

James And Susan Leigh

Warwick Square Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 18 October 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 always ask the following 5 questions:

- Is it safe?
- Is it effective?
- Is it caring?
- 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 was 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.

Summary of findings

- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.
- Improvements were needed to the systems used to help the provider manage risks to patients and staff.
- The provider had staff recruitment procedures which reflected current legislation. However, improvements could be made to ensure all important checks were carried out at the time of recruitment.
- Improvements were needed to the auditing protocols to drive continuous improvement.
- Staff knew how to deal with medical emergencies. Most appropriate medicines and life-saving equipment were available. Improvements could be made to the monitoring protocol to ensure all equipment was available.

Background

Warwick Square Dental Practice is in Carlisle in Cumbria and provides NHS and private dental care and treatment for adults and children.

The practice is located on the ground floor of a converted terraced property. Car parking spaces are available in the surrounding streets and the practice is located close to local transport routes. The practice has made some adjustments to support patients with additional needs. For example, the availability of a magnifying glass and information available in large print.

The dental team includes 2 dentists, 2 dental nurses, 1 trainee dental nurse and 1 receptionist. The practice manager is one of the dentists. The practice has 2 treatment rooms.

During the inspection we spoke with the 2 dentists, 2 dental nurses and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Wednesday from 9am to 5pm

Tuesday and Thursday from 8.30am to 5pm

Friday from 9am to 3pm

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 audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Re-introduce protocols regarding auditing of dental care records to check that necessary information is recorded.

Summary of findings

- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice. Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	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 had infection control procedures which reflected published guidance; however, some improvements were needed. We noted some single use items, for example local anaesthetic vials and cotton wool rolls were stored uncovered in the drawers in the surgeries, increasing the risk of contamination from aerosols. The worksurface in surgery 2 was not a single run of sealed, easily cleaned worktops as detailed 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. The surface was damaged and no longer impervious.

We were shown infection prevention and control audits carried out, most recently, in October 2022 in accordance with HTM 01-05. We noted however, it did not highlight the areas of improvement we found on the day of the inspection.

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 disposed of appropriately in line with guidance, however improvements were needed to the storage arrangements to ensure staff safety. On the day of the inspection, we noted used clinical waste bags were placed in a cupboard used to process clinical X-rays. They were stored in such a way that made accessing the processing equipment in the cupboard difficult and the risks to staff had not been considered and mitigated.

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. These reflected the relevant legislation. We looked at 3 staff records and noted that a Disclosure and Barring Services (DBS) check for 1 member of staff had been carried out 6 months after recruitment and there was no evidence the risks around this had been considered. The DBS check for another team member was of a basic level, not enhanced as required for clinical staff.

Vaccination records were available for clinical staff in relation to hepatitis B. Improvements though could be made to ensure the effectiveness of the vaccination was checked in all cases. We discussed this with the principal dentist who assured us the protocols would be improved.

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, with the exception of the suction motor. On the day of the inspection there were no records available to demonstrate this had been serviced and maintained as required. We also noted an annual gas safety assessment of the premises had not been undertaken. Immediately after the inspection the practice manager sent us confirmation this had been arranged.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

The practice had some arrangements to ensure the safety of the X-ray equipment, with the exception of the annual electrical and mechanical servicing. Records were not available to demonstrate this had been carried out since November 2020 in accordance with the manufacturer's instructions. Immediately after the inspection the practice manager sent us confirmation this had been arranged.

Are services safe?

We also looked at the systems for monitoring the quality and safety of dental radiography; however, there were no quality assurance protocols in place in relation to the wet-film processing.

Risks to patients

The provider had health and safety policies and procedures; however, improvements were needed to the practice's risk management processes. For example, the risk assessment in place for the handling and disposal of dental sharps did not consider all risks.

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

Emergency equipment and medicines were available and checked in accordance with national guidance, with the exception of a self-inflating bag with reservoir for use on a child. There were only 3 of the 5 oropharyngeal airway sizes available and we could not be assured of the expiry dates. We raised this with the practice manager who ordered these items immediately after the inspection.

The medicine used to treat low blood sugar was stored in a fridge but there was no system in place to monitor the temperature to ensure that medicines and dental care products were being stored in line with the manufacturer's guidance.

Improvements were needed to the monitoring protocols to ensure all equipment and drugs were checked and available and this was undertaken at the recommended intervals.

The practice had some information available to minimise the risk that could be caused from substances that are hazardous to health; however, the risk assessments for the individual materials did not consider specific storage requirements and no remedial actions were recorded. Improvements could also be made to ensure the information was organised in a way that was easily accessible to staff in the event of an incident. Immediately after the inspection the practice manager sent us confirmation improvements had been introduced.

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. The introduction of a monitoring protocol was needed so referrals were reviewed to ensure they had been received and that the patient had been called for assessment or treatment.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not being carried out.

Track record on safety, and lessons learned and improvements

The practice had a system for receiving and acting on safety alerts.

The practice had limited systems for reviewing and investigating incidents and accidents. We looked at the records available and found no evidence that an accident was reviewed to use it as an opportunity for shared learning.

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. Improvements could be made to protocols to ensure clinicians follow up-to-date guidance, for example in relation to the frequency of undertaking dental X-rays.

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

Staff understood their responsibilities under the Mental Capacity Act 2005.

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 typed and paper patient care records containing information about the patients' current dental needs, past treatment and medical histories. The clinicians assessed patients' treatment needs in line with recognised guidance.

The introduction of quality assurance processes was needed to encourage learning and continuous improvement. We were shown a patient care record audit from 2011. The provider should re-introduce protocols regarding auditing dental care records to check that all necessary information was recorded and use the results of these audits and the resulting action plans to drive further improvements. Immediately after the inspection the practice manager sent us confirmation that both dentists had carried out additional training to ensure clinical records contained all relevant information.

We saw evidence the dentists justified, graded and reported on the radiographs they took. A radiograph audit was carried out annually. We discussed with the practice manager that it should be undertaken bi-annually in accordance with current guidance.

Effective staffing

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

Staff told us they received an informal induction when starting at the practice and we discussed this with the principal dentist who assured us the protocols would be improved to ensure all important information was shared.

Staff undertook training and development, relevant to their role; however, we discussed the benefits of the introduction of a monitoring protocol to ensure all staff training was up-to-date and reviewed at the required intervals. For example, in relation to safeguarding, fire safety and sepsis awareness.

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 caring?

Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

Staff password protected patients' electronic care records and backed these up to secure storage.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

Staff gave patients clear information to help them make informed choices about their treatment.

The dentists described to us the methods they used to help patients understand treatment options discussed.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities and staff had carried out a disability access audit.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice had an appointment system to respond to patients' needs.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service.

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

We found the provider had the capacity, values and skills to deliver high-quality, sustainable care.

The inspection highlighted some areas such as risk management and adherence to published guidance where improvements were needed.

Culture

The practice had protocols in place to manage the service, however these did not always operate effectively.

Some staff at the practice were long-standing members of the team and had been at the practice in excess of 20 years. They told us they enjoyed working at the practice and everyone worked well together and supported each other.

Staff told us they discussed their training needs during annual appraisals and regular informal discussions. They also discussed learning needs, general wellbeing and aims for future professional development.

We saw staff carried out continual professional development learning. We discussed the benefits of introducing a monitoring protocol for the provider to assure themselves that all staff completed all 'highly recommended' training as per General Dental Council professional standards.

Governance and management

Staff had clear responsibilities roles and systems of accountability to support the management of the practice.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff.

Improvements were needed to ensure processes for managing risks were effective. The practice did not have adequate systems in place for identifying, assessing and mitigating risks in areas such as equipment servicing and maintenance, sharps safety and medical emergencies.

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

We saw staff gathered feedback from patients, however this had been paused during the pandemic. The practice manager told us plans were in place to re-introduce this in the short-term.

As a small team, 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 as appropriate.

Continuous improvement and innovation

Are services well-led?

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

We discussed improvements were needed to the auditing protocols to ensure outcomes were recorded suitably, and where applicable, action plans were created to drive further improvements. For example, we were shown radiograph audits where recommendations had been made to address low quality X-rays. No clear action plan had been created and no additional quality assurance protocols in relation to the wet-film processing had been introduced. We also noted, the infection prevention and control audits were not carried out effectively in that they failed to identify areas where guidance was not being followed.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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. How the Regulation was not being met: 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 improve the quality and safety of the services being provided. In particular: • There were no quality assurance protocols in place in relation to the wet-film processing. • Infection prevention and control audits did not highlight the areas where guidance was not being followed. • Protocols were not in place to adequately review and investigate accidents and incidents and share any learning. • The radiograph audit was not undertaken bi-annually and did not highlight instances when patient X-rays were not carried out in accordance with current guidelines. 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 may be at risk. In particular: • The dental suction unit had not been serviced and maintained according to manufacturer's instruction. • The annual electrical and mechanical testing of the intra-oral X-ray unit had not been carried out. • The annual gas safety assessment had not been undertaken.

Requirement notices

- The infection prevention and control measures were not in accordance with HTM 01-05.
- Medical emergency equipment was not available and monitored as required.
- The system relating to the storage and handling of hazardous substances was not effective.
- The referral monitoring system did not ensure patients were followed up.
- The sharps risk assessment did not consider the risks from all forms of dental sharps.
- Clinical waste was not stored safely and the risks to staff had not been considered and mitigated.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- Some service users' dental care records were incomplete and lacked detail.

17(1)