Witard Dental Health Centre

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Inspection report

23 Witard Road
Heartsease
Norwich
NR7 9XD
Tel: 01603432026

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Overall summary

We carried out this announced focused inspection on 31 January 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 adviser.

To get to the heart of patients' experiences of care and treatment, we always ask 5 key questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

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

Our findings were:

- The dental clinic appeared to be visibly clean.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Patients were asked for feedback about the services provided.
- Clinical waste was managed safely.
- Fire safety systems were effective.
- Appropriate pre-employment references and Disclosure and Barring Service (DBS) checks had not always been obtained for new staff.
- Oversight of staff training was limited, and there was no system in place to ensure all staff completed the required training or received appraisal of their performance.
- Staff reported a lack of support from the provider and senior managers.
- Overall governance systems in the practice needed to strengthen to ensure a safe service was provided.

Summary of findings

Background

Witard Dental Practice is in Norwich and provides both NHS funded and private dental care and treatment for adults and children. The premises are accessible via a portable ramp for wheelchair users and car parking spaces are available in a public car park directly outside the premises. The dental team includes 2 part-time dentists, a practice manager and 3 dental nurses. There are 2 treatment rooms.

During the inspection we spoke with a dentist, a dental nurse and the practice manager. One of the provider's area managers and a compliance manager were also present. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Thursday from 9am to 5pm and Friday from 9am to 4pm.

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

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- 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.

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

- Take action to ensure dentists are aware of, and follow, the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.
- Take action to ensure the clinicians follow the guidance provided by the College of General Dentistry when completing dental care records. In particular, ensuring patients' diagnoses is recorded, and periodontal classification and radiograph frequency comply with national guidelines.
- Implement a system to ensure patient referrals to other dental or health care professionals are monitored to ensure they are received in a timely manner and not lost.
- Take action to improve the auditing procedure for antimicrobial prescribing so that it is effective in assessing if clinicians are prescribing according to Faculty of General Dental Practice (UK) 2020 guidelines.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	**No action** ✓
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**No action** ✓
Are services well-led?	**Requirements notice** ✗

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice did not have infection control procedures which fully reflected published guidance. The ultrasonic bath had not been regularly tested or serviced to ensure it operated correctly, and staff were failing to record weekly tests of the autoclave. Infection control audits had not been undertaken as frequently as recommended, and ones that had been done had not been completed fully. There was no action plan in place to address the shortfalls identified in the audits, or any evidence that they had been used to drive improvement. We noted the decontamination area was also used as a small kitchen to make drinks.

The practice had commissioned a Legionella risk assessment in 2017 but this had not been reviewed since. The practice manager was the Legionella lead but had not undergone any specific training for this role.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance, evidence of which we viewed.

The practice appeared clean and there were cleaning schedules in place in place to ensure it was kept clean.

The practice had a recruitment policy to help them employ suitable staff, although this had not been followed. Appropriate references and disclosure and barring service checks had not always been obtained for staff to ensure they were suitable for their role. There was no DBS check in place for 3 members of staff and no references had been obtained for 5 members of staff. An implantologist occasionally worked at the practice, but no evidence of their training, indemnity or GDC registration had been obtained. Four of the staff had not received a formal induction to their role.

Clinical staff were qualified, registered with the General Dental Council.

The practice did not ensure that all equipment was safe to use, maintained and serviced according to manufacturers' instructions. For example, the practice could not provide evidence of annual gas safety checks. Portable appliance testing had been undertaken in 2020, with the certificate stating it was only valid until 2021, however no further testing had been done since this date.

A fire risk assessment had been carried out in line with the legal requirements and the management of fire safety was effective.

The practice had some arrangements to ensure the safety of the use of radiography and we saw the required radiation protection information was available for one X-ray unit. However, there was no evidence to show that a Radiation Protection Advisor had visited since 2016 to check the practice's radiography processes and procedures for the other X-ray unit.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. However, not all recommendations from the practice's risk assessment had been implemented such as the need for 6-monthly visual checking of electrical appliances and training for staff in moving and handling techniques. The practice's sharps risk assessment stated that all staff must use ultra-safety needles to prevent injury, however one dentist did not use them.

Are services safe?

It was not clear if rubber dam was used routinely to protect patients' airways, as one staff member told us they were always used, and another reported that they were not.

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 but were spread across 4 different sites in the practice, making them difficult to access quickly in an emergency. There was no evidence to demonstrate that staff regularly checked the practice's defibrillator. The practice's mercury spillage kit's date for safe use had expired in 2021.

The practice had assessments to minimise the risk that could be caused from substances that were hazardous to health, although safety data sheets were not available for some hazardous cleaning products used by staff.

Safe and appropriate use of medicines

Prescription pads were held securely and there was a system in place to identify any lost or missing scripts. Glucagon was kept in the practice's fridge, and the fridge's temperature was monitored daily to ensure it was operating effectively.

Staff did not undertake antimicrobial prescribing audits to assess if clinicians were prescribing antibiotics according to national guidelines.

Track record on safety, and lessons learned and improvements

The practice had a system for receiving and acting on national patient 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 kept records of the care given to patients including information about treatment and advice given. However, we noted that patients' diagnosis had not always been recorded in the clinical notes, and the frequency of radiographs taken was not always in line with guidance. Periodontal diagnosis was not in accordance with the British Society of Periodontology classification system.

The practice manager completed dental care records audits, but there was little evidence to show that the findings had been fedback to the clinicians, or the notes had been re-audited when shortfalls had been identified.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health and the practice manager had completed an oral health education course. The practice sold dental sundries such as interdental brushes, disclosing tablets and floss.

Consent to care and treatment

The practice had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Gillick competence guidance. We found staff had a satisfactory understanding of their responsibilities under them.

Effective staffing

The practice had been severely short staffed for the last two years, due to staff leaving and unforeseen staff sickness. One staff member described the staffing situation as 'horrendous'. The practice had experienced difficulty recruiting new staff and relied heavily on agency nurses and locum dentists, adding pressure to current staff. This had also impacted significantly the availability of appointments and patient waiting times.

Co-ordinating care and treatment

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. However, we noted there was not a robust system in place to ensure that non-NHS referrals made were actively followed up to ensure their timely management.

Are services caring?

Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff gave us examples of where they had gone above and beyond the call of duty to support patients, particularly those with life limiting illnesses.

Privacy and dignity

Staff password protected patients' electronic care records and backed these up to secure storage.

Involving people in decisions about care and treatment

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

Staff helped patients to be involved in decisions about their care. Staff described to us the methods they used to help patients understand treatment options discussed.

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 had made some adjustments for patients with access requirements. There was entry via a portable ramp to the premises for wheelchair users but no fully accessible toilet. The practice did not have a portable induction loop to assist patients with hearing aids, or any information in large print.

There was access to translation services for patients who did not speak or understand English.

Due to unforeseen staff shortages over the past two years, some patients had their appointments cancelled at short notice and the waiting times for treatment had increased. The practice manager told us many patients had felt frustrated and angry by this.

Timely access to services

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

At the time of our inspection the practice was not able to take on new NHS patients as it did not have the capacity. Treatment waiting times for patients varied from 3 to 6 weeks.

There were no specific appointment slots for patients in dental pain, but the practice manager told us these patients would be seen on the same day if required. The practice's answerphone provided telephone numbers for patients needing emergency dental treatment when the practice was closed, and NHS patients were advised to contact NHS 111.

Listening and learning from concerns and complaints

We viewed paperwork in relation to 3 recent complaints raised via NHS England and found that the record of their management lacked detail and there was no evidence to demonstrate that learning from them had been used to drive improvement. One clinician's response to a patient complaint had been rejected by NHS England as it did not meet professional standards.

The practice manager told us the practice had not received any complaints from patients, but that staff had had to deal with many angry patients on the phone who had called due to last minute cancellations of their appointments. It was clear that these had not been considered as complaints and therefore not responded to appropriately.

There was no information in the waiting area informing patients' of how they could raise their concerns.

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

We identified several issues in relation to the practice's recruitment procedures, staff appraisals, equipment maintenance, risk assessing, and complaints management which indicated that governance and oversight of the practice needed to improve. Due to staff shortages, the practice manager told us she also worked as the practice's only receptionist, leaving her very little time to undertake managerial and governance tasks.

Paperwork we viewed varied in quality. Some of the polices lacked detail, were out of date and were not idiosyncratic to the practice. There was no evidence to show that they had been reviewed, or that staff had read them. Some of the practice's risk assessments lacked the date on which they had been completed, making it unclear if they were still up to date and relevant.

The area manager and compliance managers who were in attendance at the inspection, seemed unaware of the issues faced by the practice, or the shortfalls we identified during our visit. The area manager stated that as the practice was a 6-hour drive away from where most of the provider's other practices were located, it was not visited as frequently.

Culture

Staff talked about a difficult two years they had experienced, coping with shortages, illness and unexpected personal circumstances which had affected the ability of the practice to operate effectively. They told us they did not feel supported by the provider, whose senior managers visited infrequently.

Governance and management

The practice had policies and protocols in place, however staff told us they were not routinely discussed, and they had not had the time read them.

There was no staff appraisal system in place; one staff member reported that they had received one appraisal in the last 8 years, and the practice manager stated she had never received a formal appraisal of her working practices or performance.

The practice held staff meetings, but these were infrequent. We viewed the minutes of the last formal meeting held some 18 months ago. Minutes of this meeting were very sparse in detail and consisted of a few handwritten notes on a small piece of paper. There was no record of who attended, or that staff who attended had signed them to show they were an accurate account of events.

Appropriate and accurate information

The practice had some information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. However, we noted that filing cabinets which held patients' confidential care records were not locked and the staff were unaware of where they key was held. These cabinets were in a communal area of the practice, accessed by patients, and cleaning staff in the evening.

Engagement with patients, the public, staff and external partners

Are services well-led?

The practice sent patients a text following their treatment requesting feedback about the service. A reasonable number of responses were received each month with most patients expressing satisfaction with their treatment. Patients also left on-line reviews, and at the time of our inspection the practice had scored 2 out 5 stars based on 38 reviews.

Continuous improvement and innovation

The practice manager did not have clear oversight of staff training and was not able to provide clear and robust evidence during our inspection that all staff had undertaken all recommended training.

The practice undertook audits of infection control, dental care records, oral cancer and referrals, but some of these had not been completed fully and were without actions plans to address identified shortfalls. There was little evidence that they had been used effectively to drive improvement.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the Regulation was not being met • Staff recruitment processes were not in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice did not follow its recruitment policy and had failed to obtain adequate disclosure and barring service (DBS) checks and references for staff. The provider did not assure themselves that visiting dental specialists and agency staff had the appropriate qualifications, training and skills necessary for their role.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 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 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: • There was no system in place to ensure that staff received formal appraisal and feedback about their working practices.

This section is primarily information for the provider

Requirement notices

- There was no system in place to ensure essential staff training was up-to-date and reviewed at the required intervals.
- There was no effective system for identifying, receiving, recording, and responding to complaints by service users by patients.
- Auditing within the practice was limited. Audits of radiography and infection prevention and control were not undertaken at recommended intervals and there were no documented learning points or action plans in place so that improvements could be demonstrated.

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 no system in place to ensure that equipment was maintained and serviced in line with guidelines and manufacturer's instructions. Daily, weekly and quarterly checks for the ultrasonic bath had not been undertaken, there was no evidence that gas safety had been assessed and one X-ray unit had not received essential safety checks.
- There was no system in place to ensure that recommendations from the practice's risk assessments had been implemented. Recommendations that all staff use ultra-safety sharps had not been implemented, as well as 6 monthly visual checks of equipment and staff moving and handling training.
- There was no system in place to ensure that medical and emergency equipment was fit for purpose. The mercury spills kit was out of date and no checks had been undertaken for the practice's defibrillator.