued by the Department of Health - Health Technical

Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' the HSE Legionnaires' disease. Approved Code of Practice and guidance on regulations L8.

- Ensure the process and procedures for domiciliary care for patients who could no longer access their services are implemented and complete risk assessments in line with the guidelines for the delivery of a domiciliary oral healthcare service 2009.

We found this practice was not providing safe care in accordance with the relevant regulations and identified a regulation was not being met. We took urgent enforcement action to suspend the practice for two weeks to allow improvements to be made.

There were areas where the provider could make improvements and should:

- Review dental care records to ensure they are maintained appropriately giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping. Adopt an individual risk based approach to patient recalls having regard to National Institute for Health and Care Excellence (NICE) guidelines.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'delivering better oral health: an evidence-based toolkit for prevention'.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement section at the end of this report).

The practice did not have effective systems and processes in place to ensure all care and treatment was carried out safely. There were some systems in place for infection prevention and control, clinical waste control and management of medical emergencies but they were not robust enough to protect patients, for example no checks were in place to ensure the medical emergency drugs and equipment were in date and fit for purpose.

Not all emergency equipment and medicines were in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. We found some of the medical emergency equipment was not available including needles and syringes, secondary dose of adrenaline and dispersible aspirin. We also found medicines past their expiry date including Midazolam (used to mitigate the effects of seizures), adrenaline (used to control the symptoms of a severe allergic reaction), glyceryl trinitrate spray (a smooth muscle relaxant used by a patient experiencing a cardiac emergency) and Glucagon (used by a patient with clinically low blood sugar levels). No systems were in place to replace these items.

Staff had not received training within the last three years in safeguarding adults or children.

The practice had minimal COSHH safety data sheets in place to risk assess any materials stored on the premises. Minimal materials had a specific risk assessment in place.

There was a decontamination room in place and no evidence was available to show any daily or weekly tests were being performed. Staff could not show evidence of any infection prevention and control training within the past five years.

The practice had not undertaken a Legionella risk assessment, no water testing or dental unit water lines management was in place.

Enforcement action



Wentworth Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We carried out this inspection as a result of concerns expressed to us and focussed on those elements of the practice concerned with keeping patients safe.

The inspection was carried out on 30 June 2016 and was led by a CQC Inspector and a specialist advisor.

We informed NHS England area team and Healthwatch North Yorkshire that we were inspecting the practice; however we did not receive any information of concern from them.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with the principal dentist, a dental nurse, the practice manager and the receptionist. We saw policies, procedures and other records relating to the management of the service.

To get to the heart of patients' experiences of care and treatment, we asked the following question:

- Is it safe?

This question therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for safeguarding vulnerable adults and children using the service. The registered provider was the lead for safeguarding. There was no evidence they or any other member of staff were trained to level two. This role would include providing support and advice to staff and overseeing the safeguarding procedures within the practice. The registered provider demonstrated their awareness of the signs and symptoms of abuse and neglect.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and evidence was available that the staff had received training in basic life support including the use of the practice Automated External Defibrillator. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. These were not in line with the 'Resuscitation Council UK' and British National Formulary guidelines. We found medicines past their expiry date including Midazolam, adrenaline, glyceryl trinitrate spray and Glucagon. No secondary dose of adrenaline was available and no syringes or needles were available. No checks were in place to review the medical emergency oxygen, equipment or emergency drugs. This would ensure the equipment and medical oxygen was fit for use and the medication was within the manufacturer's expiry dates.

Monitoring health & safety and responding to risks

The practice had minimal information on Control of Substances Hazardous to Health (COSHH). Risk assessments had only been completed for seven materials used on the premises and no safety data sheets were available on the day of the inspection. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH

requires employers to reduce exposure to known hazardous substances in a practical way. We brought this to the attention of the practice manager during the inspection.

The practice provided domiciliary care to a number of local care homes for patients who could no longer access their services. No risk assessments or policies were in place to guide this service and no provision of medical emergency equipment was in place to mitigate the risk whilst procedures were being performed outside of the main practice. These were needed to ensure safe systems of work in line with the guidelines for the delivery of a domiciliary oral healthcare service 2009. We spoke with staff at two local care homes where the dentists provided treatment. They confirmed no protocol had been put in place for the registered provider to access medical emergency equipment or medicine if the need arose. They told us they had raised concerns with the practice about treatment and consent.

The container used when undertaking domiciliary visits we saw on the day of the inspection was dirty and covered in wax. We discussed this with the registered provider who could not confirm if this was clean or if it was contaminated. No clinical waste or separate storage containers were in place for contaminated materials or instruments that had been used during procedures and disposable gloves were not segregated from other equipment.

Infection control

The practice had a decontamination area that was not set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were not aware of the work flow in the decontamination area from the 'dirty' to the 'clean' zones.

There was a separate hand washing sink for staff available and only one sink for decontamination work as the other was used to wash dishes. The procedure for cleaning, disinfecting and sterilising the instruments was not displayed on the wall to guide staff. We saw that appropriate personal protective equipment was not available in the decontamination area. No disposable gloves, aprons, long handled brushes and protective eye wear were available.

Are services safe?

We found instruments were not being cleaned or sterilised in line with published guidance (HTM01-05). The dental nurses were not knowledgeable about the decontamination process and could not demonstrate they followed the correct procedures and did not know enough about HTM01-05 to be able to effectively follow the guidelines.

Instruments were hand scrubbed with a metal bur brush which is inappropriate for this use and then sterilised in an autoclave (a device for sterilising dental and medical instruments). The practice had illuminated magnification for instruments to be examined. Sterilised instruments were not always correctly packaged, sealed and dated. Instruments were transported between the surgeries and the decontamination room in lockable boxes; however these boxes were not clean or fit for purpose.

We found the practice had records to show the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. No records were in place to evidence the validation of the decontamination cycles of the autoclaves were functioning properly, this would ensure all instruments have been decontamination fully at each stage. No evidence was available on the day of the inspection that protein testing was in place.

On the day of the inspection we found no staff member, including the registered provider had received infection control training within the past CPD cycle.

Surgeries had cluttered work surfaces and floors which were difficult to clean effectively between patients. The clinical waste bin was broken and had a metal bar sticking out at ankle level that could have caused an accident. The clinical floors had not been cleaned effectively and were not free of debris nor were the carpets in the public areas of the practice.

In both surgeries, there appeared to be the re-using of single use items such as steel, latch-grip burs. Some dental materials were found to be out of date along with some composite compules also being re-used and the composite gun was unbagged and pre-loaded with a used composite compule. Local anaesthetic syringes were not stored correctly and were not bagged from the decontamination process, local anaesthetics were out of the blister packs. Numerous pre-filled irrigation syringes were also seen in

surgery drawers, there was nothing to indicate what was in the syringe or when it had been prepared. Silicon and alginate impression materials were also pre-prepared and left uncovered within the surgery.

Within the staff area, the food fridge also contained dental materials and empty food packaging was noted.

The cleaner's equipment was minimal and did not comply with recommendations outlined by the National Patient Safety Agency. The equipment that was available was stored in the clinical waste area of the practice and represented a danger of cross infection. On the day of the inspection we were provided no evidence of any cleaning schedules for the cleaner.

There was no liquid soap or paper hand towels available in the decontamination area and minimal amounts surgeries. We looked at the sink used for rinsing and processing dirty instruments in the surgery and found that was also being used for hand washing. A poster describing proper hand washing techniques was displayed above some of the sinks that were not the designated hand washing sink. Paper hand towels and liquid soap was also available in the toilet.

We saw the sharps bins were being used correctly and located appropriately in the surgery. Clinical waste was not stored securely for collection and the sharps containers did not have any record of when or who assembled the sharps container. This was brought to the attention of the registered provider. The registered provider had a contract with an authorised contractor for the collection and safely disposal of clinical waste.

It is recommended by the Green book, that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive vaccinations to minimise risks of acquiring blood borne infections. The staff files we reviewed showed all clinical staff had received inoculations against Hepatitis B although there was no evidence any staff member having their bloods tested for the presence of the Hepatitis B antibody; this meant the registered provider could not provide assurance that staff were protected. This was brought to the attention of the registered provider to review. New members of staff new to healthcare should receive the required checks as stated in the Green book, Chapter 12, Immunisation for healthcare and laboratory staff, however no evidence was available on the day of the inspection.

Are services safe?

There was no evidence a Legionella risk assessment had been undertaken, or of recent water testing being carried out. The dental unit water lines were not maintained or managed effectively and staff had no training or knowledge around the risks of Legionella within a dental practice.