

Grange Farm Dental Practice Ltd

# Grange Farm Dental Practice

## Inspection report

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### Overall summary

We carried out this announced focussed inspection on 23 July 2021 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 provider 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.

As part of this inspection we 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:**

##### **Are services safe?**

We found this practice was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found this practice was providing effective care in accordance with the relevant regulations.

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

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

# Summary of findings

## Background

Grange Farm Dental Practice is in Milton Keynes 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 is available near the practice.

The dental team includes three dentists, two GDC registered dental nurses and one trainee dental nurse, two dental hygienists one of whom is employed by the practice. An anaesthetist visits the practice to provide conscious sedation to patients. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Grange Farm Dental Practice is the principal dentist.

During the inspection we spoke with two dentists, three dental nurses, one dental hygienist, and the anaesthetist who provides sedation at the practice. 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 5pm and alternate Saturdays.

## Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff although there was no evidence that fixed wiring testing had been completed within 5 years.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation. However, we found that the policy had not always been followed, as not all staff records we reviewed had satisfactory evidence of conduct in previous employment (references) or a Disclosure and Barring Service checks (DBS) completed at the time of employment.
- 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 provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.

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

# Summary of findings

- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice. In particular ensuring satisfactory evidence of conduct in previous employment (references) is sought for newly recruited staff in line with the practice's recruitment policy.
- Take action to implement all recommendations in the practice's 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.
- Take action to ensure audits of radiography, and infection prevention and control 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.
- Implement an effective system for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.

# 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)**

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The provider ensured all staff had received safeguarding training. The principal dentist was the safeguarding lead and had completed level 3 safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Contact details for local authority safeguarding teams were displayed on a staff noticeboard.

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

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff carried out manual cleaning of used dental instruments prior to sterilising them.

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.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which had been completed in 2019. Actions, such as the servicing of the combi-boiler, had been completed. However we did not see evidence that all the recommended actions had been implemented. In particular, works identified to the dead leg pipework, the appointment in writing of a legionella lead and deputy, and legionella training for staff.

A subsequent in-house legionella risk assessment had also been completed. The principal dentist stated a further risk assessment would be arranged after the inspection and any actions identified implemented. Records of water testing and dental unit water line management were maintained.

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

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

The infection control lead had carried out an infection prevention and control audit just prior to our inspection which showed the practice was meeting the required standards. However, there was no evidence that these had been completed twice a year prior to this, in line with recognised standards.

# Are services safe?

The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy and staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as 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 provider 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 although we found that the policy was not always followed. We looked at four staff recruitment records. Two of the staff records did not contain satisfactory evidence of conduct in previous employment (references) in accordance with the practice's policy. A new DBS check had not been completed at the time of employment for one staff member but only several months afterwards.

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

We found facilities and equipment were maintained according to recognised guidance and manufacturers' instruction. This included the servicing of the gas boiler and the testing of portable electrical appliances. The provider was unable to locate the 5 year fixed wire testing certificate on the day of the inspection, however assured us this would be undertaken immediately following our inspection.

A fire risk assessment had been carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider had carried out a radiography audit but there was scope to extend this to all clinicians at the practice and improve the quality to include documented action points. The two X-ray units were fitted with rectangular collimators.

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

The practice had a cone beam computed tomography (CBCT) X-ray machine. Staff had received training in the use of it and appropriate safeguards were in place for patients and staff.

The practice had a laser for use in dental surgical procedures. A Laser Protection Advisor had been appointed and local rules were available for the safe use of the equipment. Evidence of staff training was also available.

## **Risks to patients**

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus and that the effectiveness of the vaccination was checked. However, we saw that the safest types of needle as recommended in national guidance were not being used, although this had been risk assessed. Sharps' bins were sited safely and labelled correctly.

Staff had awareness of the signs of sepsis and sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

# Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training with airway management for staff providing treatment under sedation was also completed.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

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

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

## **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 clinicians to confirm our findings and observed that individual records were written and typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

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

The provider had systems for appropriate and safe handling of medicines including the dispensing of medicines. There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

An antimicrobial prescribing audit had been completed in June 2021 which indicated the dentists were following current guidelines.

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

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

The practice had an incident reporting policy in place and specific forms were available to complete in relation to these. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were not always received at the practice. After the inspection the principal dentist said that she would sign up to receive these alerts and share them with the dental team.

# 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 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 practice offered conscious sedation for patients. This included patients who were very anxious about dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of their health using the guidance.

The records showed that staff recorded important checks at regular intervals during the sedation. These included pulse, blood pressure, breathing rates and the oxygen content of the blood.

The sedationist was supported by a trained second individual. The name of this individual was recorded in the patients' dental care record.

The practice 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 national guidance.

Staff had access to a CBCT X-ray machine, intra-oral camera and water laser to enhance the delivery of care.

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

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

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

The dentists/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 dental hygienist 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 recording detailed charts of the patient's gum condition.

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



# Are services effective?

(for example, treatment is effective)

## **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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who were looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement although there was scope to extend this to all clinicians and improve the quality of the audits to include the resulting action plans and improvements.

## **Effective staffing**

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role.

Staff new to the practice had a structured induction programme.

## **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 received referrals for minor oral surgery from local dental practices and we saw staff monitored and ensured the dentists were aware of all incoming referrals. The principal dentist 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 providing well-led care in accordance with the relevant regulations.

### **Leadership capacity and capability**

We found the principal dentist had the capacity, values and skills to deliver high-quality, sustainable care. We received consistently good feedback from staff about the principal dentist who they described as approachable and supportive.

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them and earlier in the year had signed up with a compliance company to support with governance at the practice.

### **Culture**

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

Staff told us they valued the open and inclusive culture of the practice which meant they were confident their concerns would be listened to and acted on.

The practice had a duty of candour policy in place, and staff were aware of its requirements for openness and honesty with patients if things went wrong.

The practice had a complaints policy and the complaints procedure was on display in the patients' waiting room with contact details of the General Dental Council and Dental Complaints Service.

Staff stated they felt respected, supported and valued. They were proud to work in the practice and two staff members we spoke with said they really enjoyed the job.

Staff discussed their training needs at an annual appraisal. We saw evidence of completed appraisals in the staff folders.

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

### **Governance and management**

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

The principal dentist provided clinical leadership and had overall responsibility for management of the practice. At the time of the inspection we were informed that the practice manager had just handed in her notice but the principal dentist was actively recruiting for a replacement practice manager who would have responsibility for the day to day running of the practice and take on some responsibility for governance.

The provider 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 provider 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**

# Are services well-led?

Communication at the practice was good. The provider gathered feedback from staff through monthly meetings, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

The practice had established a social media platform which provided staff with updated information and during the initial lockdown the principal dentist rang staff to check on their welfare.

Staff stated that patients were sent emails following their treatment asking them to review the practice. At the time of our inspection, the practice was showing 5 stars out of 5 based on 29 reviews.

## **Continuous improvement and innovation**

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

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, infection prevention and control and antimicrobial prescribing. There was scope to extend the audits to include all clinicians and improve the quality of the audits to include action plans and identified areas of improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, when a member of staff requested a specialist piece of equipment to help drain instruments it was bought immediately.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.