

Golden Triangle Practice LLP

Golden Triangle Dental Practice

Inspection report

88 Earlham Road
Norwich
NR2 3HA
Tel: 01603627455

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Overall summary

We carried out this announced focused inspection on 5 April 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.

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.
- 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.
- Complaints were dealt with positively and efficiently
- Staff felt involved and supported and worked well as a team.

Summary of findings

- Staff and patients were asked for feedback about the services provided.
- The practice had appropriate information governance arrangements in place.
- There was effective leadership and a culture of continuous improvement.

Background

Golden Triangle Dental Practice provides both private and NHS 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 for two patients are available on site and there is on street parking for people with Blue Badges. The practice has made some adjustments to support patients with additional needs but does not have a fully accessible toilet.

The dental team includes three dentists, a hygienist, a practice manager, two dental nurses and a receptionist. The practice has four treatment rooms.

During the inspection we spoke with the practice manager, one dentist, a dental nurse and a receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Mondays to Fridays from 8.30am to 5pm.

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

- Implement an effective recruitment procedure to ensure that appropriate disclosure and barring service checks (DBS) are completed prior to new staff commencing employment at the practice.
- 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. In particular, providing rectangular collimation on all X-ray units.
- Implement a system to ensure that all staff, including the practice manager, receive regular appraisal of their performance.

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 for 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.

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 recently introduced a recruitment policy and procedure to help them employ suitable staff. However, we noted that disclosure and barring service checks had not always been undertaken within an appropriate timescale before staff started working at the practice.

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. We noted that weekly checks of the practice's autoclave had not been documented, however this was addressed during our visit.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. However, we noted that two X-ray units did not have rectangular collimation to reduce patient exposure.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. None of the clinicians used safer needles as recommended in national guidance, but a risk assessment had been completed in relation to this.

Emergency equipment and medicines were available and checked in accordance with national guidance. Missing paediatric defibrillator pads were ordered by the practice manager during our inspection.

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

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

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

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.

Are services safe?

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.

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 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.

Helping patients to live healthier lives

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

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.

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.

Patients' dental care records had been audited to check that the dentists recorded the necessary information.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia and hearing impairments.

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 dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

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

There was strong leadership and emphasis on continually striving to improve. We found the practice manager to be experienced and knowledgeable. They took immediate action to address some of the minor shortfalls we identified during our inspection, demonstrating a commitment to improve the service.

The information and evidence presented during the inspection process was clear, well documented and actively reviewed regularly.

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, citing good management and communication as the reason.

Staff discussed their training needs during annual appraisals and one to one meetings. 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 clear and effective processes for managing risks, issues and performance.

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

The practice actively gathered feedback from patients, staff and external partners and a demonstrated commitment to acting on feedback.

Continuous improvement and innovation

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, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.