

## Weeton Dental Centre

Weeton Camp, Kirkham, Preston , PR4 3JQ

Defence Medical Services inspection report

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information given to us by the practice and patient feedback about the service.

Are services safe?	<b>Action required</b>	<b>X</b>
--------------------	------------------------	----------

**Contents**

Summary.....3

Are services safe?.....5

# Summary

## About this inspection

An announced comprehensive inspection of Weeton Dental Centre previously took place on 13 April 2023. As a result of the inspection, we found the practice was effective, caring, responsive and well-led in accordance with CQC’s inspection framework. However, we identified areas for improvement in the safe key question.

We followed up on the recommendations made with a desk-based inspection on 8 May 2024. The report covers our findings in relation to the recommendations made.

A copy of the previous inspection reports can be found at:

[www.cqc.org.uk/dms](http://www.cqc.org.uk/dms)

The Care Quality Commission (CQC) does not have the same statutory powers with regard to improvement action for Defence delivered healthcare under the Health and Social Care Act 2008, which also means that Defence delivered healthcare is not subject to CQC’s enforcement powers. However, as the military healthcare Regulator, the Defence Medical Services Regulator (DMSR) has regulatory and enforcement powers over Defence delivered healthcare. DMSR is committed to improving patient and staff safety and will take appropriate action against CQC’s observations and recommendations.

This inspection is one of a programme of inspections that the CQC will complete at the invitation of the DMSR in their role as the military healthcare Regulator for the DMS.

## Background to this practice

Co-located with Weeton Medical Centre, the dental centre is a 1 chair practice providing a routine, preventative and emergency dental service to a military patient population of around 500. The practice is open Monday to Wednesday from 08:00 to 16:30 hours (closed 12:30 - 13:30). On Thursdays the practice is closed to patients. On Fridays the practice is open 08:00 – 12:30. Urgent appointments are routinely available Mondays to Wednesdays at 13:30 and patients can also be seen at other military practices nearby. Out of hours emergency care can be accessed via the regional on-call rota.

## The staff team at the time of inspection

Senior Dental Officer	1
Dental nurses	1 military 1 civilian (2 days civilian locum)

Practice Manager	1
------------------	---

## Our Inspection Team

This inspection was undertaken remotely by a CQC inspector and a dental nurse specialist advisor (by telephone).

## How we carried out this inspection

Prior to the inspection we had telephone calls with the Senior Dental Officer and the dental nurse/practice manager to discuss the improvements made. The practice sent through evidence electronically including photographic evidence.

### At this inspection we found:

- Information was now being provided to the practice monthly to give assurance that water temperatures tested by the property safety team were within the set parameters.
- The building infrastructure meant staff were unable to work in line with best practice guidelines for the decontamination of dental instruments due to the unsuitability of the central sterile services department (CSSD). Workarounds were in place whilst waiting for a refurbishment of the building but these were not sustainable long term.
- Cleaning arrangements were now formalised into a written schedule and effective monitoring provided assurance that standards were met.

**The Chief Inspector has no recommendations for the dental team.**

### **The Chief Inspector recommends to Defence Primary Healthcare (DPHC) and Station Teams:**

Ensure that the building is appropriate and safe for the provision of dental care and follows the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. This should include the provision of a CSSD which is fit for purpose.

**Mr Robert Middlefell BDS**

**National Professional Advisor for Dentistry and Oral Health**

## Our Findings

### Are Services Safe?

#### Monitoring health & safety and responding to risks

At the previous inspection we found that the practice did not hold the full legionella testing report. At this inspection we were sent evidence to show that the practice had a copy of the most recent legionella risk assessment for the building and this had been undertaken in June 2023. Monthly water testing was completed and these results were shared with the practice.

At the last inspection we found the building was not fit for its intended use. It was an old building and we noted flaking paint, mould on window frames (including in the central sterile services department (CSSD), broken cabinetry and shelving, unstable tables and surfaces and sinks and taps that did not comply with Infection Prevention and Control (IPC) guidelines. The store cupboard was cramped without ventilation and there were black stains on the walls and ceilings which suggested an issue with mould. The staff room coupled as an office for the Senior Dental Officer (SDO) and was cramped and meant that staff did not have an appropriate area to change in. An old table was being used to support a large printer and this posed a risk to staff due to instability. Since then, improvements made included a deep clean of the storeroom and all unnecessary items had been removed. Various items had been removed from the changing room in order for it to be bespoke to that purpose. The SDO office had been relocated to the surgery and the staff food and drink preparation was now more appropriately in the medical centre staff room. The tables had been adjusted so they were now appropriate to the size of items placed upon them.

A statement of need had been submitted to implement the improvements required to bring the facility in line with national IPC standards. We saw the initial building plans for a new bespoke medical and dental centre which was funded and planned for 2027-2029.

#### Infection control

One of the dental nurses was the lead for IPC and had the skills and experience for the role. The local IPC policy took account of the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health.

At the previous inspection we saw that staff were unable to work in line with national practice guidelines for the decontamination of dental instruments due to the unsuitability of the CSSD and laboratory space. Since then, the decontamination and sterilisation of instruments has been moved into the dental surgery and this was being used as the CSSD.

Decontamination scored 82%% on the IPC audit as the arrangements for decontamination were not fully compliant with HTM 01-05. The team had made every effort to meet

compliance standards and their efforts were commendable. However, the decontamination area was not fully safe. The ultrasonic bath was left on the windowsill when in use. We discussed the concern that this could tip and if it would be better placed on the worktop. Unfortunately, due to the small surgery and limited space this was not an option. Due to the confined decontamination area, there was limited space for decontaminated instrument handling prior to transfer to the ultrasonic bath. The sharps bin and Insafe were located next to the steriliser with the sharps injury process displayed.

The dental nurse had adapted working practices to accommodate in-surgery sterilisation. There had been no near misses or incidents to staff nor patients. The dental chair had been rotated clockwise to mitigate the risk of patient contact with contaminated instruments/ splashes. The adaptations were not ideal, and there was increased noise during patient appointments and staff were working in cramped conditions.

The previous decontamination area did not have sufficient ventilation. As the new build is not expected for another 2-4 years the current arrangements were not fit for long term use.

Records of routine checks were maintained to demonstrate the ultrasonic baths and autoclaves were monitored to ensure they were working correctly. Equally, records of temperature checks and solution changes were in place. Instruments and materials were regularly checked with arrangements in place to ensure materials were in-date

Environmental cleaning of all areas was carried out twice daily by a contracted company at times suitable to the practice. Previously the hours/timings of cleaning did not conform to the contract or what the practice required to work safely. This had now improved and cleaners worked to the agreed contract and at improved times.

At the previous inspection there was no arrangement in place for deep cleaning. As part of this follow-up inspection, we received evidence to show that a deep clean of the premises was arranged and these were contracted to continue.