

# Westview Dental Practice

## Assessment report

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## Our findings

### Overall summary

We carried out this announced assessment on 14 July 2022. The assessment was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

This assessment is one of a programme of assessments that the CQC is completing at the invitation of the Isle of Man Government's Department of Health and Social Care (IOMDHSC) in order to develop an ongoing approach to providing an independent regime of health and social care providers delivered or commissioned by IOMDHSC and Manx Care.

The CQC does not have statutory powers with regard to improvement action for services on the Isle of Man, and providers on the island are not subject to CQC's enforcement powers. The assessment is unrated.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the assessment.

### **Our key findings were:**

- The service appeared to be visibly clean and maintained.
- The service had infection control procedures which did not fully reflect published guidance
- Staff knew how to deal with emergencies. Medicines and life-saving equipment were available but did not fully reflect published guidance
- Systems to help them manage risk to patients and staff could be improved
- The service had safeguarding processes. Staff awareness of their responsibilities for safeguarding vulnerable adults and children could be improved. In-person Safeguarding training was not currently available to all staff
- The service had staff recruitment procedures
- The clinical staff provided patients' care and treatment in line with current guidelines
- Staff treated patients with dignity and respect and 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
- Effective leadership, management and clinical oversight could be improved
- The practice's culture of continuous improvement could be improved
- Staff felt involved and supported and worked as a team
- The service asked staff and patients for feedback about the services they provided
- The service dealt with complaints positively and efficiently
- The service had information governance arrangements

We found areas where the practice could make improvements. CQC recommends that the practice:

- Improve the service'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.
- Take action to ensure audits are undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Improve the service systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained.
- Take action to ensure ongoing fire safety management is effective.
- Review the service protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2019 and Ionising Radiation (Medical Exposure) Regulations 2019.
- Improve the service sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

- Take action to ensure the availability of equipment in the department to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Improve the service processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.
- Implement an effective system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Improve the security of NHS prescription pads and ensure there are systems in place to track and monitor their use.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Take action to ensure the clinicians take into account the guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when promoting the maintenance of good oral health.
- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.
- Improve the practice's risk management systems for monitoring and mitigating the various risks arising.

We have also identified areas we have escalated to the IOMDHSC.

- Implement waste handling protocols to ensure the amalgam, gypsum and X-ray chemical waste is disposed of in compliance with the relevant regulations and take into account the guidance issued in the Health Technical Memorandum 07-01.
- Review the need to undertake a 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.
- Implement systems to provide in-person training, to an appropriate level, in the safeguarding of children and vulnerable adults.
- Take action to ensure the availability of an interpreter service for patients who do not speak English as their first language.

## Background to assessment

Westview Dental Practice is in Douglas, Isle of Man and provides NHS and private dental care and treatment for adults and children.

There is step access into the practice, patients who use wheelchairs and those with pushchairs who require ramp access are referred to the sister practice. Car parking spaces are available near the practice on local roads.

The dental team includes four dentists, four dental nurses, one dental hygienist and two receptionists. The team is supported by a practice manager and the practice has four treatment rooms.

The practice is open:

Monday to Friday 9am – 5pm

On the day of assessment, we spoke with two dentists, two dental nurses, one receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

You can find information about how we carry out our assessments on our website:  
<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Is the service safe?

We found this service was not always providing safe care in accordance with CQC's assessment framework.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

Staff had systems to keep patients safe, some of these systems could be improved upon.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The service had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We were told Staff knew about the signs and symptoms of abuse and neglect. Staff had not completed in-person safeguarding training.

We identified the following areas could be improved upon to align with current policy:

- When asked, staff were unfamiliar with the practice's safeguarding reporting protocols

The service had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The service did not have systems to identify adults that were in other vulnerable situations. For example: those who were known to have experienced modern-day slavery or female genital mutilation.

The service had an infection prevention and control policy and procedures.

We saw staff completed infection prevention and control training and received updates as required.

The service arrangements for transporting, cleaning, checking, sterilising and storing instruments was not conducted in line with published guidance, namely HTM 01-05 Decontamination in primary care dental practice: for example:

In the decontamination room, we noted:

- There was no clean to dirty air flow or alternative ventilation system in place other than an open door
- The manual cleaning protocol in place did not represent the current process, it was limited in detail and referred to staff using an ultrasonic bath when there was no bath in place to use
- Staff used a wire brush to remove debris from instruments

- We saw no evidence that instruments were kept moist prior to processing (there was no pre-enzymatic spray/soak available to keep instruments moist)
- Water temperature was not monitored during the instrument cleaning process
- It was not evident there was a 'handpiece care' process in place
- There was no soap, cream or hand towels available to demonstrate the dedicated hand washing sink was in use

The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the service that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of injury from a sharp instrument.

In addition, we observed, instrument transport boxes were not closed securely during transit. The decontamination room was cluttered, and we saw staff wore limited personal protective equipment during the instrument cleaning process.

Records showed that the equipment used by staff for cleaning and sterilising instruments was not validated, maintained and used in line with the manufacturers' guidance.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

The service did not have adequate procedures in place to reduce the risk of Legionella or other bacteria developing in water systems, for example:

- An appropriate legionella risk assessment had not been undertaken
- There were multiple dead legs in the cellar (a dead leg is a pipe leading to an outlet through which water flows, but the outlet is unused or rarely used. There is an increase the risk of biofilm forming at the dead leg and creating the right conditions for legionella to thrive); we were unable to confirm if these were connected to the mains water supply at the time of assessment
- The cold-water feeder tank in the loft was uncovered
- There was no legionella trained competent person identified

We saw cleaning schedules to ensure the practice was kept clean. When we inspected, we saw the practice was visibly clean.

Except for the removal of amalgam waste, the service had policies and procedures in place to ensure clinical waste was stored appropriately in line with guidance. We noted the clinical waste receptacle in the decontamination room was not being used for its designated purpose.

The service carried out annual infection prevention and control audits, these did not accurately reflect the instrument decontamination process we observed during our visit. We discussed the inclusion of learning points and action plans to the audit process to ensure continuous improvement.

The service had a Speak-Up policy and staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with appropriate guidance when providing root canal treatment to patients. In instances where a dental dam was not used, for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The service had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. We looked at staff recruitment records. These showed staff had followed their recruitment procedure.

We observed clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Improvements could be made to ensure facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. For example:

- A current fixed wiring maintenance certification was not in place
- A current maintenance and pressure vessel testing certificate for the autoclave and compressor was not available for review

Systems to ensure in-practice fire safety management could be improved, for example:

- No competent person fire risk assessment had been undertaken
- Other than an external company fire alarm check, there were no regular in-house fire safety checks being completed, we were told this was not a requirement on the Isle of Man.
- We were told fire evacuation drills were not undertaken

The service had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We noted the local rules for radiography were not accessible to all staff as required in guidance and no rectangular collimators were in use.

We were shown evidence the dentists justified, graded and reported on the radiographs they took.

The service did not complete radiography audits every year in line with current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

## **Risks to patients**

The service had not fully implemented systems to assess, monitor and manage risks to patient and staff safety. In particular relating to sharps safety and medical emergencies.

The service had current employer's liability insurance.

We looked at the practice arrangements for safe dental care and treatment.

The practice followed current safety regulations when using needles. Traditional needles and matrices were in use. Staff used a needle guard to reduce risk of a sharp's injury. A sharps risk assessment had not been undertaken to help them manage all associated sharps risks.

The service had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus. The practice had recently taken action to ensure the effectiveness of the vaccination was checked.

Staff were aware of the signs and symptoms of Sepsis. This helped ensure staff made triage appointments effectively to manage patients who presented with a dental infection and where necessary refer patients for specialist care.

We were told staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. We found staff had limited awareness of medical emergency equipment and the emergency medicines held in medical emergency kit.

We were unable to review the emergency medicines, which were held in a sealed container. We noted not all emergency equipment was available as described in recognised guidance. We found staff did not keep records to make sure these were available, within their expiry date, and in working order. For example:

- There was no portable suction unit
- There was no adult size face mask with tubing
- Three of the required five oropharyngeal airways were not present
- There was no child size self-inflating bag with reservoir

- Three of the five clear face masks for the self-inflating bag were not present

We have not received notification from the service to confirm the missing items had been ordered.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team.

The service had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. We noted these were limited in detail and did not identify first aid measures. Safety data sheets were not in place to support the risk assessments.

### **Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with the clinician to corroborate our findings.

We found improvements could be made to ensure the level of detail recorded in dental care records was in line with guidance; we discussed where improvements could be made to enhance quality standards and consistency. Dental care records we saw were kept securely.

The service had systems for referring patients with suspected oral cancer to help make sure patients were seen quickly by a specialist.

### **Safe and appropriate use of medicines**

We saw prescriptions were not stored securely or monitored as described in current guidance. Antimicrobial prescribing audits were not being completed.

### **Track record on safety, and lessons learned and improvements**

There was no system in place to ensure the service had implemented systems for reviewing and investigating when things went wrong.

The service had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

## **Is the service effective?**

We found this service was providing effective care in accordance with CQC's assessment framework.

### **Effective needs assessment, care and treatment**

The service had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The service offered dental implants. These were placed by one of the dentists at the practice who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with appropriate guidance.

### **Helping patients to live healthier lives**

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

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The clinicians described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and completing detailed charts of the patient's gum condition. We found this was not comprehensively recorded in dental care records.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce preventative advice.

## **Consent to care and treatment**

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions.

The practice team understood their responsibilities when treating adults who might not be able to make informed decisions, and that children under 18 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people.

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 dental care records containing information about the patient's current dental needs, past treatment and medical history. The dentists assessed patient's treatment needs in line with recognised guidance.

The service had some quality assurance processes to encourage learning and continuous improvement. We found improvements could be made in this area to include audits of antimicrobial prescribing and radiography. We discussed the inclusion of learning points and action plans to the audit process to ensure continuous improvement.

## **Effective staffing**

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

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the 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.



We noted there was no system in place to monitor and track external referrals to ensure they are received in a timely manner and not lost.

## Is the service caring?

We found this service was providing caring services in accordance with CQC's assessment framework.

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights. We saw staff treated patients respectfully, appropriately and kindly and were friendly and helpful towards patients at the reception desk and over the telephone.

### **Privacy and dignity**

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care.

- Interpreter services were not available locally for patients who did not speak or understand English.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The service website provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models and X-ray images.

## Is the service responsive?

We found this service was providing responsive care in accordance with CQC's assessment framework.

### **Responding to and meeting people's needs**

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

The service currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The service had made reasonable adjustments to support disabled patients. This included a hearing loop and magnifying glasses.

### **Timely access to services**

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The service displayed its opening hours in the premises and included it on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the assessment and patients were not kept waiting.

The staff took part in an out-of-hours emergency arrangement with other dental practices.

The service website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed.

### **Listening and learning from concerns and complaints**

Staff told us the practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The service had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients could receive a quick response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice had received in the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

## Is the service well-led?

We found this service was not always providing well-led care in accordance with CQC's assessment framework.

## **Leadership capacity and capability**

Improvements to leadership, management and oversight of systems and processes the provider was responsible for would enhance the delivery of care.

The provider was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

The provider was visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

## **Culture**

The service had a culture of high-quality sustainable care.

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

Systems to provide documented staff appraisal and opportunities for learning or improvement were in place.

The staff focused on the needs of patients

We saw the service had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints.

Staff could raise concerns and were encouraged to do so. They had confidence these would be addressed.

## **Governance and management**

The practice should review staff responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the service. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to staff. The application of these was not fully effective.

We identified systems and processes for managing risks, issues and performance could be improved upon. For example:

- Safeguarding systems and processes
- Infection prevention and control systems and processes
- Legionella management
- Systems to ensure effective quality assurance audits
- Systems to ensure effective oversight of facilities and equipment maintenance
- Fire safety management systems
- Safer Sharps systems
- Oversight to ensure effective medical emergency systems and processes
- Oversight and management of effective COSHH systems
- Effective clinical oversight, record keeping and governance systems
- Prescription security monitoring and tracking

- Systems to ensure effective referral monitoring and tracking
- Radiation safety arrangements

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

The service 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 involved patients, the public, staff and external partners to support the service. The team used patient surveys, comment cards and encouraged verbal comments to obtain staff and patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback about NHS services they have used.

The service 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 upon.

### **Continuous improvement and innovation**

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

The service quality assurance processes to encourage learning and continuous improvement could be improved upon. We noted audits of radiography and antimicrobial prescribing were not being completed.

The infection prevention and control audit we reviewed did not accurately reflect what we saw in practise.

The service supported and encouraged staff to complete continuing professional development, the arrangement of some training elements, such as in-person Safeguarding for the entire team was beyond the control of the department.