

Rodericks Dental Limited

Wootton Dental Centre

Inspection report

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Overall summary

We carried out this announced focused inspection on 4 May 2022 Wootton Dental Centre 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.
- Improvements were needed to the practice's infection control procedures.
- Staff knew how to deal with medical emergencies.
- Appropriate medicines and life-saving equipment were available.
- The practice did not routinely operate effective systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.

Summary of findings

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Improvements were needed to protect patients privacy when in treatment rooms.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The practice did not ensure staff had completed training relevant to their roles.
- The dental clinic had information governance arrangements.

Background

The provider has 143 practices and this report is about Wootton Dental Centre.

Wootton Dental Centre is in Wootton and provides NHS and private 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 parking for disabled people, are available near the practice.

Reasonable adjustments were made to meet the needs of disabled people in line with requirements of the Equality Act 2010. Specifically:

- A hearing loop was available.
- Vision aids were available.
- A Disability Access audit was carried out.

The dental team includes six dentists, five dental nurses, two dental hygienists, two receptionists and a practice manager from a nearby practice who is covering the practice whilst a new manager is recruited.

The practice has four treatment rooms.

During the inspection we spoke with three dentists, two dental nurses, two receptionists 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 8am to 8pm
- Tuesday 8am to 5pm
- Wednesday 8am to 5pm
- Thursday 8am to 5pm
- Friday 8am to 5pm
- Saturday 9am to 3pm (twice a month)

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.

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

Summary of findings

- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's protocols for the management oversight of all outgoing referrals to ensure they were received in a timely way.

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

The practice had infection control procedures which reflected published guidance but improvements were needed in some areas:

- The doorway threshold and floor seal in surgery four and the decontamination room was incomplete.
- The radiator in the staff toilet was heavily rusted.
- Drawer handles in surgery four and the decontamination room were rusted.

Cleaning mops and buckets were not stored appropriately. Since our inspection we have been sent evidence which confirms this shortfall has been addressed.

A second (spare) autoclave was available in the decontamination room but validation checks were not carried out to make it operational should the first autoclave fail to operate. We were told this machine would be removed from the practice as soon as practicably possible.

One dentist left the practice at lunchtime. They did not change out of their clinical uniform. We were told this was not normal practice and would be addressed immediately following our visit. Since our inspection we have been sent evidence which confirms this shortfall has been addressed.

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.

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

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

A fire risk assessment was carried out in line with the legal requirements.

The practice did not fully ensure equipment was safe to use and maintained and serviced according to manufacturers' instructions.

Specifically:

- Emergency lights were not tested at appropriate intervals.
- Waste paper bins at the side of the building were not protected from unauthorised interference and potential arson.
- Some of the actions required in a five yearly electrical installation report, carried out in July 2019, remained outstanding.

Improvements were needed to ensure the safe use of the X-ray equipment.

Are services safe?

Specifically:

- Evidence of a critical examination was not available for the two of the four x-ray machines.
- The labelled emergency x-ray power cut off switch in surgery two appeared to be a general power switch for all the plug sockets and dental chair. This was confirmed by a dentist working in that room.

Risks to patients

The practice did not routinely implement systems to assess, monitor and manage risks to patient and staff safety. In particular risks relating to sharps safety:

- A sharps bin had not been replaced at the appropriate interval of three months.
- Needlestick injury information was not available in every clinical area of the practice.

The day to day management of sharps did not follow the provider's sharps policy or sharps risk assessment. Specifically, nursing staff were handling sharps. Since our inspection we have been sent evidence which confirms 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.

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

COSHH identified products were not stored securely and storage areas labelled appropriately. Since our inspection we have been sent evidence which confirms this shortfall has been addressed.

Information to deliver safe care and treatment

Dental care records we saw were legible, were kept securely and complied with General Data Protection Regulation requirements.

Three treatment room windows overlooked a pub beer garden and a garden belonging to the flat above the practice. Window coverings were not in place to protect patient's privacy.

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.

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.

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

There were inconsistencies in the information recorded within the dental care records we looked at. Omissions included:

- Basic Periodontal Examination (BPE) screening results.
- Grading and reporting of X-rays taken.
- Administration of local anaesthetic .

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

The practice carried out radiography audits six-monthly but did not follow current guidance and legislation. We found that the findings and feedback did not reflect the data set and x-ray grading was not correct in places.

Effective staffing

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

Newly appointed staff had a structured induction.

Records that were available confirmed that 10 of the 12 clinical staff completed continuing professional development required for their registration with the General Dental Council.

The practice was unable to confirm that one dentist had completed their core training. We were told they were not currently working at the practice and the practice manager was working to obtain evidence of completion of necessary training as a matter of urgency. We have since received evidence which confirms this shortfall has been addressed.

One dentist was unable to provide evidence to confirm that they had completed the required number of hours of radiography (IR(ME)R) training in the last five years. We have since received evidence which confirms 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.

Referrals to secondary care providers were not centrally monitored by staff at the practice to ensure they were received and actioned in a timely manner.

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 Notices 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

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

The practice manager was not the permanent manager of Wootton Dental centre. They had been assigned to cover the permanent manager's vacancy while a new manager was recruited.

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

Staff had annual appraisals, one to one meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

Governance and management

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

We saw there were clear processes for managing risks, issues and performance but these were not routinely followed which resulted in poor risk management at the practice. The management of fire safety, patient care record completion, COSHH, radiography, infection control required improvement

Appropriate and accurate information

The provider 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.

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 provider had systems and processes for learning continuous improvement and innovation.

The provider 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. Improvements were needed to the quality of the radiography auditing process to ensure audit findings, feedback and resulting action plans reflected the records reviewed.