

Woodseats Dental Care

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Inspection report

44 Holmhirst Road
Woodseats
Sheffield
S8 0GU
Tel: 01142749083

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Overall summary

We undertook an announced focused inspection of Woodseats Dental Care on 26 October 2021. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

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

We undertook a comprehensive inspection of Woodseats Dental Care on 28 June 2021 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing well led care and was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Woodseats Dental Care on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it well-led?

When one or more of the five questions are not met, we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

Are services well-led?

The provider had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breach we found at our inspection on 28 June 2021.

Background

Summary of findings

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

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

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

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

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

The practice is open:

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

Tuesday and Wednesday 8:30am – 5pm

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

Friday 8:30am – 3:30pm

Our key findings were:

- Systems to ensure infection prevention and control processes (IPC) were understood and were in line with recommended guidance were improved but required further action.
- Safer sharps systems had been suitably risk assessed and were in line with current regulations.
- The risk associated with the fire hazard in the cellar was being addressed.
- Fire evacuation risks had been addressed.
- Risk assessments for substances that are hazardous to health were updated and included safety data sheets.
- Systems to oversee and accurately complete quality assurance audits for learning for continuous improvement were not fully effective.
- Systems to ensure oversight of governance and compliance to support the team were not fully effective.
- Systems were in place to record referrals to secondary care for follow up and audit.
- All staff had undertaken Sepsis awareness training.

We identified regulations the provider was not meeting. They must:

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

Summary of findings

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

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

Requirements notice



Are services well-led?

Our findings

We found this practice was not providing well led 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).

At the previous inspection we found the practice's infection prevention and control processes were not operating effectively in line with published guidance. We reviewed this at the follow up visit and found the main areas of concern had been address.

We did identify some additional areas not in compliance with current guidance; highlighting continued oversight, knowledge and awareness gaps, for example:

- Reusable dental burs kept in the treatment room, available for daily use (referred to in guidance as streamed instruments) were not stored in a protective sterilisation pouch or reprocessed at the end of the working day.
- Cotton wool rolls were loose in a treatment room drawer, unprotected from the environment.
- We found single use, used dental materials in a treatment room draw; indicating they were being reused.
- We identified an un-labelled sharp container in the instrument decontamination room, this is a requirement to ensure its traceability in case of incident and timely disposal in line with guidance.
- The flushing of Dental Unit Water Lines was not completed in line with guidance, highlighting inconsistent practise.

A sharps handling risk assessment and policy were in place and included the practice rationale not to follow relevant safety regulation when using needles and other sharps dental items.

At the previous inspection we noted the provider had not considered the use of emergency lighting for evacuation means or the fire risk associated with the contents of the cellar. The provider had acted to significantly reduced clutter in the cellar; archived dental care records had been organised and boxed ready to be transferred to metal cabinetry. The fire risk assessment was updated to reflect this.

Systems to assess the risks to patients and staff from the use of hazardous substances had been implemented to comply with the Control of Substances Hazardous to Health Regulations 2002. Product safety data sheets obtained from their supplier were risk assessed and discussed with staff.

At the previous inspection we found the practice culture of continuous improvement would benefit from effective auditing.

During the follow up inspection, we reviewed the practice's quality assurance systems and processes and found these were not fully effective. For example, we asked to look at quality assurance audits for infection prevention and control, quality of X-rays and the completion of dental care records:

- We saw the justification and quality of X-rays taken was recorded in the dental care records, however no quality assurance audit had been completed to assess overall quality of X-rays being taken in line with current Regulations.
- The most recent infection prevention and control audit did not accurately reflect the processes in place at the practice.

After the previous inspection, the provider sent assurance that dental care records and X-rays taken would be audited; we saw improvements had been made in the completion of dental care records, but no audit had been undertaken to assess the overall quality of record keeping or X-rays.

Systems to ensure awareness, oversight of governance and compliance to support the team were not yet fully effective. We acknowledged with the team where we saw improvements had been made, however, our findings on the day of inspection indicated these were not consistently applied. As a result, triggers for audit, greater scrutiny and oversight of awareness and systems and processes, had been missed.

Are services well-led?

The provider had implemented a recording system to ensure referrals to secondary care were followed up and audited.

The practice had made further improvements:

Evidence presented during the inspection confirmed all staff had undertaken Sepsis awareness training.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation: when we inspected on 26 October 2021.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p> <p>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:</p> <ul style="list-style-type: none">• No audit had been completed to assess the overall quality of X-rays being taken.• The most recent infection prevention and control audit did not accurately reflect the processes in place at the practice. <p>The provider had failed to ensure staff awareness and compliance with the practice's infection control procedures and protocols reflected guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices. In particular:</p> <ul style="list-style-type: none">• Dental equipment/instruments available for daily use were not stored in protective sterilisation pouches or reprocessed at the end of the working day.• The reuse of dental filling materials identified as single use items.• Sharp containers were not labelled in line with guidance.• Dental Unit Water Line management was not consistently managed in line with guidance.

This section is primarily information for the provider

Requirement notices

The provider had failed to ensure effective systems were in place to improve awareness and oversight of governance and compliance. In particular:

- Oversight and management of the quality assurance process to identify triggers for when audits are due for completion.
- Oversight and staff awareness of infection prevention and control systems and processes.

Regulation 17(1)