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# Wollaston Dental

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Wollaston Dental on 25 July 2022. 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 inspection manager who had access to a specialist dental adviser.

We undertook a focused inspection of Wollaston Dental on 25 May 2022 and a follow up focused inspection on 28 June 2022 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 safe, effective or well-led care and was in breach of regulations 12 and 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 Wollaston Dental on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- Is it safe?
- Is it effective?
- Is it well-led?

### Our findings were:

#### Are services safe?

We found the practice had made improvements towards providing safe care, however these were not yet fully in accordance with the relevant regulations.

#### Are services effective?

# Summary of findings

We found the practice had made improvements towards providing effective care, however these were not yet fully in accordance with the relevant regulations.

## **Are services well-led?**

We found the practice had made improvements towards providing well led care, however these were not yet fully in accordance with the relevant regulations.

## **Background**

Wollaston Dental is in Stourbridge and provides 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 dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with additional needs.

The dental team includes one dentist and one dental nurse. The practice has one treatment room.

During the inspection we spoke with one dentist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9am to 3pm.

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

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

**Full details of the regulations the provider is 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 safe?	Enforcement action	✗
Are services effective?	Enforcement action	✗
Are services well-led?	Enforcement action	✗

# Are services safe?

## Our findings

We found that the practice had made improvements towards providing safe care, however they were not yet fully complying with the relevant regulations. At the inspection on 25 July 2022 we found the practice had made the following improvements:

- 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. Two of the three recommendations from the assessment had been actioned and the third one was being facilitated. The outstanding action was to install a thermostatic mixing valve in the patient toilet. The provider had put up signage (Caution – Hot Water) in place to mitigate this risk in the meantime.
- We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.
- The provider had a recruitment procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. The provider now had a recruitment policy in place.
- A fire risk assessment had now been carried out in line with the legal requirements and the management of fire safety was effective.
- The practice now had all the necessary arrangements to ensure the safety of the X-ray equipment. Following the installation of the new X-ray machine, we were shown evidence of the acceptance test completed by the radiation protection advisor.
- The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety.
- Emergency equipment and medicines were now available and checked in accordance with national guidance.
- The dentist had now completed Immediate Life Support training as required when providing treatment to patients under conscious sedation.
- The provider had now installed a software compliance system to ensure that going forward dental care records would be complete, legible, kept securely and complied with General Data Protection Regulation requirements.
- The practice now had systems for appropriate and safe handling of medicines. An antimicrobial prescribing audit plan was now in place. The provider told us they would complete this when they re-opened the practice.
- The practice had implemented systems for reviewing and investigating incidents and accidents.

However:

- The practice did not have systems to ensure the safe provision of conscious sedation. This included checks before, during and after treatment, availability of emergency equipment, medicines management, sedation equipment checks, staff availability and training. The provider assured us that dental care or treatment using conscious sedation would not be undertaken until these systems were in place.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that the practice had made improvements towards providing effective care, however they were not yet fully complying with the relevant regulations.

During the inspection on 25 July 2022 we found the practice had made the following improvements:

- The provider was in the process of implementing systems to obtain patients' consent to care and treatment in line with legislation and guidance. The provider agreed to send evidence once this was implemented.
- Staff had now completed training and understood their responsibilities under the Mental Capacity Act 2005.
- The provider had now installed a software compliance system to ensure they kept detailed dental care records in line with recognised guidance in the future.
- The provider now had a system in place to justify, grade and report on the radiographs taken at the practice.
- The practice now had a schedule in place to carry out radiography audits six-monthly following current guidance and legislation.
- The provider had now implemented a formal structured induction for newly appointed staff. The newly recruited dental nurse was in the process of completing their induction.

However:

- The practice offered conscious sedation for patients. The provider was now in the process of implementing systems to include checks before, during and after treatment, availability of emergency equipment, medicines management, sedation equipment checks, staff availability and training. The provider had enrolled the dental nurse on a sedation course. The provider assured us that dental care or treatment using conscious sedation would not be undertaken until they had access to a second suitably qualified person to assist. The provider agreed to submit evidence to the Commission as soon as these systems were implemented at the practice.

# Are services well-led?

## Our findings

We found that the practice had made improvements towards providing well led care, however they were not yet fully complying with the relevant regulations.

At the inspection on 25 July 2022 we found the practice had made the following improvements, however further improvements are required to fully comply with the relevant regulations.

- The provider demonstrated a more transparent and open culture in relation to people's safety. They were working towards addressing the breaches and risks we identified on our inspection on 24 May 2022. For example, a new X-ray machine had been installed and the Radiation Protection Advisor had visited the practice and XXX.
- The provider now had an appraisal policy in place and an appraisal template ready to complete with staff when appropriate.
- The practice was working towards ensuring high-quality sustainable services and to demonstrate improvements over time. These were yet to be embedded.
- The practice now had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.
- Staff now had clear responsibilities roles and systems of accountability to support good governance and management.
- The practice had made improvements in implementing a system of clinical governance which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Some policies and processes, such as those relating to conscious sedation were yet to be embedded.
- We saw the provider now had some clear and effective processes for managing risks, issues and performance. These were yet to be embedded.
- The practice had now implemented some systems and processes for learning, continuous improvement and innovation.
- The practice now had some quality assurance processes to encourage learning and continuous improvement. These included an audit plan for audits of dental care records, radiographs and infection prevention and control. The provider was yet to embed these audits at the practice.

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 Safe care and treatment</b></p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>Dental care and treatment using conscious sedation was not provided in line with current guidance:</p> <ul style="list-style-type: none"><li>• Patients sedation needs were not assessed and recorded.</li><li>• Written consent for procedures carried out under conscious sedation was not obtained prior to the day of treatment.</li><li>• Pre-operative vital signs were not recorded prior to the delivery of midazolam.</li><li>• There was no record in dental care records of the volume or concentration of midazolam given to patients.</li><li>• Contemporaneous patient notes were not recorded (including vital signs of the patient) during the conscious sedation procedure.</li><li>• Post-operative instructions for the patient and details of the patient's escort were not recorded.</li><li>• A log book of conscious sedation cases was not maintained.</li><li>• Not all staff involved in the conscious sedation process had the appropriate training.</li><li>• An audit relating to the provision of conscious sedation had not been completed.</li></ul> <p>Regulation 12(1)</p>
Regulated activity	Regulation

# Enforcement actions

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

## **Regulation 17 Good governance**

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.

How the Regulation was not being met:

The registered person had systems or processes in place that operated 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:

- Although the practice was working towards ensuring high-quality sustainable services and to demonstrate improvements over time. These were yet to be embedded.
- The practice had made improvements in implementing a system of clinical governance which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. However, some policies and processes, such as those relating to conscious sedation were yet to be embedded.
- Although we saw the provider now had some clear and effective processes for managing risks, issues and performance. These were yet to be embedded.
- Although, the practice had now implemented some systems and processes for learning, continuous improvement and innovation, these were yet to be embedded.
- Although the practice now had some quality assurance processes to encourage learning and continuous improvement such as an audit plan for audits of dental care records, radiographs and infection prevention and control, the provider was yet to embed these audits at the practice.



This section is primarily information for the provider

## Enforcement actions

Regulation 17(1)