

Mr. Richard Browne

# St George's Dental Practice

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of St George's Dental Practice on 27 May 2022. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who had access to a specialist dental adviser.

We undertook a focused inspection of St George's Dental Practice on 04 May 2022 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe, effective and well led care and was in breach of regulations 12, Safe care and treatment, 17, Good governance and 19, Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for St George's dental practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- Is it safe?
- Is it effective?
- Is it well-led?

#### **Our findings were:**

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

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 27 May 2022.

# Summary of findings

## **Are services effective?**

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 27 May 2022

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

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 27 May 2022.

## **Background**

St George's Dental Practice is in Canterbury 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 people with disabilities, are available near the practice.

The dental team includes four dentists, one registered dental nurse, who is the practice manager and two trainee dental nurses. The practice has four treatment rooms, one of which on the ground floor is decommissioned; therefore, access for wheelchair users is not currently available.

During the inspection we spoke with a dentist, a dental nurse, and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

9am to 5pm Monday, Tuesday and Friday

9am to 6pm Wednesday and Thursday

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# Are services safe?

## Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At the inspection on 27 May 2022 we found the practice had made the following improvements to comply with the regulations:

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

The practice had implemented safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. All staff had completed safeguarding training for both adults at risk 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.

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

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. The practice ensured the facilities were maintained in accordance with regulations.

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

### **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.

All emergency equipment and medicines were now available and we saw that these were being checked weekly in line with national guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support.

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 improved, legible, were kept securely and complied with General Data Protection Regulation requirements. We saw that the dentists had booked courses relating to records keeping.

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

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

# Are services safe?

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

The practice had implemented systems for reviewing and investigating when things went wrong. The practice had a system for receiving and acting on safety alerts.

The provider had also made further improvements:

- The boiler had been replaced
- We saw refurbishment of the practice was being planned

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this practice was providing effective care and was complying with the relevant regulations.

At the inspection on 27 May 2022 we found the practice had made the following improvements to comply with the regulation:

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental professionals up to date with current evidence-based practice.

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

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

### **Consent to care and treatment**

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

### **Monitoring care and treatment**

The practice kept improved dental care records in line with recognised guidance.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audit and these will be completed six-monthly following current guidance and legislation.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. We saw that the supervision of trainee dental nurses was improved.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

# Are services well-led?

## Our findings

We found that this practice was providing well-led care and was complying with the relevant regulations.

At the inspection on 27 May 2022 we found the practice had made the following improvements to comply with the regulations:

### **Leadership capacity and capability**

The practice/practice demonstrated an improved culture in relation to people's safety.

There was leadership and systems and processes to help the practice improve.

Systems and processes were becoming 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 improved processes to support and develop staff with additional roles and responsibilities.

### **Culture**

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

Staff had recently discussed their training needs during appraisal and one to one meetings. 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 processes for managing risks, issues and performance.

### **Appropriate and accurate information**

Staff could now act on appropriate and accurate information as this information was no available to them.

### **Engagement with patients, the public, staff and external partners**

Staff were in the process of gathering feedback from patients, the public and external partners and told us they would act on the feedback once collated.

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.

### **Continuous improvement and innovation**

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

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 were being addressed.