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Wroughton Dental Practice

Inspection Report

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Overall summary

We carried out an announced follow-up inspection at Wroughton Dental Practice on the 2 June 2017. This followed an announced comprehensive inspection on the 3 March 2017 carried out as part of our regulatory functions where breaches of legal requirements were found.

After the comprehensive inspection, the practice wrote to us to say what actions they would take to meet the legal requirements in relation to the breaches.

We revisited Wroughton Dental Practice and checked whether they had followed their action plan.

We reviewed the practice against three of the five questions we ask about services: is the service safe, effective and well-led? This report only covers our findings in relation to those requirements.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Wroughton Dental Practice on our website at www.cqc.org.uk.

Background

This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The follow up inspection was led by a CQC inspector who was supported by a specialist dental adviser.

During our inspection visit, we checked that points described in the provider's action plan had been implemented by looking at a range of documents such as risk assessments, staff files, policies, staff training and availability of equipment.

Our findings were:

- The principal dentist was the safeguarding lead professional and processes were in place for safeguarding adults and children.
- The practice had updated their policies and procedures using a commercially available dental clinical governance system which had been recently introduced by the practice owner.
- The practice had systems to help them manage risk, although some signage needed to be reviewed.
- The practice had staff recruitment procedures and all staff were meeting the requirements of their professional registration.
- There was effective leadership at the practice and systems were in place to share information and learning amongst the team.
- The practice had systems in place to seek feedback from patients.
- The dentist provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.

Summary of findings

- Premises appeared maintained and visibly clean and cleaning equipment seen was in line with current guidelines, although not suitably stored.
- Staff knew how to deal with medical emergencies. Appropriate medicines and most of the life-saving equipment were available. Improvements were still required as there was no Automated External Defibrillator (AED) on the premises, no child face mask for attaching to the self-inflating bag and no recorded log of checks on the emergency drugs and equipment. Although there was a documented operational policy relating to the management of such emergencies the location of the local community AED and who would be responsible for collecting it, was not detailed. There was no documented risk assessment available.
- The practice had infection control procedures which mainly reflected published guidance. There were systems in place to ensure that all equipment used to sterilise instruments was being validated as per national guidelines; and maintained as per manufacturer's recommendations. Improvements were still required as there was no current legionella risk assessment, carried out by a competent person and the dirty / clean zones and sinks were not labelled correctly.
- There was no annual statement available in relation to infection prevention and control as required under The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Dental care products and medicines requiring refrigeration were stored in sealed containers in a domestic fridge. The fridge also contained a small amount of food.

There were areas where the provider could make improvements and SHOULD:

- Review availability of equipment such as an Automated External Defibrillator (AED) to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team. The provider must ensure a risk assessment is undertaken if a decision is made to not have an AED on-site.
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the use of risk assessments to monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Review the practice's audit protocols to ensure infection control audits are undertaken at regular intervals and where applicable learning points are documented and shared with all relevant staff.
- Review the need for an annual statement available in relation to infection prevention and control as required under The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the storage of dental care products requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.

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?

At our previous inspection we had found that the practice was not identifying and mitigating all risks to service users. There were shortfalls in the arrangements the practice had to deal with medical emergencies, infection prevention and control, safeguarding and in recruiting staff.

At our follow-up inspection on the 2 June 2017 we found that action had been taken to improve many of these shortfalls.

Improvements were still required to ensure systems were in place to help them manage risk as there was no Automated External Defibrillator (AED) on the premises, no child face mask for attaching to the self-inflating bag and no recorded log of checks on the emergency drugs and equipment. Although there was a documented operational policy relating to the management of such emergencies, the location of the local community AED and who would be responsible for collecting it, was not detailed. There was also no documented risk assessment.

The practice had infection control procedures which mainly reflected published guidance. There were systems in place to ensure that all equipment used to sterilise instruments was being validated as per national guidelines; and maintained as per manufacturer's recommendations. We found that some decontaminated pouched forceps had passed their expiry date and required re-sterilisation.

There were records to show monitoring of water temperatures and microbiological testing of samples of the water supply was being carried out to help ensure patients and staff were protected from the risk of infection due to Legionella.

Improvements were still required as there was no current legionella risk assessment carried out by a competent person and the dirty / clean zones and sinks were not labelled correctly.

There was no annual statement available in relation to infection prevention and control as required under The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.

Some signage needed to be reviewed and put in place. There were some minor repairs needed to the fabric of the premises in the toilet and one of the treatment rooms.

The practice could demonstrate receipt of national patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS).

No action



Are services effective?

At our previous inspection we had found that the practice was not identifying and mitigating all risks to service users. There were shortfalls in the arrangements the practice had for treating patients undergoing root canal treatment and identifying the learning needs of staff.

At our follow-up inspection on the 2 June 2017 we found that action had been taken to improve these shortfalls.

No action



Summary of findings

The dental care provided was evidence based and focussed on the needs of the patients. The principal dentist used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice.

There was now a policy and procedure in place for induction and arrangements for identifying the ongoing learning and development needs of staff employed.

The principal dentist monitored any changes in the patient's oral health, although at this inspection we found that dental caries, periodontal and oral cancer risk assessments were not routinely being recorded in the clinical records.

Are services well-led?

At our previous inspection we had found that the governance systems at the practice required review. The practice did not have effective systems to assess, monitor and mitigate the risks relating to managing the services provided.

At our follow-up inspection we found that action had been taken to ensure that the practice was well-led. Governance systems were in place to ensure that policies and procedures were kept up to date, staff were completing all necessary training and information was shared effectively with staff.

Improvements were still required and are due to be completed in 2017.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff we spoke with had a good understanding of the reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR) 2013 and were clear in the actions they should take should a serious incident happen at the practice.

Reliable safety systems and processes (including safeguarding)

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments).

We asked how the practice treated the use of instruments that were used during root canal treatment. The principal dentist explained these instruments were for single patient use only.

We were told that a rubber dam was used in all root canal treatments and therefore followed the guidance issued by the British Endodontic Society in relation to its use during such treatment for the safety of the patient.

The practice had information and a procedure in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team, social services and other agencies. The principal dentist was the point of referral should members of staff encounter a child or adult safeguarding issue. Training records seen showed the principal dentist and all staff had received appropriate safeguarding training for both vulnerable adults and children.

Staff files contained evidence of immunisation as recommended by Public Health England (PHE).

Medical emergencies

The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice.

The practice did not have an automated external defibrillator (AED) on its premises, in line with Resuscitation

Council UK guidance and the General Dental Council (GDC) standards for the dental team. The practice had not undertaken and documented a risk assessment with regard to its absence.

There was a protocol and policy in place to guide staff in the handling of such emergencies, although the location of the local community AED and who would be responsible for collecting it, was not detailed, or the location of the oxygen.

Although the practice did not treat many children there were no child face masks for attaching to the self-inflating bag. The emergency medicines and oxygen we saw were stored in a central location known to all staff, although there was no signage for the location of oxygen on the premises. When asked the staff told us there was no documentary evidence which demonstrated regular checks were carried out to ensure the equipment and emergency medicines were in date and safe to use.

Staff recruitment

The practice had a policy in place for the safe recruitment of staff which included seeking references, proof of identity, checking qualifications, immunisation status, checking professional registration and obtaining a Disclosure and Barring service (DBS) check for clinical staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We found that one DBS check was a standard disclosure as opposed to an enhanced disclosure.

The principal dentist could evidence they had up to date medical indemnity insurance and professional registration with the General Dental Council (GDC) The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date and ongoing. We also saw up to date Employers Liability Insurance.

Monitoring health & safety and responding to risks

The practice had systems in place to monitor health and safety and deal with foreseeable emergencies. There were health and safety policies and procedures in place to support staff, including for the risk of fire and patient safety.

Are services safe?

Records showed that fire detection and firefighting equipment such as fire extinguishers were regularly checked but there was no up to date fire safety risk assessment.

We found that the rear fire exit was locked and bolted whilst there were persons on the premises. The owner told us that this was because intruders had entered the practice on previous occasions.

The practice had a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations.

Some signage needed to be reviewed and put in place. There were some minor repairs needed to the fabric of the premises in the toilet and one of the treatment rooms.

Infection control

The practice had an up to date infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05, although there was incorrect zoning signage for the sinks in the room used for decontamination of dental instruments and demarking clean from dirty areas or in the main surgery.

We asked for a recent audit of infection control processes to demonstrate compliance with HTM 01-05 guidelines and the practice has subsequently completed one. This showed the practice was meeting the standards.

The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. We saw the data sheets used to record the essential daily, weekly and quarterly validation of this equipment were being completed.

We saw the dental treatment room currently in use, waiting areas, instrument processing area, reception and toilets were visibly clean, tidy and clutter free.

Hand washing facilities were available including alcohol gel and paper towels and liquid soap was available in line with current guidelines for handwashing. Bare below the elbow working was observed.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria in line with

current HTM 01 05 guidelines. We asked to see that a recent Legionella risk assessment had been carried out at the practice by a competent person. The principal dentist confirmed such an assessment was due to be completed. There were records to show monitoring of water temperatures and microbiological testing of samples of the water supply to help ensure patients and staff were protected from the risk of infection due to Legionella.

When the instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines, although we found some pouched forceps that had passed their expiry date and needed re-sterilisation. This was carried out during the inspection.

We also saw general environmental cleaning was carried out although cleaning materials and equipment used to clean the premises were not stored suitably.

Equipment and medicines

There were systems in place to check all equipment had been serviced, with the exception of the compressor. The principal dentist told us this was planned.

Dental care products and medicines requiring refrigeration were stored in separate sealed containers in a domestic fridge. The fridge also contained a small amount of food. The fridge temperature was being monitored.

Radiography (X-rays)

We were shown documentation in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. One of the X-ray machines at the practice is no longer in use but was not labelled as 'out of order / commission' and there was no radiation hazard warning sign on the door to the surgery where the X-ray machine was in use.

Included in the file were the three yearly maintenance logs and a copy of the local rules. The local rules must contain the name of the appointed Radiation Protection Advisor, the identification and description of each controlled area and a summary of the arrangements for restriction access.

Are services safe?

The dental care records seen where X-rays had been taken showed that dental X-rays were individually justified, reported upon and quality assured, although there was no collated audit of radiographs.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The principal dentist carried out consultations, assessments and treatment in line with recognised general professional guidelines. The principal dentist described to us how they carried out their assessment of patients for routine care.

The patient's dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements. Dental care records seen demonstrated that the findings of the assessment were not routinely recorded. For example, dental caries, the basic periodontal examination (BPE) scores and soft tissues lining the mouth.

The practice had not audited patients' dental care records to check that the dentist recorded the necessary information.

Health promotion & prevention

The practice was focused on the prevention of dental disease and the maintenance of good oral health. The practice mainly treated adults but did treat the children of adult patients free of charge.

The waiting room and reception area at the practice contained a small range of leaflets about how to carry out effective dental hygiene and how to reduce the risk of poor dental health. There was information about making patients aware of the early detection of oral cancer.

Staffing

We observed a friendly atmosphere at the practice. The principal dentist had current registration with their professional body, the General Dental Council (GDC) and professional indemnity was up to date. The principal dentist was supported by one trainee dental nurse and a receptionist.

We were shown evidence of completed training for staff in the last 12 months which included basic life support and there was an established plan to ensure any future training provided would meet ongoing staff needs and the needs of the practice.

Staff had access to policies and procedures that had recently been reviewed or were in the process of being reviewed to ensure they were appropriate for the practice.

Working with other services

The dentist could refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by them. The dentist used referral criteria and referral forms developed by other primary and secondary care providers such as oral surgery, special care dentistry and orthodontic providers.

Consent to care and treatment

We spoke with the principal dentist about how they implemented the principles of informed consent; they had a very clear understanding of consent issues.

The practice consent policy was being reviewed as the practice had recently updated their policies and procedures using a commercially available dental clinical governance system which had been recently introduced by the practice owner.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately. The governance arrangements were managed by the principal dentist who was responsible for the day to day running of the practice. Policies included guidance about confidentiality, record keeping, inoculation injuries, radiation protection, infection control and patient safety.

The practice had updated their policies and procedures using a commercially available dental clinical governance system which had been recently introduced by the practice owner. Some of these were being further tailored so that they were appropriate for and met the needs of the practice and patients.

We found that some risk assessments and the control measures in place to manage risks had not been reviewed. For example a risk assessment for legionella carried out by a competent person and fire safety.

Staff we spoke with were aware of their roles and responsibilities within the practice.

Leadership, openness and transparency

Leadership was provided by the principal dentist. The practice ethos focussed on providing patient centred dental care in a relaxed and friendly environment.

There was a no blame culture within the practice. The service was aware of and complied with the requirements of the Duty of Candour. Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

Learning and improvement

The practice had no structured plan in place to audit quality and safety at the practice such as by undertaking audits for infection prevention and control or X-ray quality. In discussion with the principal dentist he told us they would implement a structured audit plan to ensure audit cycles were completed in accordance with national requirements and guidance. Subsequently an infection prevention and control audit has been carried out which shows the provider is meeting the standards.

We also found that although the quality and justification of X-rays is detailed, there was no collated audit of this.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. They discussed learning needs, general wellbeing and aims for future professional development.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had established a system to seek and act upon feedback from patients who used the service.