

Strictly Dental Limited

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## Inspection report

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### Overall summary

We carried out this announced focused inspection on 13 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:

- The practice had infection control procedures which reflected published guidance.
- The practice had 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.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.

# Summary of findings

- Staff knew how to deal with medical emergencies. Improvements were needed to the protocols to ensure emergency equipment and medicines were available as described in the Resuscitation Council UK 2021 guidelines.
- The dental clinic had information governance arrangements; however, improvements were needed in relation to the use of closed-circuit television (CCTV).
- Improvements were needed to the protocols for managing and dispensing medicines.
- The dental clinic was visibly clean and well-maintained; however, improvements were needed to the storage arrangements of the cleaning equipment.

## Background

The provider has two practices and this report is about Strictly Dental Limited .

The practice is in Carlisle in Cumbria and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice via a removable ramp for people who use wheelchairs and those with pushchairs. The practice is located close to local transport links and car parking spaces, are available near the practice. The practice has made reasonable adjustments to support patients with additional needs, for example the availability of a hearing induction loop and handrails.

The dental team includes four dentists, seven dental nurses, one trainee dental nurse, three dental hygienists, one dental therapists, two receptionists and the practice manager. The practice has five treatment rooms.

The practice manager could not be available on the day of the inspection. We carried out a video call with them and discussed practice protocols and procedures. During the inspection we spoke with three dentists, three dental nurses and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Mondays and Thursdays from 9am to 6pm

Tuesdays and Wednesdays from 9am to 5pm

Fridays from 9am to 4pm

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

- Implement protocols for the use of closed-circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.
- Take action to ensure the availability of medicines in the practice to manage medical emergencies taking into account the guidelines issued by the British National Formulary and the General Dental Council. Review the practice's protocols for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Improve the practice's systems for checking and monitoring equipment, including X-ray equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular in relation to the ultrasonic bath and the suction motor.

# Summary of findings

- Take action to improve audits to ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

# 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?	No action	✓

# 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 infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance. On the day of the inspection we noted some of the information downloaded from the decontamination equipment was not accessible to review. The practice discussed this with an engineer who adjusted the settings on the computer to ensure this information could be accessed if required.

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; however, improvements were needed to the storage arrangements for the cleaning equipment to ensure they were fit for use.

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

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions, the exception to this was the ultrasonic bath and the suction motor. The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective. Improvements could be made to ensure fire drills were carried out regularly.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We discussed the importance of ensuring any recommendations made following the servicing of the equipment were acted upon. We noted three of the four X-ray units had low-risk recommendations made at the time of the last service and there was no evidence staff were aware of these or that they had been carried out.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and lone working. Most staff we spoke to had a good understanding of the recognition, diagnosis and early management of sepsis, however we discussed the benefits of reception staff undertaking this training.

Emergency equipment and medicines were available and checked in accordance with national guidance, with the exception of the medicine used to treat low blood glucose. On the day of the inspection we found two injections of Glucagon were stored in the fridge and were beyond their use-by date. A third injection was stored in the medical emergency kit and the date had not been adjusted as required; this meant it was also beyond its use-by date. We also

# Are services safe?

noted three syringes of glucose gel that were beyond their use-by date had not been replaced and disposed of. We discussed this with the practice and the items were ordered immediately. We also discussed the importance of ensuring the fridge temperature was monitored to ensure that medicines and dental care products were being stored in line with the manufacturer's 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.

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

Dental care records we saw were complete, legible, were kept securely 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. We discussed the importance of all staff involved in the monitoring of referrals to be aware of the protocols in relation to urgent referrals to ensure patients were seen in a timely manner.

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

The practice should improve the systems for appropriate and safe handling of medicines to include a stock monitoring and rotation protocol and improvements to the information recorded when dispensing medicines.

## **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.

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

### **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 following current guidance and legislation. Improvements could be made to the auditing protocol to ensure any issues highlighted in the audit can be appropriately assessed and an action plan formulated.

### **Effective staffing**

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

Newly appointed staff had a structured induction and clinical staff completed 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.

The practice was a referral clinic for dental implants, and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

# Are services well-led?

## Our findings

We found this practice was providing well-led care in accordance with the relevant regulations.

### **Leadership capacity and capability**

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

There was strong leadership and emphasis on continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions.

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**

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

Staff discussed their training needs during annual appraisals and during clinical discussions. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

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

We saw there were clear and effective processes for managing risks, issues and performance.

### **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. On the day of the inspection we noted the provider had installed closed-circuit television (CCTV), to improve security for patients and staff. There was no information available to patients in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). There was no evidence a policy and privacy impact assessment had also not been completed.

### **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 practice had systems and processes for learning, continuous improvement and innovation.



# Are services well-led?

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. We discussed improvements could be made to the auditing protocols to ensure outcomes and any action plans were created to drive further improvement.