

Verwood Dental Care Limited

# Verwood Dental Care

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 29 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 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:

- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported by the provider.
- The provider asked staff and patients for feedback about the services they provided.
- The dental clinic was visibly clean.
- Staff knew their responsibilities for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect.
- Staff provided preventive care and supported patients to ensure better oral health.

# Summary of findings

- The provider did not operate effective systems to help them manage risk to patients and staff.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- The provider's information governance arrangements were not operated effectively.
- Appropriate life-saving medicines were available.
- The provider did not have systems in place to ensure staff had completed training relevant to their roles.
- The provider's staff recruitment procedures were not operated effectively.

## Background

Verwood Dental Care is in Verwood and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking is available near the practice. The practice has made adjustments to support patients with hearing loss.

The dental team includes one specialist, two dentists, four dental nurses, one dental hygienist, two receptionists and a practice manager. The practice has three treatment rooms.

During the inspection we spoke with one dentists, three dental nurses, one dental hygienist, one 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 to Friday 8.30am to 5.30pm

## 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.

# 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. We noted that an ongoing safeguarding referral had not been recorded appropriately by the practice manager.

The provider did not have effective infection control procedures which reflected published guidance.

In particular:

- Staff washing up facilities were situated in an external room to which high levels of mould on walls and cupboards were apparent.
- Cleaning mops and buckets were not stored appropriately.
- Treatment room computer keyboards were neither washable nor covered.

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

The provider did not have adequate procedures to reduce the possibility of Legionella or other bacteria developing in water systems. Specifically, a risk assessment had been undertaken by a person who was not competent in respect of Legionella. Since our inspection we have received evidence to confirm these shortfalls have been addressed.

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

We noted the clinical waste bin was not tethered to prevent unauthorised removal from the premises. Since our inspection we have been advised this shortfall is being addressed.

We saw the main practice area and staff room 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 but improvements were needed to ensure that the required checks were carried out for every applicant.

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.

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

- Emergency lights were not tested.
- The fire alarm system was not tested appropriately.
- Waste paper bins at the side of the building were not protected from unauthorised interference and potential arson.

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

Air conditioning units were not serviced. Since our inspection we have received evidence to confirm this shortfall has been addressed.

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

# Are services safe?

## Risks to patients

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

- Sharps bins were not replaced at the appropriate intervals. This shortfall was addressed during our visit.
- Needlestick injury information was not available in any of the clinical areas of the practice. This shortfall was addressed during our visit.
- Sharps management practices did not follow the provider's sharps policy or sharps risk assessment. Since our inspection we have received evidence to confirm this shortfall has been addressed.

Window blinds were present at practice windows. The operating cords/chains were not secured to the window frame in line with British Safety standards. 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. We noted the absence of scissors, gloves and a razor when we checked the practice's automated external defibrillator (AED). Since our inspection we have received evidence to confirm this shortfall has been addressed.

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 adequate systems to minimise the risk that could be caused from substances that are hazardous to health. In particular:

- Control of substances hazardous to health (COSHH) safety data sheets were not available.
- COSHH identified products were not stored appropriately.

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

## Information to deliver safe care and treatment

Dental care records we saw were complete, legible 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.

The practice accident book was not General Data Protection Regulation (GDPR) compliant. Since our inspection we have received evidence to confirm this shortfall has been addressed.

## 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.

### **Dental implants**

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

### **Travel clinic**

We saw the provision of vaccinations was in accordance with regulations.

A visiting pharmacist operated the service, on behalf of the provider, and was appropriately trained and qualified.

Patient group directives were authorised and appropriate governance was in place and operated effectively.

### **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**

We were told that newly appointed staff received a practice induction but this was not routinely recorded. The practice manager assured us they would carry out formal inductions for new staff in future.

The practice did not have systems in place to ensure clinical staff had completed CPD as required for their registration with the General Dental Council.

In particular, records available confirmed that:

- Two of the three dentists had carried out the appropriate amount of IR(ME)R training hours in the previous five years
- Five of the 10 staff had carried out fire safety training in the previous 12 months.
- Eight of the 10 staff had carried out basic life support training in the previous 12 months.

We saw no evidence of completed staff appraisals for the hygienist, practice manager and visiting specialist.

# Are services effective?

(for example, treatment is effective)

## **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 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 information and evidence presented during the inspection process was clear and well documented.

The inspection highlighted some issues which included infection control, COSHH, fire, legionella and sharps management.

### **Culture**

Staff stated they felt respected, supported and valued.

Nursing staff discussed their training needs at an annual appraisal. They also discussed general wellbeing and aims for future professional development.

We saw no evidence of completed staff appraisals for the hygienist, practice manager and visiting specialist.

### **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.

### **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.

The practice gathered feedback from staff through quarterly 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.

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



## 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 Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p> <p><b>Infection Control</b></p> <ul style="list-style-type: none"><li>• Mops and buckets storage did not follow national guidance.</li><li>• Keyboards were not washable or covered.</li><li>• The staff kitchen area was mouldy in places.</li></ul> <p><b>Legionella</b></p> <ul style="list-style-type: none"><li>• A legionella risk assessment was carried out by someone who was not competent to do so.</li></ul> <p><b>Risks to Patients</b></p> <ul style="list-style-type: none"><li>• Window blind cords were not secured appropriately.</li><li>• The air-conditioning units were not serviced.</li></ul> <p><b>Sharps</b></p> <ul style="list-style-type: none"><li>• Needlestick injury information was not available in the surgeries and decontamination room.</li><li>• The sharps bin in the hygienist room was in use when it should have been replaced.</li><li>• Sharps handling protocols did not follow the practice's policy or risk assessment.</li></ul> <p><b>Fire safety</b></p> <ul style="list-style-type: none"><li>• Emergency lights were not tested.</li><li>• The recycling bin (outside) was not locked or tethered away from the building.</li></ul>

# Requirement notices

- Fire alarm call points were not used to test the fire alarm.

## Medical emergencies

- Gloves, razor and scissors were not available for the defibrillator (AED).

## COSHH

- Cleaning products in the decontamination room were not stored securely.
- COSHH control sheets were not available for any COSHH identified products.

## Radiography

- A critical examination for new X-ray set was not available
- The three yearly quality assurance test was not available for old X-ray set not available.

## General Data Protection Regulations (GDPR)

- The accident book not GDPR compliant.
- Computers in treatment rooms did not follow information governance codes of practice and locked when not in use.

## Effective staffing

- The practice did not have systems in place to ensure clinical staff had completed CPD as required for their registration with the General Dental Council.
- Dentists did not receive appraisals.