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Wellesley House Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 31 March 2023 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:

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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.

Summary of findings

- 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.
- Staff felt involved, supported, and worked as a team.
- Patients were asked for feedback about the services provided.
- The practice had information governance arrangements.
- The dental clinic needed refurbishment.
- The practice had infection control procedures which broadly reflected published guidance. However, improvements were needed to ensure adherence to the regulations.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available. However, on the day we found the defibrillator pads had expired in 2020.
- We found shortfalls in assessing and mitigating risks in relation to substances hazardous to health, equipment maintenance, infection control, fire and sharps injury.
- The practice had staff recruitment procedures which reflected current legislation, however, not all staff files included all the necessary employment information.
- Improvements were needed in relation to the practice governance arrangements and quality assurance processes.
- Policies and procedures were in place to govern most activities except for closed circuit television.

Background

The provider has 3 dental practices, and this report is about Wellesley House Dental Practice.

Wellesley House Dental Practice is in Ilford in the Northeast London Borough of Redbridge and provides mainly NHS and some private dental care and treatment for adults and children. The practice is also used as an urgent hub where NHS 111 refers patients in need of urgent and emergency dental care and treatment.

There are two wide steps at the entrance to the practice which means that it was not accessible for people who use wheelchairs and those with pushchairs. Car parking spaces, including parking for disabled people, are available near the practice.

The dental team includes the principal dentist, 3 associate dentists, 2 qualified dental nurses, 1 receptionist and 1 administrator. They are supported by a practice manager who worked peripatetically to support all three practices. The practice has 2 treatment rooms.

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

The practice is open Monday to Friday from 9am to 5pm.

We identified regulations the provider was not complying with. They must:

- Ensure care and treatment is provided in a safe way to patients.

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulations the provider was not meeting are at the end of this report.

Summary of findings

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

- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Improve the practice's systems for assessing, monitoring, and mitigating the various risks arising from the undertaking of the regulated activities. In particular: lone working.

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?	**Requirements notice** ✖
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 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 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.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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 broadly reflected published guidance. However, the process and procedures for the transfer of used dental instruments and contaminated items from the treatment to the decontamination area as well as the transfer of sterilised instruments needed improving to minimise the risk of infection to patients and staff. We noted that the transportation boxes used were not clearly marked to identify which was dirty or clean. This was raised with staff on the day who told us that this was a newly introduced system.

Additionally, the dental chair in Surgery 1 was torn making it difficult to be cleaned; this was discussed with the provider who told us they were waiting for it to be reupholstered. We also observed that the tiling on the walls were not jointless and impervious due to the grouting in between the tiles. The flooring in surgery 1 was torn and the radiator paint was cracking. These made cleaning difficult.

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 segregated and stored appropriately in line with guidance.

The practice had a recruitment policy and procedure which reflected relevant legislation to help them employ suitable staff. We found these reflected the relevant legislation. However, improvements were needed to ensure staff files were maintained in accordance.

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

The practice ensured most equipment was safe to use, maintained and serviced according to manufacturers' instructions. However, staff were not able to provide us with records to demonstrate that the air compressor and the gas boiler had received servicing in line with manufacturer's guidance and legislation. The practice did not have a written scheme of examination as per the legal requirements of the Pressure Systems Safety Regulations 2000 and the Health and Safety at Work Act 1974.

We noted that a risk assessment which was completed in the year 2022 highlighted that the gas boiler was last inspected in 2019 and as such recommended servicing by a gas safe engineer with immediate effect to ensure it was fit for continued use.

The provider had not ensured all parts of the facilities were maintained in accordance with regulations; they had not taken appropriate steps to ensure the risks to fire were suitably mitigated or minimised. The provider held large amount of stock of combustible materials; on the day, we observed that there were several boxes in the waiting room, plus in other parts of the building. There was no fire risk assessment. A procedure was on the wall, and they had two small (around 1kg) fire extinguishers, however, we were not provided with evidence to confirm these were routinely inspected

and serviced. Staff told us that fire drills were carried out monthly, however we saw no records to confirm this. Although we saw no weekly in-house checks for the mains operated alarm system, we saw evidence that the provider had a service contract with an external company who monitored the system remotely. Staff had not received training in fire safety nor were there nominated fire marshals.

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

At the inspection of 31 March 2023, the provider did not have a radiation protection file which meant that we did not see an inventory of all X-ray equipment, records of tests, controlling exposure and dose, written procedures and protocols. The provider told us that they had the equipment checked annually and provided us with evidence which confirmed the two intra-orals had received routine servicing which looked at the electro-mechanical of the equipment. These checks were completed by the engineer 9 February 2023.

We saw another engineer's report dated 27 March 2023 for the intra-oral equipment in surgery 1 which found that there was a "board issue" with the equipment. The engineer stated that due to the machine's age they were having difficulty finding the replacement part and recommended purchasing a new intraoral equipment; at the time of the inspection, this machine was deemed unsafe and out of use until repaired. Although there were local rules which were laminated and mounted on the wall next to the X-ray equipment, we judged this to be obsolete as it had a date of 2012 and the RPA and RPS listed were no longer current. The provider insisted they had a RPA, however, at the time of writing this report we were yet to receive documentation to confirm three yearly radiographic examination have been completed.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety, however, improvements were needed to ensure adherence to guidance and legislation.

We judged that the risks pertaining to sharps safety and lone working were not appropriately assessed. The clinicians used traditional syringes for providing local anaesthetic; in addition, they were not using disposable matrix bands (an aid for creating dental restorations). A sharps risk assessment had not been undertaken to identify and mitigate the risks posed by these or other regularly used sharp implements. We reviewed the practice policy for the safe handling of sharps and saw that this was from the health and safety infection prevention and control occupational health team at an NHS Trust outside of England and which was dated September 2011. This was not specific to dental practices, was outdated and was not fit for purpose.

The cleaner worked on her own and the provider had not ensured a lone-working risk assessment was in place in the instances of a medical emergency and other untoward events.

Emergency equipment and medicines were available and checked in accordance with national guidance. The practice had an Automated External Defibrillator; however, they did not carry out weekly checks on the battery and pads to ensure they remained in date and in good working order. We found the adult and paediatric pads had expired in 2020. We received evidence these have been replaced since the inspection.

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

The provider had not completed control of substances hazardous to health (COSHH) risk assessments and could not evidence that they had considered the risks associated with individual substances that had the potential to be harmful to health. Furthermore, there were no data sheets for daily substances used by the staff.

Information to deliver safe care and treatment

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

Are services safe?

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

Safe and appropriate use of medicines

The practice was a prescribing practice and held blank NHS prescription pads which were stored securely. At the time of the inspection, antimicrobial prescribing audits were not carried out.

Track record on safety, and lessons learned and improvements

The practice had an incident policy which detailed the systems in place at the practice to review and investigate incidents and accidents. Staff told us there had been no reported incidents in the last 12 months.

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 had systems to keep dental professionals up to date with current evidence-based practice.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of 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

From the patient care records we reviewed, we found that the clinicians 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 kept detailed patient care records in line with recognised guidance.

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 most recent radiograph audit carried out by the practice was in 2021. This was not in line with current guidance which recommends six-monthly quality assurance process.

Effective staffing

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

The practice manager told us that all newly appointed staff had a structured induction, however, this was not consistently demonstrated when we reviewed staff files. They told us that as some staff worked peripatetically between the practices, records may be stored at the main site. We saw that 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 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.

Feedback left by patients indicated that they were satisfied with the care and treatment provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television (CCTV) to improve security for patients and staff. However, relevant policies and protocols were not in place to support the use of them.

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 NHS choices dedicated internet page 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 for example: study models 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.

There was evidence the practice reviewed the needs of its local population and engaged with the NHS England Area Team to secure improvements to services where these were identified, for example, delivering out of hours services to meet the needs of the locality.

The practice had not made reasonable adjustments for patients with access requirements. Although a disability access audit had been undertaken, we found that this was not reflective of the practice as it stated that the practice was fully accessible. Whilst the practice was on the ground floor, there were two steps at the entrance which made it inaccessible to those in wheelchairs.

Timely access to services

The practice did not have a website; however, their opening hours were displayed on the NHS Choices website.

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 answerphone and notices in the practice provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. The practice was also used as an urgent hub where the NHS 111 referred patients in need of urgent and emergency dental care and treatment.

Patients who needed an urgent appointment were offered one in a timely manner. Patients with the most urgent needs had their care and treatment prioritised.

At the time of the inspection on 31 March 2023, the practice was actively taking on new NHS patients.

Listening and learning from concerns and complaints

The practice told us they responded to concerns and complaints appropriately and that staff discussed outcomes to share learning and improve the service. We did not see any evidence of complaints received in the last 12 months.

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

There was a hierarchical organisational structure. Those in leadership tended to be based at the "main site" and told us they occasionally visited this location. Whilst they told us there was emphasis on patients' safety, we found instances throughout the inspection which did not corroborate this statement.

Systems and processes were not always effectively embedded, consequently the inspection highlighted significant issues and omissions.

Culture

Staff could show how they worked as a team.

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

Staff told us they discussed their training needs during regular one to one meetings and during clinical supervision. The practice was a training practice and as such the provider as well as other dentists acted as Education Supervisors by providing support and supervision to newly qualified dentists also referred to as Foundation Dentists (FDs). At the time of the inspection, there were no FDs employed at the practice.

The practice arrangements to ensure staff training was up-to-date needed reviewing to ensure evidence of completed training was available for each member of staff.

Governance and management

Whilst we saw evidence of good care and treatment delivered, the inspection team judged that there was a lack of understanding about the requirements of the regulations. This impacted clinical and non-clinical governance arrangements because the provider had not sought to effectively mitigate risks. For example: better governance was needed to ensure equipment used to run the practice on a day-to-day basis were maintained in accordance with manufacturers guidance and legislation. In addition, when we reviewed staff files, we did not see suitable evidence of conduct in previous employments (references) were obtained as stipulated in the practice's recruitment policy. We also noted that some of the Disclosure and Barring Services (DBS) checks for the employees had been undertaken by different employers.

Although some processes were in place for managing various risks, issues and performance we found shortfalls in assessing and mitigating risks in relation to substances hazardous to health, sharps safety, infection prevention and control, X-ray equipment.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff, however, we saw that some of the policies were obsolete, for example, sharps policy.

Improvements were required to the quality improvement processes, the provider could not evidence that they audited radiographs six monthly and patient care audits were not carried out to identify areas for improvements. Other audits did not demonstrate learning or not used to identify gaps within current practice, for example, disability access and infection prevention and control (IPC).

Are services well-led?

The provider had CCTV throughout the practice and which they told us only recorded during non-clinical hours. There was no policy in place to govern this activity; therefore, we were unable to judge the balancing and necessity tests for the CCTV; information about who would be allowed to view recordings; how the images would be used; whether copies would be made; the arrangements for secure storage and how long it would be kept.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of protecting patients' personal information. All staff files we looked at included a signed confidentiality agreement statement.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners; we looked at the 4 completed family and friends test results which showed that all participants would recommend the practice to friends and families.

They told us feedback from staff was obtained 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 where appropriate.

Continuous improvement and innovation

We saw little evidence quality assurance processes were in place to drive improvements in clinical and non-clinical care. There was lack of a routine system in place to audit the use of antimicrobials, radiographs, record keeping and infection control. The practice team was not able to demonstrate that they had robust arrangements to identify potential concerns and areas for improvements.

This section is primarily information for the provider

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 12 HSCA (RA) Regulations 2014 Safe care and treatment • Improvements were required in relation to infection prevention and control: transportation boxes, dental chair, torn flooring and tiling on the wall. • The provider did not have a written scheme of examination for the air compressor, and they could not demonstrate evidence of regular maintenance. • The provider had not ensured the inspection or servicing of the gas boiler in accordance with legislation. • The risks to fire were not assessed or mitigated. In addition, staff had not completed training in fire safety and there was no nominated fire marshal. • The provider did not have a radiation protection file which meant that we did not see an inventory of all X-ray equipment, records of mandatory radiological examinations, controlling exposure and dose, written procedures and protocols. • COSHH risk assessments were not carried out for hazardous substances and safety data sheets were not available. • A sharps risk assessment had not been undertaken to identify and mitigate the risks of sharp injuries. **Regulation 12 (1)**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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:

This section is primarily information for the provider

Requirement notices

- The provider had failed to complete six-monthly radiograph audits.
- IPC and disability access audits were not used to identify potential and current concerns and areas for improvements.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- The provider had not ensured suitable evidence of conduct in previous employment/s (references) were available for all staff members.
- Some of the employees had joined the practice with DBS checks from previous employers; however, the provider had not taken steps to ensure these were updated using current employer information.

There was additional evidence of poor governance. In particular:

- They had not ensured policies were in place to support the use of CCTVs.

Regulation 17 (1)