

Mawsley Dental Clinic Limited

Mawsley Dental Clinic

Inspection report

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Overall summary

We carried out this announced comprehensive on 16 August 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 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 inspection.

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. Evidence was not available to demonstrate that some staff had completed safeguarding vulnerable adults and children training to the required level.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff 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.
- 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.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

The provider has 79 practices and this report is about Mawsley Dental Clinic.

Mawsley Dental Clinic is in Mawsley, Northamptonshire and provides NHS and 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 spaces, including dedicated parking for disabled people, are available in the practice car park which is shared with the medical centre. The practice has made reasonable adjustments to support patients with additional needs.

The dental team includes six dentists, six dental nurses, including two trainee dental nurses, two dental hygienists, one dental therapist, two receptionists, a cleaner and a practice manager. The practice manager has applied to become the registered manager for the service. The practice has six treatment rooms.

During the inspection we spoke with two dentists, two dental nurses, one receptionist and the practice manager. The Clinical Quality Manager from Colosseum Dental was also present throughout this inspection. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Wednesday from 8am to 8pm

Thursday to Saturday from 8am to 5.30pm

Sunday Closed

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

- Take action to ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	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. Training certificates seen did not demonstrate that all staff had completed the full training for the required number of hours regarding safeguarding children and vulnerable adults. We were assured that all staff would complete the required training and following this inspection we were told that this would be completed by 26 August 2022. Practice meeting minutes showed that safeguarding was discussed with staff.

The practice had infection control procedures which reflected published guidance. A trainee nurse was the infection prevention and control lead and had completed infection control lead training. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. Action was being taken to address issues identified in the Legionella 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. Cleaning logs were maintained, and spot checks were completed to ensure the practice was visibly clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. The disclosure and barring service (DBS) check had not been updated for one staff member when they changed their job role at the practice. Following this inspection, we were told that an application had been submitted for an enhanced check as required.

Where references for staff had been requested by the practice and not received, a risk assessment was completed. Risk assessments had also been completed where evidence of hepatitis B immunity levels were not available, or staff did not have immunity.

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 practice ensured the facilities were maintained in accordance with regulations. Any issues with the facilities or equipment were reported to the maintenance team using the provider's online portal.

A fire risk assessment was carried out annually in line with the legal requirements and the management of fire safety was effective. Staff logged checks completed on fire safety equipment.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Including: Cone-beam computed tomography (CBCT). We noted that monthly phantom image tests were not being completed however, following this inspection, we were told that the clinical quality management team were discussing this at the next clinical meeting.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working. Staff completed training regarding sepsis and information regarding sepsis was on display in the practice.

Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. In addition to practical training sessions, staff also undertook online training and medical emergency scenarios were discussed during practice meetings.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Material safety data sheets were available for each product in use. Control of substances hazardous to health information for the cleaning products in use were stored within the main folder and not stored separately for ease of access by the cleaner.

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.

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. Safety alerts were discussed during practice meetings.

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. This included weekly bulletins, clinical staff meetings and clinical supervision.

We saw the provision of dental implants was in accordance with national guidance. However, we noted that a dental implant audit was not being completed. We were assured that this was in the process of being addressed and following this inspection, we were told that a surgery log for failed implants was now in place to support this audit.

Helping patients to live healthier lives

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

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate. Clinical notes recorded information regarding smoking cessation advice given to patients.

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 and completed training regarding this.

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

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 caring?

Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television, to improve security for patients and staff. Relevant policies and protocols were in place.

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.

Staff gave patients clear information to help them make informed choices about their treatment.

The practice's 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, videos and X-ray images.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice 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.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. Treatment rooms were available on both the ground and first floor of the premises and a disabled access toilet was available on the ground floor.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. Extended opening hours were provided on a Saturday from 8am to 5.30pm and on Monday to Wednesday from 8am to 8pm.

The practice had an appointment system to respond to patients' needs. Each dentist kept appointment slots available each day to see patients with a dental emergency.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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

At the time of inspection, a new practice manager had been employed and was applying for registration with the Care Quality Commission as required as a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered.

Leadership capacity and capability

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

The manager had been employed at the practice recently. Staff felt that there was now a strong leadership within the practice and emphasis on continually striving to improve. Staff commented that support was provided by staff within head office as required.

Systems and processes were embedded, and staff well worked together.

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 supervision. 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.

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. A survey was sent to each patient following their appointment. Patients were asked to give a score to various aspects of their experience at the practice and to share any comments. Information from these surveys was discussed individually with staff and also during practice meetings. The practice manager was able to respond to patients who had completed a survey.

Are services well-led?

The practice gathered feedback from staff through meetings, six-monthly 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. This included sharing of information companywide, weekly bulletins and learning from accidents, incidents and complaints.

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. The implantology specialist dentist was not completing an audit of dental implant failure rates. We were told that this was being addressed.