Gensmile Dental Care Limited

Albert House Dental Surgery

Inspection report

15 Albert Road
Colne
BB8 0RY
Tel: 01282863830

Date of inspection visit: 15 February 2022
Date of publication: 18/03/2022

Overall summary

We carried out this announced focused inspection on 15 February 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 usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

• Is it safe?

• Is it effective?

• 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 to be 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.
- We highlighted issues relating to the risk management of Legionella, hazardous substances and sharps. An action plan and significant event reports were submitted following our visit to show how these areas had been addressed.
- 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.

Summary of findings

- The clinical staff provided patients' care and treatment in line with current guidelines. Systems to audit this could be improved.
- 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.
- 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.
- The dental clinic had information governance arrangements.

Background

Albert House Dental Surgery is in Colne, Lancashire and provides NHS and private dental care and treatment for adults and children. The practice also has an NHS contract to provide orthodontic treatment.

There is level access to the rear of the practice for people who use wheelchairs and those with pushchairs. On street parking is available near the practice.

The dental team includes four dentists, an orthodontist, an orthodontic therapist, six dental nurses, one dental hygienist and two receptionists. The practice has five treatment rooms.

During the inspection we spoke with a dentist, the orthodontist, the orthodontic therapist, dental nurses, the dental hygienist, a receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Wednesday and Friday 8.30am to 5pm

Tuesday 8.30am-5pm alternate early 8am to 5pm

Thursday 8.30am – 5pm alternate late 8.30am to 7pm

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.

- Take action to have an effective risk assessment for when the hygienist is not supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.

- 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, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular, ensuring validation testing is carried out and ongoing Legionella management.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**No action** 
Are services effective?	**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 and had completed training in safeguarding vulnerable adults 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. Records of water testing and dental unit water line management were in place. The practice had a shower which was not in use, but staff were unsure whether this was disconnected. Water temperature monitoring showed hot water temperatures were at 46◦c which is lower than the recommended temperature for Legionella control. After the inspection the responsible person updated their Legionella awareness training and action was taken to increase the hot water temperature and remove the shower.

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. 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. We noted that staff did not carry out quarterly soil testing on the ultrasonic cleaner. The practice manager told us this would be addressed.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The practice had an OPG (Orthopantomogram) which is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth and gives a 2-dimensional representation of these. We saw a recommendation by the Radiation Protection Advisor (RPA) to reconsider the positioning of the switch for the OPG. We discussed alternative measures to prevent the risk of unauthorised use of this which the provider actioned after the inspection.

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 fire safety. The sharps risk assessment referred to dental matrices which were no longer in use and glass vials had not been included; This was updated, and evidence sent after the inspection.

A lone working risk assessment was in place for the dental hygienist who worked without chairside support, but this related to medical emergencies only and did not evaluate the appropriateness of the dental hygienist carrying out dental procedures without support.

A premises fire risk assessment was in place in line with legal requirements. Staff carried out checks of extinguishers and fire detection equipment.

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.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.We noted there wasn't a safety data sheet or risk assessment for the substance used for maintaining the cleanliness of dental unit waterlines and queries had been raised during audit processes as to whether manufacturer's instructions were being followed. Evidence was sent after the inspection that this had been addressed.

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 but were ineffective as they didn't identify learning points and action plans for improvement.

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 safety alerts. We saw alerts from 2019 and a recent one from October 2021 that the practice had acted on. After the inspection an updated system of logging alerts and the actions taken was created and sent to us.

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.

The orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

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.

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 (MCA).

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. We noted some inconsistencies in the information recorded within the dental care records we looked at. For example, where basic periodontal examinations (BPE) weren't consistently completed before referral to a dental hygienist'. This was discussed with the compliance manager to raise with the organisation's clinical director.

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 orthodontics, and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

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 there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered. The new practice manager was in the process of applying to be the registered manager.

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. The practice manager was new in post. They were in the process of reviewing governance systems with support from senior compliance staff.

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 informally and during annual appraisals, one to one meetings 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 processes for managing risks, issues and performance. We highlighted some issues relating to the risk management of Legionella, hazardous substances and sharps. An action plan and significant event reports were submitted after the inspection to show how these areas had been addressed.

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, surveys, 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. Staff kept records of the results of these audits. There was no evidence that conclusions and action plans were made as a result of conducting audits. After the inspection arrangements were made for the organisation's clinical director to provide audit and quality improvement training.