

Drs S & N Waddell

No. 1 Nursery Road Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 26 March 2024 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 advisor.

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 appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Checks of medical emergency equipment and medicines were not effective and did not take into account the guidelines issued by the Resuscitation Council (UK).

Summary of findings

- Systems to manage risks for patients, staff, equipment and the premises needed improvement.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- Leadership needed strengthening to ensure a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

No 1 Nursery Road Dental Practice is in Birmingham and provides private dental care and treatment for adults and children.

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

The dental team includes 3 dentists and 1 dental nurse. The practice has 2 treatment rooms.

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

The practice is open: Tuesday to Thursday from 9am to 5.30pm and Friday 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.

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. During the site visit there was no documented evidence the provider was completing infection prevention control audits 6 monthly in line with guidance. The provider submitted evidence to show they had completed an infection control audit following the inspection.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with an internal risk assessment. We highlighted the importance of ensuring the person completing the risk assessment was competent in line with the Health and Safety Executive guidance.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

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

The practice had not ensured all required equipment was safe to use, maintained and serviced according to manufacturers' instructions. We were provided with an electrical installation certificate which was dated 2014. Regulations require commercial properties to have the electrical installations in their properties inspected and tested by a person who is qualified and competent, at an interval of at least every 5 years.

A fire safety risk assessment was carried out in 2014 in line with the legal requirements. The oversight of maintaining firefighting equipment was not in place as the provider had not had the emergency lighting or the fire alarm serviced. Fire alarm checks were carried out monthly rather than weekly and there were no fire extinguisher checks in place. The provider said they would seek advice from the manufacturers regarding the alarm and emergency lighting requirements.

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

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness and lone working. We noted the practice systems in relation to sharps safety required strengthening. We found needles were being dismantled by the nurse rather than by the dentist immediately at the point of use to prevent needle stick injuries. The provider said following the inspection the nurse was no longer dismantling sharps.

Not all emergency equipment was available and checked in accordance with national guidance. Some pieces of equipment were missing or had long expired. For example, the oropharyngeal airways size 1 expired in 1996. The oxygen cylinder expired in January 2017 and had not been serviced. Emergency drug checks were being carried out monthly rather than weekly and there were no checks in place for medical emergency equipment. The provider told us following the inspection they had sourced an external company to provide an annual rental system with built in certification to address these risks.

Are services safe?

On the day of the inspection, there was no evidence to show the provider was recording fridge temperatures to ensure the glucagon (a medicine which helps to raise blood glucose levels) was being stored at the required temperature in line with the manufacturer's instructions.

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

The practice did not have risk assessments to minimise the risk that could be caused from substances that are hazardous to health. The provider sent evidence they had begun completing these following the inspection.

Information to deliver safe care and treatment

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

The practice had systems for referring patients with suspected oral cancer under the national 2-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines which needed strengthening. Antibiotic labels did not include the name and address of the practice on them. The provider sent us evidence this had been addressed following the inspection.

Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice 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's systems to keep dental professionals up to date with current evidence-based practice needed strengthening. Although the provider told us they carried out inductions with new staff members, we were not provided with documented evidence of this to show staff had the knowledge and support they need to perform their role. The provider said they would document inductions going forward. The provider was not aware of the mandatory training staff needed to complete.

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. They 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 generally kept detailed patient care records in line with recognised guidance. We found not all records included information in relation to treatment options, risks and costings. The provider informed us following the inspection they were now recording these areas in the patient notes.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits 6-monthly following current guidance. Dentists were not using rectangular collimators when taking x-rays. Rectangular collimators reduce the effective dose to the patient by about 50% compared to circular collimation.

The practice did not have arrangements to ensure the safety of the X-ray equipment. For example, the provider had not carried out electro-mechanical servicing of radiography equipment.

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.

Are services effective?

(for example, treatment is effective)

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.

On the day of inspection, we spoke with 2 patients and reviewed patient feedback gathered by the practice. Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

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. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included photographs, study models, videos and X-ray images.

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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including disabled parking spaces, a dental chair that could move to accommodate wheelchairs and access to a ramp for patients with access requirements. The provider had not carried out a disability access audit or formulated an action plan to continually improve access for patients. The provider sent us evidence they had completed an audit following the inspection.

Timely access to services

The practice displayed its opening hours and provided information on their website and patient information leaflet.

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. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Staff took part in an emergency on-call arrangement with another local practice and patients were directed to the appropriate out of hours service.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes 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 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

Clinical management and oversight of procedures that supported the delivery of care were ineffective. We identified shortfalls in relation to the oversight of areas such as the medical emergency equipment, lack of infection prevention and control and disability access audits and maintenance of facilities such as the electrical installation certification and servicing of firefighting equipment.

Not all systems and processes were embedded, and the information and evidence presented during the inspection process was not always clear or well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture.

Staff 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.

The provider did not have evidence of formal appraisals for all staff. We were told that this was due to the small size of the practice team. Although ongoing appraisals were not conducted the provider told us they regularly discussed staff training needs, general wellbeing and aims for future professional development regularly on an informal basis.

The principal dentists did not have arrangements to ensure all the required staff training was up-to-date and reviewed at the required intervals. Although some staff attended a conference providing a training update these did not cover all mandatory training subjects.

Governance and management

Staff did not have clear responsibilities, roles and systems of accountability to support good governance and management.

The practice's governance system needed strengthening to ensure policies, protocols and procedures were in place and reviewed on a regular basis going forward.

Processes for managing risks, issues and performance were not always clear or effective.

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 protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Are services well-led?

Continuous improvement and innovation

The practice did not have all the required systems and processes for learning, quality assurance and continuous improvement. Audits of disability access and infection prevention and control were not carried out. The practice did not have clear oversight of staff training. Staff confirmed that the inspection had highlighted periods where continuous professional development and training had not been completed.

The provider had carried out audits of patient care records, radiographs, antimicrobial prescribing. Staff kept records of the results of these audits and the resulting action plans and improvements.

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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 Good governance</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">• Audits of infection prevention control and disability access were not undertaken at required intervals to improve the quality of the service.• There were no systems in place to ensure oversight of the emergency equipment was available and checked in accordance with national guidance.• The provider had not ensured that the electrical fixed wiring had been tested every five years.• The provider had not ensured that fire safety processes were effective or in line with Fire Safety Legislation. For example:<ul style="list-style-type: none">- On the day of the visit, the provider did not show us documented evidence the fire alarm or emergency lighting had been serviced.

Requirement notices

- Fire alarm checks were not carried out weekly and there were no fire extinguisher checks in place.

- The provider had no risk assessments available for Control of Substances Hazardous to Health (COSHH) Regulations, 2002 (COSHH) products in use throughout the practice.
- The oversight of dispensing antibiotics were not in place to ensure antibiotics were dispensed of safely and securely. Labels did not include the name and address of practice.
- An effective system was not in place to monitor and record the fridge temperature to ensure that medicines were being stored in line with the manufacturer's guidance.
- The practice's protocols and procedures for the use of X-ray equipment was not in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 or taking into account the guidance for Dental Practitioners on the Safe Use of X-ray. In particular, the dentists did not use rectangular collimators when taking x-rays and the provider had not carried out electro-mechanical servicing of radiography equipment.
- The provider did not have documented evidence in place to show staff had received an induction to the practice or that all staff had received an appraisal.