Mr Robert Whetstone

R M Whetstone

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 16 August 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff had received training in how to deal with medical emergencies. Appropriate medicines and life-saving equipment were not always available.
- Systems were not in place to ensure emergency equipment and medicines were checked and stored in accordance with manufacturers guidelines.
- Five yearly electrical fixed wire testing had not been undertaken.
- The practice's protocols and procedures for the use of X-ray equipment were incomplete.

Summary of findings

- 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.
- 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.
- Auditing and risk management systems within the practice were either incomplete or were not effective in driving improvement.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.

Background

R M Whetstone is in Old Harlow, Essex and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the rear of the practice.

The dental team includes one dentist, four dental nurses, one dental therapist, four receptionists, three practice (administration) managers, three support staff and three visiting specialists. The practice has three treatment rooms.

During the inspection we spoke with one dentist, one agency dental nurse, one dental therapist, one receptionist and one administration manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 8.30am to 5.30pm.

Friday from 8.30am to 4pm.

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.

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

- Take action to ensure that all the staff have received fire safety training.

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. We were unable to review any staff training or continuing professional development (CPD) information during the inspection. Following the inspection, we were sent information to confirm clinical staff had undertaken safeguarding training to level two. We were told two staff members were scheduled to complete a review of their training in November 2022.

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance. We were unable to review any staff training or CPD information during the inspection. Following the inspection, we were sent information to confirm relevant staff had completed infection control training. We noted a handwashing sink outside the decontamination room that was badly corroded. Staff told us this was not used, however there was nothing to inform staff, in particular visiting agency staff that this was not fit for use.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. There was scope to ensure the named Legionella and a nominated deputy had undertaken Legionella training.

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

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

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

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

We were told the practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. However, during the inspection we were unable to review any documentation to confirm these checks. Following the inspection we were told the practice had a service and repair contract with an external provider. We noted the washer disinfector in the decontamination room was out of service, and there was no signage to confirm this was not to be used. The practice regularly used agency staff who may use this faulty equipment without knowing that it was faulty. Following the inspection, we were told this equipment would be removed and would be replaced with a new washer disinfector.

There were no records to confirm that the five yearly electrical fixed wire testing had been undertaken.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective. Staff we spoke with knew what to do in the event of a fire, however we found no records to confirm if fire training had been undertaken. Following the inspection we received confirmation that this had not been undertaken since before the pandemic. We were told staff were nominated as fire wardens on a daily basis at the morning huddle meeting.

The practice had some arrangements to ensure the safety of the X-ray equipment. We saw rectangular collimation (a system which reduces unnecessary radiation exposure during oral x-rays) was not available in the treatment rooms. We

Are services safe?

noted the radiation protection file not been completed. The provider told us this had only just been received from the Radiation Protection Advisor and would be completed as a priority. Following the inspection we were provided with evidence to confirm the RPA was aware of the missing rectangular collimation and there was a plan of action in place to mitigate any further risk to patients.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. During our inspection we found limited evidence of assessments to mitigate risk including sharps safety, sepsis awareness or lone working. Following the inspection we were told risk assessments were undertaken by an external company, however we were unable to review these during the inspection.

Appropriate emergency medicines and most life-saving equipment were available. We noted clear face masks sizes 0 to 4 were not available in line with UK Resuscitation Council guidance.The practice confirmed clear face masks sizes 0, 1, 2 and 4 were ordered following the inspection. Staff we spoke with were unclear if there was a portable suction unit in the practice. We were told following the inspection that this was located in one of the treatment rooms, however staff we spoke with at the time of the inspection were not aware of this. Checks of medical emergency equipment or emergency medicines were not completed in line with national guidance. We saw some records of checks on the oxygen cylinder, but not for the Automated External Defibrillator (AED) or other equipment and medicines. We noted that the glucagon (a medicine used in emergencies to treat very low blood sugar) was stored in the clinical fridge, however there were no recent records or regular monitoring of the fridge temperatures. We were not assured that the medicine had been stored in line with manufacturers guidelines and therefore it may not be effective if used in an emergency. Following the inspection we were told checks of fridge temperatures would be resumed, the practice did not confirm if the glucagon previously stored in the unchecked fridge would be replaced.

Staff had completed training in emergency resuscitation and basic life support every year. When we asked, staff were not aware of the location of the portable suction. Checks of the medical emergency equipment and medicines were not completed in accordance with current guidance.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.There was scope to ensure these were arranged in some kind of order to ensure staff could access them in an emergency.

Information to deliver safe care and treatment

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

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

Safe and appropriate use of medicines

There were no checks on emergency medicines and Antimicrobial prescribing audits were not undertaken for all prescribing clinicians.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating 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 had systems to keep dental professionals up to date with current evidence-based practice.

We saw the provision of dental implants was in accordance with national guidance. However, we did not see any audits of implants undertaken.

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.

Staff understood their responsibilities under the Mental Capacity Act 2005.

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

Monitoring care and treatment

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

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. During our inspection we did not see evidence of any radiography audits undertaken in line with current guidance and legislation.

Effective staffing

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

The practice was in the process of adopting a computer-based compliance programme. We were told that newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council. However, this information was not available to review during our inspection. Following the inspection we were told that there is limited evidence available of staff training as the majority of the staff have not been at the practice for long.

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.

Staff gave examples of how they had supported patients. We saw staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Many of the staff were longstanding members of the team and told us they had built strong professional relationships with the patients over the years.

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.

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

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included photographs 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. It took account of patient needs and preferences.

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

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

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

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

Listening and learning from concerns and complaints

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

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notice section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The practice demonstrated a transparent and open culture in relation to people's safety, however the inspection highlighted some issues and omissions. For example, there was no five-yearly electrical fixed wire test certificate in place, radiation protection information had not been completed, there was no sharps risk assessment, no checks or oversight of medical emergency equipment and medicines and there was no antimicrobial auditing undertaken.

At the time of our inspection, two of the practice management team were not available. The practice was in the process of developing an electronic compliance system. However, we found that while systems and processes were being established, many were incomplete on the new practice system and others were not available for us to review. We found that not all staff available at the practice were familiar with the new systems or able to access all the information required to support capability and good governance. Following the inspection we were sent some information to support leadership capacity, however these did not address all the shortcomings we identified during our inspection.

Culture

Staff stated they felt respected, supported and valued.

We were told staff discussed their training needs during annual appraisals or during clinical supervision. There was scope to ensure the practice had effective arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

The practice had a system of clinical governance in place which included policies, protocols and procedures that were reviewed on a regular basis. However, we were not assured these were accessible to all members of staff, or that staff had clear responsibilities roles and systems of accountability to support good governance and management.

The practice did not have clear and effective processes for managing risks, issues and performance. For example, sharps safety, sepsis awareness, lone working and electrical safety risks were not effectively assessed or mitigated against. We saw an infection and prevention control (IPC) audit had been completed in April 2021. Following the inspection, we were sent a second IPC audit completed 11 April 2022, one of the actions noted a 6-monthly audit in April 2021 had not been completed.

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 and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Are services well-led?

Continuous improvement and innovation

The practice had some quality assurance processes to encourage learning and continuous improvement. The practice completed audits of infection prevention and control, dental care records and disability access. However, these were not all available for review at the time of our inspection, they were not always completed as frequently and in line with recommendations and guidance. We did not see any completed audits of radiographs, implants or antimicrobial prescribing. Following the inspection we were provided with one radiation audit that had been completed on 8 April 2022. We did not see any documented actions or learning points resulting from this audit.

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 17 HSCA (RA) Regulations 2014 Good governance **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 17 Good governance** Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the Regulation was not being met; The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who might be at risk. In particular: • There was ineffective oversight of medical emergency equipment to ensure that all equipment was in date. • Systems were not in place to ensure emergency medicines were stored in accordance with manufacturers guidelines. • A five yearly electrical fixed wire test had not been undertaken. • There was no system to ensure audits of radiography, antimicrobial prescribing, implants and infection prevention and control were undertaken at regular intervals to improve the quality of the service. • There was no system in place to ensure that staff were up to date with, and had received, appropriate training and development in line with the General Dental Council requirements.

This section is primarily information for the provider

Requirement notices

- The practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 were incomplete.
- Systems were not in place to assess and mitigate the risks from sharps safety, sepsis awareness or lone working.

Regulation 17 (1)