

Priory Park Dental Practice

Inspection report

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Overall summary

We conducted this announced comprehensive inspection on 19 June 2023 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 advisor.

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 appeared clean and well-maintained.
- The practice had infection control procedures that mostly reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Recruitment procedures ensured only suitable staff were employed.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- Patients were treated with dignity and respect, and received a high level of care.
- There was effective leadership and a culture of continuous improvement.

Summary of findings

- Auditing was used effectively by staff to drive improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.

Background

Priory Park Dental Practice is based in St Neots and provides both NHS and private dental care and treatment for adults and children. In addition to general dentistry, the practice offers dental implant treatments and sedation services. The practice is part of the Enamel Dental Care Group which has 18 practices in the UK.

The practice has made reasonable adjustments to support patients with access requirements including level access, ground floor surgeries and a fully accessible toilet.

The dental team includes 7 dentists, 10 dental nurses, 4 dental hygienists, a practice manager and administrative staff. The practice has 6 treatment rooms.

During the inspection we spoke with 2 dentists, a compliance support officer, the registered manager, 2 nurses and the receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open Mondays from 8am to 5.30pm; on Tuesdays from 8am to 8pm, on Wednesdays from 8am to 6pm, on Thursdays from 8am to 8pm, on Fridays from 8am to 4.30pm; and on Saturdays from 9am to 2pm.

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

- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices.

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. All staff had undertaken appropriate training and there was useful information about safeguarding procedures around the practice, making it easily accessible to both patients and staff.

The practice had infection control procedures which reflected published guidance. The practice had its own washer disinfectant. However, this was broken and had been out of use for some time. We advised staff that the use of a washer disinfectant was best practice as it was the most effective way to clean dirty instruments and carried the least risk of sharps injury for staff. We noted rips in two dental chairs and some chipped cabinetry in treatment rooms which could compromise effective cleaning. There was no system in place to ensure that rubber gloves and long handled brushes were changed each week.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. Files for recently employed staff we reviewed showed that appropriate checks had been undertaken prior to staff commencing their employment.

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

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

Staff had received appropriate fire training and fire safety equipment was checked and maintained.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. We advised that the practice's radiation protection supervisor undergo training for the role to ensure they were up to date with the latest guidance and policies in relation to radiation safety.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness. We viewed risk assessments which covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce them.

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.

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

Information to deliver safe care and treatment.

Are services safe?

Patient care records were complete, legible, 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 storage and safe handling of medicines.

Antimicrobial prescribing audits were carried out to ensure clinicians were prescribing according to national recommendations.

Track record on safety, and lessons learned and improvements.

The practice had systems to review and investigate incidents and accidents, and these were discussed by staff at practice meetings.

The practice had a system for receiving and acting on national 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 clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

We found that the provision of dental implants and sedation services 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. Four dental hygienists worked at the practice to support patients with gum disease and oral health.

We were shown small information cards that clinicians could give patients in relation to smoking cessation services, as well as posters in the waiting area.

The practice sold dental sundries to support patients with their oral hygiene such as interdental brushes, mouthwash, floss and toothbrushes.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. We found that staff understood their responsibilities under the Mental Capacity Act 2005 and Gillick Competency guidelines.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice conducted radiography audits six-monthly following current guidance.

Effective staffing

The practice had a well-established staff team, many of whom had worked there for years.

We found they had the skills, knowledge and experience to carry out their roles. They told us they had plenty of time for their role and did not feel rushed in their job. The hygienists worked with chairside support.

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 dentist 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 provided us with specific examples of where they felt they had been particularly caring towards patients. This included assisting one patient to find a replacement wheel for their mobility scooter, delivering an urgent prescription to a patient's home address and working with a local care home to improve the oral health of one of their residents.

Many of the staff had undertaken training in autism and learning disability awareness to improve their understanding of patients living with these conditions.

Privacy and dignity

Staff were aware of the importance of privacy and all patient notes were held digitally. 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 and 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 dentist explained the methods they used to help patients understand their treatment options. These included the use of visual aids, dental models and X-rays.

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 was accessible to wheelchair users. There were 2 ground floor treatment rooms and a fully accessible toilet. A portable hearing loop was available to assist patients who wore hearing aids and reading glasses were available to help patients read any paperwork.

The practice offered patients an email and text appointment reminder service.

Timely access to services

At the time of our inspection the practice was able to take on both new private and NHS patients and waiting times for a routine appointment were about a week. The practice opened until 8pm two evenings a week and on a Saturday morning, giving patients good access to appointment times to suit their needs.

Emergency slots for patients in dental pain were available each afternoon. The practice's answerphone provided telephone numbers for patients needing emergency dental treatment when the practice was not open.

Listening and learning from concerns and complaints

We noted information about how patients could raise their concerns in the waiting area and reception staff spoke knowledgeably about the practice's procedure to deal with patients' complaints.

We reviewed records in relation to 2 recent complaints and saw they had been dealt with in a timely, professional and empathetic way.

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

There was strong leadership with emphasis on people's safety and continually striving to improve. We found senior staff to be knowledgeable and clearly committed to providing a good service to both patients and staff.

The practice manager was responsible for the day to day running of the practice and was well supported by the provider's chief operations officer and compliance staff. They also had regular meetings with other practice managers in the group to share best practice and discuss any issues.

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

The information and evidence presented during the inspection process was clear and well documented. Records required by regulation for the protection of staff and patients and for the effective running of the service were maintained, up to date and accurate.

Culture

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

Communication systems in the practice were good, with regular monthly meetings for all staff and additional meetings for dental nurses and receptionist.

Staff stated they felt respected and supported, and clearly benefitted from the ethos, leadership and management approach of senior staff.

Governance and management

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

The practice had a governance system 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.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients via surveys which were easily available on the reception desk. These asked for patients' views about how they were treated by the dental team; if their treatment had been explained well, and the cleanliness of the practice. We viewed about 10 responses which indicated patients were happy with the service they received. One patient's suggestion to improve telephone access to the practice had been implemented by staff.

Feedback from staff was obtained through meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and told us these were listened to by managers.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement and innovation. These included audits of patient care records, radiographs, dental implant failure, complaints and infection prevention and control, which were undertaken by an external clinical consultant. Staff kept records of the results of these audits and the resulting action plans and improvements.