

Ad Implant.Com Limited

Twyford Dental and Implant Centre

Inspection report

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Overall summary

We carried out this announced focused inspection on 1 April 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 second inspector and a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

Delete as appropriate:

- Is it safe?
- Is it effective?
- 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.

Summary of findings

- Staff knew how to deal with medical emergencies.
- Improvements were needed to the control and storage of substances hazardous to health.
- Appropriate medicines and life-saving equipment were available.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Improvements were needed to the management of antibiotic prescribing and dispensing.
- 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.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and 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 dental clinic had information governance arrangements.

Background

Twyford Dental and Implant Centre is in Twyford, Berkshire and provides NHS and private dental care and treatment for adults and children.

There is step free access to the implant centre for people who use wheelchairs and those with pushchairs. The implant centre treatment rooms are on the first floor.

The dental centre (next door) has stepped access. There is a treatment room on the ground floor for patients who find stairs a barrier.

Car parking spaces, including dedicated parking for disabled people, are available near the practice in public parking areas. The practice has made adjustments to support patients with additional access requirements. A hearing loop and reading aids are available at both receptions.

The dental team includes five dentists, three dental nurses, two dental hygienists, three receptionists and a practice manager. The practice has five treatment rooms which are split over two buildings.

During the inspection we spoke with two dentists, three dental nurses, a receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday 8.30am – 5.30pm
- Tuesday 8.30am – 5.30pm
- Wednesday 8.30am – 5.30pm
- Thursday 8.30am – 5.30pm
- Friday 8.30am – 3.30pm

Where evidence is sent that shows the relevant issues have been acted on, we have stated this in our report but we cannot remove references to these as this would not be an accurate reflection of what was found on the day of our inspection.

Summary of findings

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health (COSHH) Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No action	✓

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 had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

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.

Cleaning equipment (mops) were not stored appropriately. Since our inspection we have received evidence to confirm this shortfall has been addressed.

The seal to the flooring in the hygienist's room was incomplete in places.

A patient treatment chair was ripped in places.

Since our inspection we have received evidence to confirm these shortfall are being addressed.

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

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

Evidence was not available to confirm that all staff had adequate immunisation to the hepatitis B virus. Since our inspection we have received evidence to confirm this shortfall is being addressed.

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

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

The practice had an electronic fire alarm system. In addition to this, a battery-operated smoke detector was present in the staff area. This was not included in the testing regime. Staff assured us they would test this weekly in future.

Evidence was not available to confirm the air conditioning units had been serviced within the previous 12 months. Since our inspection we have received evidence to confirm this shortfall has been addressed.

The practice had arrangements to ensure the safety of the intraoral X-ray equipment and we saw the required radiation protection information was available.

Are services safe?

The practice had a Dental Cone Beam Tomography (CBCT) machine. Recommendations in a radiography protection adviser's report remained outstanding. These included having a facility to observe a patient being scanned and a warning light outside the room to indicate when the machine was in use. Since our inspection we have received evidence to confirm these shortfalls have been addressed.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness.

Hygienists worked without the support of a nurse. A lone working risk assessment was not available. Since our inspection we have received evidence to confirm this shortfall has been addressed.

Emergency equipment and medicines were available and checked in accordance with national guidance

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training with airway management for staff providing treatment to patients under sedation was also completed.

The practice did not have adequate systems to minimise the risk that could be caused from substances that are hazardous to health (COSHH).

In particular COSHH:

- Identified cleaning products were not stored securely.
- Risk assessments were not available.
- Control sheets had not been updated for some time and did not reflect the current products in use at the practice.

Since our inspection we have received evidence to confirm this shortfall has been addressed.

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

The practice did not have systems for appropriate and safe handling of medicines.

Specifically:

- Dispensed medicine labelling did not follow the Human Medicines Regulations 2012.
- Antimicrobial prescribing audits were not carried out.
- Prescription tracking management required improvement.

Since our inspection we have received evidence to confirm these shortfalls have been addressed.

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.

Sedation

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

Dental implants

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

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. The practice carried out radiography audits six-monthly following current guidance and legislation.

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.

The practice occasionally employed agency staff. We were told inductions were carried out but records were not kept. The practice manager assured they would create an induction form as soon as practicably possible. Since our inspection we have received evidence to confirm this shortfall has been addressed.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

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 well-led?

Our findings

We found this practice was providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

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

There was strong leadership and emphasis on continually striving to improve.

Systems and processes were embedded, and staff worked together.

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

The practice 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/one to one meetings/ during clinical supervision. They also discussed learning needs, general wellbeing 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

Staff had clear responsibilities roles and systems of accountability to support good governance and management.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

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. We were told the practice did not analyse feedback and report results and trends back to staff. The practice manager assured us they would include this as a regular team meeting item in future.

The practice gathered feedback from staff 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.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

Are services well-led?

We noted that antimicrobial audits had not been carried out. Since our inspection we have received evidence to confirm these shortfall are being addressed.

Staff kept records of the results of these audits and the resulting action plans and improvements.