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West Road Dental

Inspection report

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Overall summary

We carried out this announced focused inspection on 29 March 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 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:

- 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 did not always reflected published guidance. Decontamination and storage of dental instruments did not always follow HTM 01-05.
- Staff knew how to deal with medical emergencies. At the time of our inspection not all appropriate medicines and life-saving equipment were available.
- Systems to help manage risk to patients and staff from legionella were not robust or effective.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice staff recruitment procedures did not reflect current legislation. Required pre employment information was not available for all staff.
- Clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The dental clinic had information governance arrangements.

The provider took swift action to address the concerns identified.

Background

The provider has two practices and this report is about West Road Dental.

West Road Dental is in Oakham and provides NHS and private general dental care and treatment for adults and children.

There is level 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 some adjustments to support patients with additional needs. Including the use of a hearing loop and access to interpreter services.

The dental team includes five dentists, four dental nurses, of whom two are trainees, one dental hygienist, two dental therapists, a practice manager and one receptionist. The practice has three treatment rooms.

During the inspection we spoke with one dentist, two dental nurses, one dental hygienist, one 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 to Friday from 8.30am to 5pm

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

- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' In particular, ensure that, where required, instruments are stored in sterile pouches, trays used for storing instruments are able to be cleaned and sterilised, single use items are cleaned and prepared for reuse. Instruments awaiting cleaning are stored appropriately.
- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular, ensure that staff completing risk assessments have received appropriate training. Cold water sentinel tap temperature checks are recorded. Staff completing risk management processes are aware of which areas and outlets should be checked.
- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.

Summary of findings

- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

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 and decontamination procedures which did not reflect published guidance. We identified a number of items which were not stored in sterile packaging. The system to identify when an item had been cleaned or had exceeded its use by date was not consistently applied by all staff. This meant it was unclear when instruments should be used by. Items awaiting cleaning were not stored in line with guidance which could increase the risk and spread of infection. Following our inspection, the provider submitted evidence of updated systems, processes and procedures which addressed the concerns we identified.

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

The practice procedures to reduce the risk of Legionella or other bacteria developing in water systems were not robust or effective and did not follow the guidance in their risk assessment. We found that cold water temperatures were never recorded. The system to ensure hot water temperatures in sentinel taps reached the approved level was not clear. Staff could not identify which taps the records related to and a record of who completed the checks and any remedial action taken was not recorded. Following our inspection, the provider submitted evidence of updated systems, processes and procedures which addressed the concerns we identified.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted that not all clinical waste bags were marked to identify the practice. The provider submitted evidence to confirm this had been rectified.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. We found that this policy was not applied consistently and pre employment checks were not carried out for all staff. We reviewed the recruitment files of five staff. Three files did not contain evidence of references confirming satisfactory conduct in previous employment and two did not contain disclosure and barring service (DBS) checks. Following our inspection, the provider submitted evidence that DBS checks were updated, provided copies of references for staff and an updated recruitment policy and procedure.

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

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. We found that this did not identify all issues. For example; we noted there was only a single combined fire alarm and detector to cover all of the practice and the flat above. The provider acknowledged the need for an external assessment to be completed by a competent person and we saw this was scheduled for shortly after our inspection.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Including: Cone-beam computed tomography (CBCT).

Risks to patients

Are services safe?

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

Emergency equipment and medicines were not always available and checked in accordance with national guidance. We found Equipment was missing from medical emergency kit, specifically; oropharyngeal airway size 2, portable suction, clear face masks and self-inflating bag sizes 0-4. Following our inspection, the provider submitted evidence that the missing equipment was now available.

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

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

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 had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. The practice did not have a robust or effective system in place to monitor the use of prescription pads. Following our inspection, the provider submitted evidence they had implemented a new system for monitoring that met guidelines.

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.

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

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.

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 well-led?

Our findings

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

Leadership capacity and capability

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

Systems and processes were embedded but not always effective. We noted that where our inspection highlighted issues or omissions, the provider took swift action to rectify these, during or following our inspection.

Information and evidence presented during the inspection process was not always 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, team meetings and informal conversations. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice arrangements to ensure staff training was up-to-date and reviewed at the required intervals were not always effective and information was not available for all staff at the time of our inspection. Following our inspection, the provider submitted evidence of completed training and CPD and stated an improved monitoring system had been implemented.

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.

Processes for managing risks, issues and performance were not always clear and effective. We discussed these with the provider during and following our inspection and were provided with assurances action was taken to address these shortfalls.

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 demonstrated a commitment to acting on feedback.

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

Are services well-led?

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.

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