

Woodseats Dental Care

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Inspection report

44 Holmhirst Road
Woodseats
Sheffield
S8 0GU
Tel: 01142749083

Date of inspection visit: 28 June 2021
Date of publication: 20/07/2021

Overall summary

We carried out this announced focused inspection on 28 June 2021 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 asked the following three questions:

- 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:

Are services safe?

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

Are services effective?

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

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Summary of findings

Background

Woodseats Dental Care is in Sheffield and provides private dental care and treatment for adults and children. The practice holds a small NHS contract.

There is step access at the front of the practice. Access to the practice for people who use wheelchairs and those with pushchairs is via a side entrance. Car parking spaces are available near the practice on local side roads.

The dental team includes two dentists, three dental nurses, one dental hygienist and a receptionist. The team is supported by a practice manager and an operations manager. The practice has three treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Woodseats Dental Care is one of the principal dentists.

During the inspection we spoke with both dentists, one dental nurse and the operations manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 8:30am – 5pm (late opening alternate Mondays)

Tuesday and Wednesday 8:30am – 5pm

Thursday 8:30am – 5pm (open until 7pm for hygiene appointments)

Friday 8:30am – 3:30pm

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- Infection control procedures did not reflect published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Systems to help the practice manage risk to patients and staff were not effective.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and 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.
- Improvements could be made to ensure effective leadership, oversight and management of systems and processes.
- The practice culture of continuous improvement would benefit from effective auditing.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.

Summary of findings

- The provider had information governance arrangements.

We identified regulations the provider was not meeting. 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 is not meeting are at the end of this report.

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

- Take action to ensure all staff have received training in Sepsis awareness.

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?	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)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had implemented standard operating procedures in line with national guidance on COVID-19. COVID-19 Screening and triaging processes were undertaken prior to patients attending the practice and immediately upon arrival. Social distancing measures were enforced and were strictly adhered to during the inspection day. Entry and exit was controlled by the provider to protect staff and patients.

Infection prevention and control procedures were not operating effectively and did not, in some areas reflect The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Limited oversight and knowledge gaps had led to ineffective processes. For example:

- Some of the instrument cleaning and decontamination equipment was not consistently operated or validated in line with manufacturer's instructions and guidance.
- Equipment validation log sheets appeared disorganised and staff were unable to provide records for us to review prior to May 2021. These records should be kept for at least two years.
- Instruments were not consistently checked to ensure they were free from debris.
- Unused instruments and instrument trays which were kept in the treatment room, available for daily use (referred to in guidance as streamed instruments) were not being reprocessed at the end of the working day.
- Instrument sterilisation bags were not labelled correctly; the processing expiry date did not display the mandatory year of expiry when sealed for storage.
- Protocols were not in place to ensure heavy duty gloves were changed in line with guidance.

Staff had completed infection prevention and control training; it was agreed that refresher training in this area would be beneficial to all staff to measure understanding and monitor compliance going forward.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

Are services safe?

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

The provider carried out infection prevention and control audits twice a year. Areas of concern identified on the inspection day demonstrated that the audit process could be improved.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

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. We looked at all staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

An in-house fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. We noted the provider had not considered the use of emergency lighting and the contents of the cellar. The cellar housed the compressor, hazardous material and electrical circuit boards; these were surrounded by a substantial amount of un-protected archived patient care records. We discussed the fire risks associated with clutter, particularly as the cellar was infrequently used. The provider responded positively and agreed to revisit the fire safety plan and risk assessment.

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

Records we reviewed, highlighted that improvements could be made to ensure the dentists justified, graded and reported on the radiographs they took. Radiography audits undertaken did not effectively capture areas for improvement.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

Systems to assess, monitor and manage risks to patient safety could be improved.

The provider had current employer's liability insurance.

A sharps handling risk assessment and policy were in place but these had not included the practice rationale not to follow relevant safety regulation when using needles and other sharps dental items. We noted staff were unsure of where to find occupational health details in the event of a sharp's injury.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff had not completed sepsis awareness training. Sepsis information posters were displayed in the practice. Clinical staff had knowledge of the recognition, diagnosis and early management of sepsis. We discussed options to ensure all staff had an awareness of sepsis to help staff make triage appointments effectively, to manage patients who present with dental infection and where necessary refer patients for specialist care.

Are services safe?

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 as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team. The dental hygienist did not always have chairside support; a risk assessment was in place to mitigate the risk of lone working.

The provider retained safety data sheets and had included a risk assessment to minimise the risk that can be caused from substances that are hazardous to health. The risk assessments were basic and held limited information identifying hazards and first aid advice. The provider assured us that a comprehensive review would take place.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings. Individual records were written and 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. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

Where there had been a safety incident, we saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

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. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed one of the principal dentists who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

One of the dentists had an interest in endodontics, (root canal treatment). The dentist used a specialised operating microscope to assist in carrying out root canal treatment. The dentist also provided advice and guidance on endodontics to the other dentist in the practice.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after.

The dentist told us they gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. This was not routinely documented in patients' records.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services effective?

(for example, treatment is effective)

Monitoring care and treatment

The practice kept written dental care records containing information about the patients' current dental needs, past treatment and medical histories. We discussed with the provider where improvement was needed to ensure comprehensive written records were kept. For example:

- An update of a patients' medical history was not routinely recorded.
- The rationale for treatment options, risk and benefits was not routinely recorded.
- Oral health advice was given verbally but not consistently recorded.
- Justification for taking X-rays was not routinely recorded.
- Social history was not recorded.

The provider had quality assurance processes to encourage learning and continuous improvement; these were not currently operating effectively. Improvements could be made to highlight learning and areas of non-compliance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. A more effective system of oversight of governance and compliance was needed to support the team in the longer term.

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the 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. We noted that referrals to secondary care were not logged to ensure they remained in the system for follow up and audit purposes.

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

We found the provider had the capacity, values and skills to deliver high-quality, sustainable care. Improvements could be made to ensure leadership and oversight of good governance, systems and processes to support the team in the longer term.

The provider was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development.

The staff focused on the needs of patients. Many patients at the practice were long standing, some had been patients for several decades and had encouraged their own children to become patients. This combined with long standing staff members supported the patient focus of the practice.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

The principal dentists had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

We saw there were processes for managing areas of risks, issues and performance. During the inspection day we identified areas of risk management where improvements could be made. These areas were discussed with the provider during the inspection day and detailed feedback provided at the end of the inspection. They responded positively and proactively to our findings and gave assurance that improvements would take place.

We identified the following areas where oversight of systems and processes were not effective:

- Infection prevention and control processes were not in line with recommended guidance.

Are services well-led?

- Safer sharps systems had not been effectively risk assessed and justified to identify where risks could be mitigated in line with current regulations.
- The provider had not taken into account the risk associated with fire hazards in the cellar and fire evacuation procedures.
- Risk assessments in respect to substances that can be hazardous to health did not include hazard information and first aid advice.
- Current systems to ensure oversight of good governance and compliance to support the team were not effective.
- Systems to oversee audit and learning for continuous improvement were not effective
- Detail recorded in the dental care record was not comprehensive and did not reflect current guidance.
- No system was in place to record referrals to secondary care for follow up and audit.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The provider 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 involved patients, the public, staff and external partners to support the service.

Prior to COVID-19 the provider used patient surveys, comment cards and encouraged verbal comments to obtain staff and patients' views about the service.

The provider 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.

Continuous improvement and innovation

The provider had systems and processes for learning and continuous improvement; we found this was an area where improvement was needed.

The practice was also a member of a good practice certification scheme.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

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>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>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:</p> <ul style="list-style-type: none">• Systems in place to ensure infection prevention and control processes were in line with recommended guidance were not effective.• Safer sharps systems had not been suitably assessed and justified to identify where risks could be mitigated in line with current regulations.• An assessment to mitigate the risk associated with fire hazards in the cellar and evacuation procedures had not been considered.• Risk assessments for substances that are hazardous to health did not include hazard information and first aid advice. <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <ul style="list-style-type: none">• Systems to ensure oversight of governance and compliance to support the team were not effective.

This section is primarily information for the provider

Requirement notices

- Audit processes for infection prevention and control, record keeping, and X-rays were not effective.

There was additional evidence of poor governance. In particular:

- The registered person had not ensured systems were in place to record referrals to secondary care for follow up and audit.

Regulation 17(1)