

Camden Place Dental Implant Centre Limited

Camden Place Dental Practice

Inspection report

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Overall summary

We undertook a follow up comprehensive inspection of Camden Place Dental Practice on 6 April 2023. This inspection was carried out to review 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 was supported by a specialist dental advisor.

We had previously undertaken a focused inspection of Camden Place Dental Practice on 1 November 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 or well-led care and was in breach of regulations 12, 17 and 19 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 Camden Place Dental Practice on our website www.cqc.org.uk.

When 1 or more of the 5 questions are not met, we require the service to make improvements. We then inspect again after a reasonable interval.

As part of this inspection we asked:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Summary of findings

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 1 November 2022.

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 1 November 2022.

Are services caring?

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

Are services responsive?

We found this practice was providing responsive 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.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 1 November 2022.

Background

Camden Place Dental Practice is in Preston 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 spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes 3 dentists, 3 dental nurses, 1 dental hygiene therapist, 1 receptionist and a practice manager. The practice has 4 treatment rooms.

During the inspection we spoke with the principal dentist, 1 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:

Summary of findings

Monday to Thursday 8.30am to 5pm

Friday 8.30am to 4pm

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

- Take action to ensure audits have documented learning points and the resulting improvements can be demonstrated.

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

At the inspection on 6 April 2023 we found the practice had made the following improvements to comply with the regulations:

The practice had up to date safeguarding processes and information available to staff in relation to safeguarding vulnerable adults and children. Staff had completed safeguarding training to the required level for their role and the lead had received additional training to support them in their role.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. Staff had completed Legionella awareness training. Water temperatures were monitored, and lesser used outlets identified and flushed.

The practice had a recruitment policy and procedure in accordance with relevant legislation. Evidence of Disclosure and Barring Service (DBS) checks, qualifications, references, indemnity and immunisations were held securely for all staff members, including visiting and temporary staff.

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

The management of fire safety was effective. A fire safety risk assessment had been carried out in line with the legal requirements. All recommendations had been acted on in a timely way, an unsuitable fire extinguisher had been replaced, fire detection and emergency lighting systems had been installed and processes were being established to evidence regular testing of these and install fire doors. Staff had completed fire marshal training and processes to safely evacuate a sedated patient in the event of a fire had been discussed.

The practice ensured the facilities were maintained in accordance with regulations. Electrical Installation Condition (fixed wiring) and gas safety inspections had been undertaken. The reports showed these were satisfactory.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT) equipment. Radiation protection information was available and up to date and relevant to the equipment in use. Evidence of appropriate training for operators had been obtained and a recommendation in a critical exam report for an intra-oral X-ray machine had now been acted on. The provider had introduced a system to produce comprehensive reports for CBCT scans.

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety, and lone workers. A sharps risk assessment was now in place. Staff had completed sepsis awareness training and sepsis recognition resources were provided to support staff.

Emergency equipment and medicines were available and checked in accordance with national guidance. For patients undergoing sedation at the practice, improvements had been made to ensure the availability of airways that staff had received training to use, and additional supplemental medical oxygen.

Staff knew how to respond to a medical emergency and Immediate Life Support training with airway management was completed by staff providing treatment to patients under sedation.

The practice had obtained product safety data sheets and completed risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Are services safe?

The practice had introduced systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. Prescription only antimicrobial medicines were stored securely and there were systems to identify any misuse or unauthorised access of these. Records were now maintained to provide an audit trail for the supply, administration and disposal of schedule 3 controlled drug (Midazolam).

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 6 April 2023 we found the practice had made the following improvements to comply with the regulations:

The practice offered intravenous conscious sedation for patients. The provider had established safe systems for this, and audits of the systems demonstrated these were effective. Evidence of appropriate training was seen for all staff and an experienced external sedation provider had been engaged to assist with the service and support their learning. Patient assessments and monitoring of patients during treatment were well documented.

Staff obtained patients' consent to care and treatment in line with legislation and guidance. Staff had received training in consent and the Mental Capacity Act 2005.

The dentists justified, graded and reported on the radiographs they took. Systems were now in place to carry out radiography audits six-monthly following current guidance.

Staff had the skills, knowledge and experience to carry out their roles. Evidence of up-to-date role specific training had been obtained for all staff members including temporary staff. A system was being established for the manager to maintain oversight of this. The practice had introduced a structured induction for newly appointed and agency staff.

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.

Patient feedback said staff were compassionate and understanding when they were in pain, distress or discomfort.

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. They stored paper records securely.

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 and information leaflet provided patients with information about the range of treatments available at the practice. Staff asked patients about their preferred methods of communication.

The dentist explained the methods they used to help patients understand their treatment options. These included for example photographs, study models, videos, X-ray and scan images and an intra-oral camera.

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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. The team had recently completed disability and Autism awareness training. Staff told us this helped them understand and meet the needs of these patients. Information could be provided in large format and a hearing loop was provided.

Timely access to services

The practice displayed its opening hours and provided information on their website, patient information leaflet and social media pages.

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. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website and information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. The provider had a system that notified them of any answerphone messages. This enabled them to review and triage requests for urgent care in and out of hours and respond appropriately.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice had systems to respond to concerns and complaints appropriately. Information about this was displayed for patients in the practice and on their website.

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 6 April 2023 we found the practice had made the following improvements to comply with the regulations:

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

Previous concerns had been addressed and systems and processes had been introduced to prevent their reoccurrence. Staff worked together in such a way that this inspection did not highlight any significant issues or omissions.

There was now evidence of strong leadership and oversight with emphasis on peoples' safety and continually striving to improve.

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. External providers had been engaged to support clinical supervision

The practice had reviewed the governance system which now included up to date policies, protocols and procedures that were accessible to all members of staff and systems were in place to review these on a regular basis. The provider had introduced a dental compliance programme to support them to maintain oversight of the practice documentation, governance and procedures.

We saw there were clear and effective processes established for identifying and managing risks, issues and performance. External companies had been engaged to carry out servicing and premises risk assessments. We saw the recommendations from these were acted on in a timely way. A schedule had been introduced to ensure these were repeated at the required intervals.

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

These included audits of patient care records, radiographs, antimicrobial prescribing, sedation and infection prevention and control. We highlighted improvements could be made to ensure audits have clear conclusions, learning points and action plans to demonstrate any learning and improvement.