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# Wigston Dental Care

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 9th 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 provider 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 dental clinic appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which mostly reflected published guidance. The practice did not ensure waste was segregated and disposed of in compliance with the relevant regulations.
- Staff knew how to deal with medical emergencies. Appropriate emergency medicines and most life-saving equipment were available. Missing equipment including masks were ordered immediately after the inspection.
- The provider had systems to help them manage risk to patients and staff. We found shortfalls in appropriately assessing and mitigating risks in relation to medical emergencies, antimicrobial prescribing and hazardous waste management. Immediate action was taken within 48 hours of our inspection to address these shortfalls.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

# Summary of findings

- 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. Not all audits were undertaken at regular intervals or had documented learning points to demonstrate the resulting improvements.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

## Background

Wigston Dental is in Wigston, Leicestershire and provides NHS and private dental care and general dental 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 dedicated parking for people with disabilities, are available near the practice.

The dental team includes four dentists, five dental nurses three of which are trainee dental nurses, three dental therapists and one 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 from 9 am to 7 pm

Tuesday from 9 am to 7 pm

Wednesday from 9 am to 6 pm

Thursday from 9 am to 6 pm

Friday from 9 am to 6 pm

Saturday from 9 am to 1 pm

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

- Improve the practice's waste handling protocols to ensure waste is segregated and disposed of in compliance with the relevant regulations and taking into account the guidance issued in the Health Technical Memorandum 07-01. In particular ensure clinical waste is stored in the correct bins.

# Summary of findings

- Review the necessity of a second oxygen cylinder where appropriate for the practice's circumstances and 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 audits of infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated, specifically for radiography, infection control and care records.
- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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 provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The provider had infection control procedures which mostly reflected published guidance. The provider had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The provider had procedures to reduce the possibility of Legionella or other bacteria developing in water systems, in line with a risk assessment.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance, we found these were not always applied.

Clinical waste was not segregated and stored according to guidance, we found clinical waste bags were piled in a locked outbuilding containing hot pipes and a boiler. We noted evidence that bags had melted onto the hot pipe causing them to rip and requiring staff to repair them with tape. This increased the risk of cross contamination and infection for staff. Following our inspection, the provider submitted evidence that they had purchased suitable waste receptacles.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The provider 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.

Clinical staff were qualified and 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 maintained in accordance with regulations. A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

Audits were generic, for example, not specific to practitioners, specifically radiology and antimicrobial prescribing audits.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

### **Risks to patients**

The provider had implemented systems to assess, monitor and manage risks to patient safety. This included sharps safety and sepsis awareness.

The provider had emergency medicines as per national guidance but not all emergency equipment was available. In particular, the provider did not have sizes 0,3 and 4 masks in line with UK Resuscitation Council guidance. All missing equipment was 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. Immediate Life Support training with airway management for staff providing treatment under sedation was also completed.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

### **Information to deliver safe care and treatment**

# Are services safe?

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

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

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

Antimicrobial prescribing audits were carried out. We found no action plans or learning points from these.

We saw NHS and private prescription pads were not stored or monitored as described in current guidance. Following our inspection, the provider submitted evidence that they had implemented safe storage and monitoring of prescriptions.

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

The provider had implemented systems for reviewing and investigating when things went wrong.

The provider 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.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

We saw the provision of dental implants was in accordance with national guidance.

### **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 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**

The practice kept detailed dental care records in line with recognised guidance.

Staff conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

Evidence was not available to demonstrate the dentists justified, graded and reported on all the radiographs they took.

### **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.

Where the inspection highlighted issues or omissions with systems and processes, the practice took immediate 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 at an annual appraisals, one to one meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

Evidence to confirm completion of required training for all staff was not available at the time of the inspection. Following the inspection, the provider submitted evidence that all required training was completed.

### **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 processes for managing risks, issues and performance. We found shortfalls in appropriately assessing and mitigating risks in relation to medical emergencies, antimicrobial prescribing and hazardous waste management. Immediate action was taken within 48 hours of our inspection to address these shortfalls.

### **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.

### **Continuous improvement and innovation**

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



# Are services well-led?

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control. There was limited evidence staff kept records of the results of these audits and any resulting action plans and improvements.