

Mrs Ala Vitkuniene

# Withington Dental Care

## Inspection report

240 Mauldeth Road West  
Withington  
Manchester  
M20 1BE  
Tel: 01614456000

Date of inspection visit: 13/12/2023  
Date of publication: 15/01/2024

### Overall summary

We carried out this announced comprehensive inspection on 13 December 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate emergency medicines were available. Checking processes had not identified expired and missing life-saving equipment.
- The practice had systems to manage risks for patients, staff, equipment and the premises, however these were not always followed.
- There was no safeguarding policy at the practice.
- The practice had staff recruitment procedures which reflected current legislation.

# Summary of findings

- Clinical staff provided patients' care and treatment in line with current guidelines. The documentation of care should be improved.
- 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.
- 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.
- Leadership and oversight of the service was not effective.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice did not have effective information governance arrangements.

## Background

Withington Dental Care is in Withington, Manchester and provides NHS and private dental care and treatment for adults and children.

There is no step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 4 dentists, 2 qualified dental nurses, 1 receptionist and a practice manager. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist, 2 qualified dental nurses, 1 receptionist 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:

- 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.**

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

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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

# 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, there was no safeguarding policy for staff to follow available on the day of inspection. The practice had appointed a safeguarding lead to oversee safeguarding awareness and training.

The practice carried out infection control procedures that reflected published guidance. However, there was no policy or documented procedure available on the day of inspection. The practice had appointed an infection prevention and control lead to oversee and maintain standards. There was no infection prevention and control audit.

The practice had procedures to reduce the risk of legionella, or other bacteria, developing in water systems, in line with a risk assessment. Monthly hot and cold-water temperature checks were completed and logged. Those seen were within the required temperature ranges.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean, there were no logs for environmental cleaning at the practice.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

The management of fire safety was not effective. A fire safety risk assessment was carried out in May 2014 in line with the legal requirements. There were a number of outstanding actions that had not been completed. A fire drill was last completed in March 2022, battery operated smoke alarms were not regularly tested, a torch was used as emergency lighting and was only in the reception area; this was not sufficient to ensure the safe evacuation of the premises, in a power outage or in the dark. Fire extinguishers were in place and serviced annually however no monthly checks were completed or logged. Staff completed fire safety awareness training.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. The Radiation Protection Advisor was not named in the local rules.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness and lone working. There was no sharps risk assessment for any clinician and sharps injury posters contained out of date information, impeding clinical staff from seeking timely post-exposure advice, assessment and, if necessary, treatment in the event of a contaminated sharps injury.

# Are services safe?

All emergency medicines and most equipment were available and checked in accordance with national guidance. We noted oxygen masks for an adult and child were out of date and 23 gauge needles were missing from the kit. The automated external defibrillator (AED) had no scissors or a razor available. The practice's checking processes had not identified these issues. Following the inspection, the practice submitted evidence that all missing items were ordered and in place.

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

The practice did not have risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

## **Information to deliver safe care and treatment**

The dental care records we saw were not complete. In particular, patient medical history was not always recorded per course of treatment, emergency contact, and general practitioner (GP) details, recall intervals were not recorded. Audits of patient care records had not identified these issues.

Patient care records were, legible, 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**

The practice had systems for appropriate and safe handling of medicines. The storage of prescription pads was not secure and there was no prescription log in place to prevent unauthorised use. Antimicrobial prescribing audits were not carried out.

## **Track record on safety, and lessons learned and improvements**

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts. There was no contingency plan at the practice to support staff in the case of emergency or disaster.

# 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. Oral health care products were on sale. Information leaflets were available to patients as recommended by the dentist or upon request.

### **Consent to care and treatment**

Staff 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. Staff had undertaken training in autism and learning disability awareness to increase their understanding of patients with these conditions.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

### **Effective staffing**

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

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council. Staff told us they had enough time for their role and did not feel rushed in their work.

### **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.

Patient feedback provided a positive view of the dental team and care provided by the practice. Patient comments included that staff were welcoming and attentive, and showed compassion and understanding when they were in pain, distress or discomfort.

### **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 and gave patients clear information to help them make informed choices about their treatment.

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

The dentist explained the methods they used to help patients understand their treatment options. This included 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.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice did not have step free access, staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

### **Timely access to services**

The practice displayed its opening hours and provided information in their patient information leaflet.

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 information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

### **Listening and learning from concerns and complaints**

The practice responded to concerns and complaints appropriately. Staff discussed outcomes 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.

### **Leadership capacity and capability**

The practice staff demonstrated a transparent and open culture in relation to people's safety.

There was a lack of leadership and oversight at the practice. In particular, the principal dentist, who is also the CQC registered person, was rarely onsite at the practice and lives outside of the United Kingdom. The remaining staff did not have the knowledge to provide full oversight in the day to day running of the practice.

During the inspection, staff were open to discussion and feedback despite the number of issues we found during the day. Systems and processes were not embedded among staff. For example, there were no logs for fire safety checks, items missing from the medical emergency kit, local rules for each surgery were not up to date, there were no sharps risk assessments, there was no business continuity plan, substances hazardous to health had not been risk assessed, there was no safeguarding policy and no infection prevention and control policy.

Most of the information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

### **Culture**

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

Staff discussed their training needs during annual appraisals. They also discussed learning needs, general well-being and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

The practice had a complex or ineffective management structure and staff told us roles and responsibilities were unclear.

The practice had an ineffective clinical governance system in place. The governance system included policies, protocols and procedures however we were not assured these were accessible to all members of staff. There was no evidence that all practice's policies, protocols and procedures were reviewed on a regular basis.

The practice did not have clear and effective processes for managing risks, issues and performance. For example, fire safety, sharps and substances hazardous to health.

### **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 protecting patients' personal information.

### **Engagement with patients, the public, staff and external partners**

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

# Are services well-led?

Feedback from staff was obtained through meetings, surveys, 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**

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access and radiographs. There was no audit for antimicrobial prescribing or and infection prevention and control. We noted the audits had not been effective at highlighting the record keeping issues highlighted by the inspection.

## 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Surgical procedures	Systems to mitigate the risk of fire were not in place. The registered person could not demonstrate they had acted on the recommendations in the fire risk assessment report or completed appropriate fire safety checks.
Treatment of disease, disorder or injury	The registered person failed to ensure the availability and checking processes of equipment for use in the event of a medical emergency in line with nationally accepted guidance issued by the Resuscitation Council (UK).
	The registered person failed to ensure the local rules were in place and up to date for operators' safety.
	A sharps risk assessment had not been carried out in line with The Health and Safety (Sharp instruments in Healthcare) Regulations 2013.
	There were no arrangements for clinical staff to seek timely post-exposure advice, assessment and, if necessary, treatment in the event of a contaminated sharps injury posing a risk of occupationally acquired infection.
	There was no contingency plan at the practice to support staff in the case of emergency or disaster.
	The registered person had not ensured substances hazardous to health had been risk assessed; or that staff members had access to safety data sheets.
	The registered person failed to ensure an appropriate safeguarding policy for vulnerable adults and children was in place at the practice.
	The registered person failed to ensure an appropriate infection prevention and control was in place at the practice.

This section is primarily information for the provider

## Requirement notices

The registered person was not in full time, day to day charge, of the regulated activities at the practice.