

ME Smile Ltd

Theydon Dental Surgery

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 23 January 2024 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.
- Not all staff had received training to manage medical emergencies.
- Appropriate medicines and life-saving equipment were not always available. The practice took immediate action to replace missing items.
- The practice had systems to manage risks for patients, staff, equipment and the premises. We found shortfalls in the systems to manage risks within the premises. These included staff training, sharps safety and radiography. The practice took immediate action to mitigate these risks.

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.
- 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

Theydon Dental Surgery is in Theydon Bois, Essex 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 2 dentists, 2 trainee dental nurses, 1 dental hygienist, 1 dental therapist and 1 receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental nurse and the receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday from 8.30am to 5.30pm.

Tuesday, Wednesday, Thursday and Friday from 8.30am to 3pm.

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

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- Develop systems to ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff. Including the training, learning and development needs of individual staff members at appropriate intervals. In addition, ensure staff have received training to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

Summary of findings

- Take action to ensure the suitability of the premises and ensure all areas are fit for the purpose for which they are being used. In particular, ensure any risks and actions highlighted in the Legionella risk assessment and fire risk assessment reports have been mitigated and the premises are safe for use.

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.

The practice had infection control procedures. Due to the layout of the practice treatment rooms and the limited area for the decontamination area, there was scope to ensure the decontamination policy was clearly documented to ensure all staff undertaking decontamination processes were following the correct pathways and procedures.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water system. A legionella risk assessment had been undertaken on 18 January 2024. At the time of the inspection the practice had only just received the legionella risk assessment report and were in the process of undertaking and documenting recommended water testing and sentinel water temperature checks in line with the risk assessments actions.

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, including for agency or locum staff. We noted blood test immunity checks for hepatitis B vaccines were not completed for two trainee members of staff. Following the inspection, the provider completed risk assessments for these staff to mitigate any potential risks until immunity blood tests had been completed.

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.

A fire safety risk assessment was undertaken on 18 January 2024 in line with the legal requirements. The practice told us they were checking the smoke alarms but were not documenting these checks. The provider confirmed they would be introducing records of smoke alarm checks and regular fire drills. Staff we spoke with were aware of what action to take in the event of an emergency.

The practice had some arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. Not all the actions from the most recent radiation performance report had been undertaken. These included the use of rectangular collimation and that the dose from the intra oral unit which was noted to be greater than the national reference dose. We discussed these points with the provider and the need to ensure that all actions from future radiation reports were acted upon and documented. Immediately following the inspection the provider confirmed they had contacted the Radiation Protection Advisor, had taken advice and put processes in place to mitigate any risks. There was scope to ensure these actions were added to the radiation risk assessment and local rules.

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. There was scope to ensure the sharps risk assessment reflected the processes and procedures in place at the practice.

Are services safe?

Emergency equipment and medicines were mostly available and checked in accordance with national guidance. We found there was no buccal midazolam (a medicines used to treat prolonged convulsive seizures), no bodily fluid spillage kit and the aspirin was not dispersible. The practice took immediate action to replace missing items.

The practice did not have an automated external defibrillator (AED), the provider confirmed they had access to a community AED positioned opposite the practice. Immediately following discussions with the provider, the practice introduced daily oversight of the community AED and logs of their checks. In addition, the practice undertook a risk assessment to review and mitigate the risks of not having an AED on site.

Staff knew how to respond to a medical emergency. Not all staff 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.

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 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 a system for receiving and acting on 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. This included regular information updates from the Chief Dental Officer. In addition, the practice held daily staff discussions, formalised practice meetings and weekly clinical and compliance communications.

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, dental hygienist and dental therapist.

The practice sold dental sundries such as interdental brushes and dental floss 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. Consent policies gave information regarding mental capacity and Gillick Competence. Information regarding 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. There was scope to ensure all staff had undertaken training in mental capacity and Gillick Competence and 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.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction, we found these were not always documented. Immediately following the inspection the provider confirmed induction documentation had been introduced. Clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

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 were aware of their responsibility to respect people's diversity and human rights.

Patient feedback we reviewed was positive. We looked at practice 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.

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 patient information folder 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 photographs, study models 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 also told us that reassurance was given to anxious patients, and they supported and talked with them to make them feel at ease.

The practice had made reasonable adjustments, including level access, ground floor treatment rooms, an accessible toilet, grip and handrails at doorways and on stairs 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.

Timely access to services

The practice displayed its opening hours and provided information on their website, patient information folder 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 answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. 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 staff demonstrated a transparent and open culture in relation to people's safety.

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

Systems and processes were mostly embedded, and staff worked together in such a way that where the inspection highlighted minor issues or omissions, these were addressed immediately.

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

Staff discussed their training needs during daily huddles and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. The provider acknowledged that annual appraisals were overdue.

Shortfalls were identified in relation to assessing and monitoring arrangements to ensure staff training was up-to-date and reviewed at the required intervals. We noted not all staff had completed required training in emergency resuscitation and basic life support every year, staff had not undertaken autism and learning disability awareness training.

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 processes for managing most risks, issues and performance. Shortfalls were identified in relation to assessing and mitigating risks in relation to fire safety, legionella, staff immunity, appraisals and training. There was scope to ensure the sharps and decontamination procedures reflected the processes in place at the practice.

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

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 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.

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.