

Mr Duncan William Thomas

Market Street Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 4 October 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 5 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.
- 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.
- 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.

Summary of findings

- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement. Changes could be made to the auditing protocols to drive further improvement.
- The practice had infection control procedures which reflected published guidance. Some improvement was needed in relation to storing instruments in a moist state until ready to be cleaned and decontaminated.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- 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.
- The practice had systems to help them manage risk to patients and staff. Improvements were needed to ensure any recommendations made within a risk assessment are actioned. In addition, a plan should be put in place to safely evacuate patients with reduced mobility in the event of a fire.

Background

Market Street Dental Practice is in Alnwick in Northumberland and provides NHS and private dental care and treatment for adults and children.

The practice is in a mid-terrace, town centre, first floor property with access via stairs. There is a stair-lift available to assist patients with reduced mobility. The practice is located near local transport routes 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 information in large print.

The dental team includes 5 dentists, 7 dental nurses, 1 trainee dental nurse, 3 dental therapists, 1 receptionist, 1 dental nurse/receptionist, 1 practice manager/dental nurse and a business manager. The practice has 4 treatment rooms.

During the inspection we spoke with 3 dentists, 1 dental nurse, 1 receptionist, the practice manager and the business manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday and Thursday from 8.30am to 5.30pm

Wednesday from 8.30am to 6pm

Friday from 8.30am to 5pm

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

- Take action to improve audits to ensure that, where appropriate, audits have documented learning points, action plans and the resulting improvements can be demonstrated.
- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities.

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.

The practice had infection control procedures which reflected published guidance. We noted the practice cleaned instruments as soon as possible after use but when this was not possible, systems were not in place to store them in a moist or humid environment until subsequent decontamination.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems. We were shown a risk assessment carried out on 16 September 2021 where a number of recommendations had been made. Action had not been taken to address all the recommendations. We discussed this with the managers and we received confirmation immediately after the inspection that all recommendations had now been actioned.

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.

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. We looked at the records for the routine testing of the ultrasonic bath and noted 1 of the quarterly tests was not being completed. We discussed this with staff who felt sure this was being carried out but hadn't been recorded. The practice manager assured us they would ensure all routine tests would be recorded consistently.

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 overall, the management of fire safety was effective. We noted the practice had not considered how to safely evacuate patients with reduced mobility in the event of a fire. The managers assured us this would be addressed as a matter of priority.

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

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety, including sharps safety. Improvements could be made to the sharps risk assessment to consider the risks to staff from all forms of dental sharps. We also discussed with the managers the benefits of staff undertaking sepsis awareness training.

Emergency equipment and medicines were available and checked in accordance with national guidance. We noted the practice had 2 doses of the medicine used to treat low blood-sugar and both were stored at room temperature. However, the date had not been adjusted as required and this meant 1 of the doses was beyond its use-by date. This was immediately addressed.

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.

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.

Safe and appropriate use of medicines

Systems were in place to ensure NHS prescription pads were stored securely; however, improvements could be made to the monitoring protocols to ensure all prescriptions could be accounted for as described in current guidance.

Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for receiving and acting on safety alerts and also for reviewing and investigating incidents and accidents. Staff described the system for reviewing and sharing any learning; however, this was not always consistently recorded.

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.

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.

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.

On the day of inspection, we saw patient feedback was gathered and reviewed on a monthly basis. In the most recent report we noted, on average, 99% of patients surveyed rated the practice 5 stars.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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

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.

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.

Timely access to services

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

The practice had an appointment system to respond to patients' needs.

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.

Leadership capacity and capability

The practice 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 the areas where improvements could be made the principal dentist and the managers assured us plans would be put in place to rectify these.

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.

Some staff at the practice were long-standing members of the team and had been at the practice in excess of 15 years. They told us they enjoyed working at the practice and were like a family.

Staff discussed their training needs during annual appraisals. 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.

On the whole we saw there were processes for managing risks, issues and performance. The inspection highlighted some additional areas where improvements could be made in relation to the adherence to published guidance, risk management and prescription safety.

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.

The practice gathered feedback from staff through 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 was also a member of a good practice certification scheme.

Continuous improvement and innovation

Are services well-led?

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

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.