

Mr. Adam Hunter

# Parkview Dental Centre

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 14 December 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 which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were mostly available. Records were not available to demonstrate that an emergency medicine, stored in the refrigerator was being stored within the correct temperature range.
- The practice had some systems to manage risks for patients, staff, equipment and the premises. We identified minor shortfalls in assessing and mitigating risks in relation to gas servicing and the portable appliance testing. Sharps risk assessment required updating to reflect the latest guidance.

# Summary of findings

- 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.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement. There was scope to include antimicrobial prescribing and record keeping audits.
- Staff felt involved, 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 practice had information governance arrangements.

## Background

Parkview Dental Centre is in Ipswich, Suffolk and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 7 dentists, 1 visiting specialist, 12 dental nurses including 2 trainee dental nurses, 2 dental hygienists, 1 practice manager and 2 receptionists. The practice has 7 treatment rooms.

During the inspection we spoke with 2 dentists, 3 dental nurses, 1 dental hygienist, 2 receptionists and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 8.30am to 5pm.

Friday from 8.30am to 3.30pm.

Saturday from 8.30am to 1pm.

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

- Take action to ensure audits of infection prevention and control, record keeping and antimicrobial prescribing are undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.

# Summary of findings

- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. Ensure all Gas boiler servicing is completed in line with manufacturers guidance and ensure appropriate risk assessment of all portable appliance equipment is completed and documented.

# Summary of findings

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

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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. Not all of the sharp's bins were stored in line with current guidance, we noted some bins were still in use beyond the recommended 3 month removal date. We discussed this with the practice manager and were assured that in future sharps bins would be sealed and removed 3 months after opening and this would be reflected in the sharps policy and risk assessment. We noted audits of infection prevention and control were undertaken, there was scope to ensure these were completed 6 monthly in line with recommended guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. The practice manager confirmed a new legionella risk assessment would be conducted once the building extension had been completed.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Consignment notices were available as well as a pre acceptance waste audit.

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, including for agency or locum staff. These reflected the relevant legislation. There was scope to ensure the practice had obtained confirmation of immunity for hepatitis B for all members of staff.

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. We noted both the gas servicing and portable electrical appliance testing (PAT) were due, the practice manager confirmed these were to be reviewed, but was unclear when this would be completed. We were told the team completed regular 3 monthly visual checks of all PAT items. The practice electrical installation condition report had been undertaken for the main premises in 2009 and was overdue. We noted an electrical installation condition report had been completed for the third floor of the premises in May 2021. The practice manager confirmed these would be reviewed once the buildings work was completed.

A fire safety risk assessment was carried out in line with the legal requirements in March 2010. We noted the practice undertook regular annual review of the fire risk assessment and servicing of fire safety equipment had been completed in November 2023 with emergency lighting recently installed. The practice manager confirmed that fire safety drills were undertaken, and the fire safety risk assessment would be reviewed further once the extension work was completed.

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), laser and handheld X-ray equipment.

### **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.

# Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance. However, 1 item of emergency medicines was stored in a refrigerator. The temperature of the fridge was not being monitored or logged to demonstrate that this was being stored within the required temperature range. The adult self-inflating bag was out of date and we noted there were no logs for the midazolam (a medicine used to produce sleepiness or drowsiness and relieve anxiety).

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate life support training was also completed by staff providing treatment to patients under sedation.

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**

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 2 week wait arrangements.

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

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not carried out.

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

The practice had systems to review and investigate incidents and accidents. The practice had some systems for receiving and acting on safety alerts. However, not all the staff we spoke with were aware of recent alerts or any action that may have been taken.

# 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. This included regular information updates from the Chief Dental Officer and NHS England. In addition, the practice held daily staff discussions, formalised team practice meetings and weekly clinical and compliance communications.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

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

We saw the provision of dental implants was in accordance with national guidance.

The practice had access to digital X-rays to enhance the delivery of care.

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

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

Oral health advice and preventative care was provided by the dentists and dental hygienists.

The practice sold dental sundries such as interdental brushes, dental floss, mouthwash and toothpaste to help patients manage their oral health.

Patient records included details of advice given in relation to diet, oral hygiene instructions and guidance on the effects of alcohol consumption on oral health. Dentists discussed the effects of smoking on oral health with patients as necessary and directed patients to local stop smoking services when appropriate.

Information leaflets were available to patients as recommended by the dentist or upon request. These were available in a larger font as required.

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

Staff obtained patients' consent to care and treatment in line with legislation and guidance. Clinicians spoken with understood their responsibilities under the Mental Capacity Act 2005 and evidence was seen to show training had been carried out. Consent policies gave information regarding mental capacity and Gillick Competence. Information regarding NHS and private fees were on display for patients in the waiting area.

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 patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability. Staff had undertaken training in autism and learning disability awareness to improve their understanding of patients living with these conditions.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits 6 monthly following current guidance.

# Are services effective?

(for example, treatment is effective)

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. Staff told us patients were given sufficient appointment time, they had time to do their duties and they did not feel rushed. Clinicians, including dental hygienists and therapists 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 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 minor oral surgery, procedures under sedation and orthodontics and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

# 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. Staff were observed to be kind, friendly and helpful to patients over the telephone and in person at the practice.

Patient feedback we reviewed was positive. We looked at practice surveys and online reviews. We observed numerous positive interactions, in person and on the telephone, between staff and patients. Patients commented on specific support and kindness provided by staff during their treatment. Comments received from patients reflected a high level of satisfaction with the quality of their dental treatment and the staff who delivered it.

Staff described to us some of the ways they enabled nervous patients to undergo their treatments.

Patients 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. The computer screens were not overlooked, and staff password protected patients' electronic care records and backed these up to secure storage.

We noted that whilst the ground floor reception and waiting room area was open plan, staff were discreet in person and on the telephone. We were told patients were offered an alternative area to speak privately should they wish.

The practice had installed closed-circuit television (CCTV) to improve security for patients and staff. Relevant policies and protocols were in place. There was scope to improve signage for CCTV around the practice.

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.

The dentists explained the methods they used to help patients understand their treatment options. These included photographs, study models, videos and X-ray images.

# 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 dentist was informed if a patient was nervous, reception staff said that reassurance was given to anxious patients, and they chatted to them to make them feel at ease.

The practice had made reasonable adjustments, including level access, ground floor treatment rooms, an accessible toilet and grip and handrails at doorways and on stairs for patients with access requirements. Staff had carried out a disability access audit and as part of the redevelopment of the practice building had formulated an action plan to continually improve access for patients.

### **Timely access to services**

The practice displayed its opening hours and provided information on their website, in reception and on 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 answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. The practice provided 24 hour on call triage phone access for patients and took part in an emergency on-call arrangement with other local practices. Patients were directed to the appropriate out of hours service when the practice was closed.

Patients who needed an urgent appointment were offered one in a timely manner; appointment slots were available each day to see patients with a dental emergency. When these were full staff would speak with a dentist to identify the urgency of the appointment. Patients with the most urgent needs had their care and treatment prioritised.

### **Listening and learning from concerns and complaints**

The practice responded to concerns and complaints appropriately. Information about how patients could raise their concerns was available in the waiting area and the staff spoke knowledgeably about how they would deal with a complaint. Staff discussed outcomes 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 provider and empowered practice team demonstrated a transparent and open culture in relation to people's safety. The practice manager was relatively new in post and confirmed that some systems and processes were under review. In addition, the practice was undergoing some extensive building redevelopment to enhance the facilities for patients.

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

Systems and processes were embedded, and staff worked together in such a way that where the inspection highlighted any issues or omissions, the practice manager was in the process of addressing the shortfalls.

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**

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff commented on effective teamworking and supportive leadership within the practice. They stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during daily huddles, 1 to 1 meetings and during clinical supervision. We were told annual appraisals had been reintroduced and were on-going. They also discussed learning needs, general wellbeing and aims for future professional development. The practice provided financial support for staff training. The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

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### **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. There was scope to ensure policies, such as the sharps policy reflected the latest guidance.

We saw there were processes for managing most risks, issues and performance. Shortfalls were identified in relation to assessing and mitigating risks in relation to electrical installation condition reporting and gas servicing. We noted the practice was undergoing extensive building works and there was scope to ensure risk assessments such as fire and health and safety reflected these ongoing works.

### **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 protecting patients' personal information.

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

# Are services well-led?

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained 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 where appropriate.

## **Continuous improvement and innovation**

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of disability access, radiographs, and infection prevention and control. There was scope to ensure audits of patient care records and antimicrobial prescribing were undertaken and audits of infection prevention and control were undertaken at the frequency suggested in recommended guidance. Staff kept records of the results of completed audits and the resulting action plans and improvements.