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# The Royston Dental Practice

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 29 November 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 always ask 5 key questions:

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

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which mostly reflected published guidance.
- The practice had systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- 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.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Some dental care records lacked detail and did not follow College of General Dentistry guidance.
- Not all recommendations for the practice's radiation safety report had been implemented.

# Summary of findings

## Background

The Royston Dental Practice provides both private and NHS dental treatment for adults and children.

The practice has made reasonable adjustments to support patients with additional needs. There is level access to the practice for people who use wheelchairs and those with pushchairs, downstairs surgeries and a portable induction hearing loop.

The dental team includes 2 dentists, 1 dental hygienist, an office manager and a qualified dental nurse.

The practice has 2 treatment rooms.

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

The practice is open Mondays, Tuesdays and Thursdays from 9am to 5pm, on Wednesdays from 8am to 3pm, and on Fridays from 8am to 2pm.

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.
- 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.
- Improve the security of NHS prescription pads and ensure there are systems in place to track and monitor their use.
- Ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Implement a system so that patient referrals to other dental or health care professionals are centrally monitored to ensure that they are received in a timely manner and not lost.

# 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. Staff had completed appropriate training and we noted information about protection agencies displayed around the practice making it easily accessible to both staff and patients.

The practice had infection control procedures which mostly reflected published guidance. Staff either used an ultrasonic bath, or manually scrubbed dental instruments. We noted some minor shortfalls with the manual cleaning. For example, heavy duty gloves did not fit the staff member correctly and instruments were cleaned above the water line, rather than below it to prevent unnecessary splashing. The dental nurse had long fingernails which compromised hand hygiene. Steriliser tests were carried out monthly, instead of each day to ensure it operated correctly.

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 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 premises were kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation and records we viewed showed that appropriate pre-employment checks had been undertaken for staff.

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.

A fire risk assessment had been carried out in line with the legal requirements and its recommendations had been implemented. We found the management of fire safety was effective.

The practice had some arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. However, we noted that some of the recommendations from the radiation safety report had not been implemented and one clinician's refresher radiation training was just out of date. The list of operators for the X-ray units had not been updated to reflect the current staff members. X-rays had not always been justified in the patient care records we viewed.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety.

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

Emergency equipment and medicines were available in accordance with national guidance, although we found some out of date oropharyngeal airways, amongst in-date ones, in the kit. Staff did not keep a log to show that the AED was checked regularly, and we found that the date for the oxygen cylinder to be replaced was incorrect.

The practice had risk assessments to minimise the risk that could be caused from substances that were hazardous to health.

# Are services safe?

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

The practice had systems for appropriate and safe handling of medicines, although there was no system in place to identify lost or missing prescriptions.

Antimicrobial prescribing audits were carried out to ensure clinicians followed nationally recommended guidelines.

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

The practice had implemented effective systems for reviewing and investigating incidents and accidents. Adverse incidents were discussed at the monthly practice meeting so that any learning from them could be shared across the staff team, and records of unusual events we viewed were comprehensive.

There was a system for receiving and acting on national patient 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. Our discussions with the clinicians demonstrated that they assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. However, evidence of this was not always recorded in the patient dental care records we reviewed. For example, records sometimes lacked detail about patients' intra-oral examinations, treatment option discussions, social histories, the use of rubber dam and recall frequencies.

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

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Clinicians told us they discussed oral health promotion with patients, but this was not always evidenced in the dental care records we reviewed. A dental therapist was employed to assist patients in the management of their oral health.

The practice sold dental products such as interdental brushes, toothpaste and mouthwash.

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

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff had a good understanding of their responsibilities under the Mental Capacity Act 2005 and the requirements of Gillick competency in relation to younger patients.

### **Effective staffing**

There was a small and well-established staff group at the practice, many of whom had worked there many years. Staff told us they had enough time for their role and did not feel rushed in their work. The practice used agency nurses to cover vacant shifts when needed.

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. However, there was no formal system in place to ensure that all patient referrals were actively monitored for their timely management.

# 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 clear about the importance of emotional support needed by patients when delivering care and gave us specific examples of where they had gone out of their way to support patients. We viewed written feedback from patients who had commented positively on staff's friendly, gentle and caring attitude. We noted the office manager stood up to personally greet each patient into the practice.

During the Covid-19 lockdown the principal dentist had picked up prescription medicines and delivered them directly to patients' homes.

### **Privacy and dignity**

Staff were aware of the importance of patient privacy and confidentiality. Staff password protected patients' electronic care records and backed these up to secure storage.

The patients' waiting area was separate from the reception desk, allowing for greater privacy when reception staff were on the phone.

Patients' paper notes were held in a lockable and secure facility opposite the reception area.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and gave them clear information to help them make informed choices about their treatment.

Staff described to us the methods they used to help patients understand treatment options discussed. These included the use of study models, X-ray images and treatment plans. One dental nurse showed us information leaflets about root canal treatment and extraction that were given to patients following these procedures.

# 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**

Although there was no accessible toilet, the practice had made reasonable adjustments for patients with disabilities which included ramped access to the premises, a downstairs treatment room, a portable hearing induction loop and spare reading glasses. The principal dentist told us he saw one of his patients who was a wheelchair user during his lunchbreak as the patient preferred to attend the practice when it was quieter.

### **Timely access to services**

At the time of our inspection, the practice was able to take on a limited number of new patients and the waiting time for a routine appointment was about 2 weeks. The practice opened at 8am two days week, to give patients greater choice in appointment times.

Emergency appointments were available each day for patients in dental pain. The practice was part of a group of practices in the local area who provided out of hours services on a rota system.

An email service was available to patients to remind them of their forthcoming appointment.

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

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service. There was also easily accessible information about how patients could raise complaints in the waiting areas and on the practice's website

We reviewed incident logs in relation to recent complaints and noted they had been dealt with in a timely and professional way.



# 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 principal dentist had overall responsibility for the clinical leadership and was well supported by the office manager who oversaw that day to day running of the service including pay roll, reception, bookkeeping, and data protection and management. We received positive comments about their leadership and management skills.

### **Culture**

The practice demonstrated a transparent and open culture in relation to people's safety. Staff were aware of the Duty of Candour and the responsibilities it placed upon them.

Staff stated they felt respected and valued, citing good communication and teamwork as the reasons. They told us the principal dentist and practice manager were approachable and very supportive.

Staff discussed their training needs during annual development reviews. They also discussed learning needs, general wellbeing and aims for future professional development.

### **Governance and management**

Staff had clear responsibilities roles and systems of accountability to support good governance and management. We saw there were clear and effective processes for managing risks, issues and performance. 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.

The principal dentist subscribed to an on-line governance tool to assist in the management of the service.

Communication systems in the practice were good with regular staff meetings. Meeting minutes we reviewed showed that different dental topics were discussed each month to help keep staff up to date with the latest dental guidance.

### **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 via on-line reviews, its website and the use of regular surveys. We viewed a sample of patient feedback forms received in the previous month to our visit and noted high satisfaction rates with the service they received. In response to patient feedback, lighting had been improved in the corridor and a TV had been placed in the waiting area.

The practice gathered feedback from staff through meetings, appraisals and informal discussions. Staff suggestions to have access to bottled water and convert the donning and doffing room back into an office had been implemented.

### **Continuous improvement and innovation**

The practice had systems and processes for learning, continuous improvement and innovation. The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. The provider paid for staff membership to a nationally accredited training provider and records we viewed showed that staff had completed all essential training.

# Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, hand hygiene and infection prevention and control.