

## Junction Dental Practice

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### Inspection report

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## Overall summary

We carried out this announced comprehensive inspection on 25 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. Improvements could be made to ensure consistent processes are followed and appropriate validation of equipment.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises. Improvements could be made to the systems to assess and mitigate the risks from sharps and ensuring competent person risk assessments and electrical safety inspections are carried out and reviewed at appropriate intervals.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

# Summary of findings

- 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

Junction Dental Practice is in Heckmondwike and provides NHS and 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 at the rear of the premises. On street parking is available near the practice and disabled parking is available at the rear of the premises by arrangement with staff. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 6 dentists, 8 dental nurses, a practice manager and 3 receptionists. The practice has 4 treatment rooms.

During the inspection we spoke with 3 dentists, 3 dental nurses, 1 receptionist 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 and Wednesday from 8.30am to 5.30pm

Tuesday, Thursday and Friday from 8.30am to 5pm

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

- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- 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 consistent processes are followed and appropriate validation of equipment.
- Take action to ensure the suitability of the premises. In particular, ensuring competent person risk assessments and electrical safety inspections are carried out and reviewed at appropriate intervals.

# 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. There was a safeguarding lead to oversee safeguarding awareness and training.

The practice had infection control procedures which reflected published guidance. We discussed where the processes could be improved. In particular, ensuring staff consistently wear appropriate personal protective equipment (PPE) when carrying out decontamination, and ensuring the concentration of cleaning solutions are measured.

Pre-inspection discussions with the practice manager highlighted a Legionella risk assessment was not in place. On the day of inspection, they confirmed a competent person was scheduled to attend the practice on 31 January 2024 to complete a risk assessment. The practice had some procedures to reduce the risk of Legionella, or other bacteria, developing in water systems. For example, flushing lesser used taps and the use of dental unit waterline water conditioner.

We noted the dental unit waterline solution was not used in line with manufacturer's instructions. We signposted staff to resources to support them and after the inspection they confirmed this had been addressed.

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. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council and had appropriate professional indemnity cover.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. We noted staff were not carrying out the correct validation checks on the ultrasonic cleaner and a vacuum autoclave. The manager assured us this would be addressed and rectified.

The practice ensured the facilities were maintained in accordance with regulations. Pre-inspection discussions with the manager highlighted periodic electrical installation inspections had not been carried out. This was booked and carried out prior to the inspection, the manager was awaiting their report.

A fire safety risk assessment was carried out in line with the legal requirements but there was no evidence this had been reviewed since 2013. A new risk assessment had been booked in response to pre inspection discussions with the manager. Staff had received fire safety awareness training; they carried out and documented weekly checks of smoke detectors. Fire extinguishers were available throughout the premises, and these were serviced annually. Staff occasionally participated in fire drills and evacuations. We highlighted these should be increased to 6 monthly and the evacuation time recorded.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. We highlighted information in the radiation protection file and local rules for operators should be updated. In particular, the name of the Radiation Protection Advisor, and identifying appropriate radiation protection supervisors. The manager confirmed this would be addressed.

### **Risks to patients**

# Are services safe?

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. We highlighted the sharps risk assessment should be reviewed and discussed with staff, who described inconsistent sharps handling processes in use.

Emergency equipment and medicines were available and checked in accordance with national guidance. Glucagon, which is required in the event of severe low blood sugar, was refrigerated but staff were not aware of the requirement to monitor the temperature to ensure this medicine is stored between 2°C and 8°C. The manager took immediate action to obtain a thermometer and establish a temperature monitoring process.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. We discussed the location of medical emergency equipment and medicines could be reviewed to ensure there are no barriers to accessing and retrieving these items in the event of an emergency.

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 two-week wait arrangements.

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

The practice had systems for appropriate and safe handling of medicines. We noted there was no system in place to track and monitor the use of NHS prescription pads. A prescription tracking log was implemented immediately.

## **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 and we saw evidence of a recent relevant alert they had acted on.

# 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. They created eye-catching oral health and dietary displays in the waiting rooms. Oral health care products were on sale. Information leaflets were available to patients as recommended by the dentist or upon request.

Staff were aware of 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. They 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 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.

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.

### **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.

# 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.

On the day of inspection, we spoke with 2 patients. These conversations plus additional feedback we reviewed provided a positive view of the dental team and care provided by the practice. Patient comments included that staff were welcoming and attentive, and showed compassion and understanding when they were in pain, distress or discomfort.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

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 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 practice had made reasonable adjustments, including disabled parking and a wide access ramp to the rear of the premises and a lowered reception desk 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 and patient information leaflet.

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, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. 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. 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 provider 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.

During the inspection, staff were open to discussion and feedback. Systems and processes were embedded, and staff worked together in such a way that where the inspection highlighted any issues, action was taken to address these 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 annual appraisals, 1 to 1 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 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 risks, issues and performance. The inspection highlighted some additional areas of risk which were promptly addressed, and the provider demonstrated a commitment to continuing the work and engagement with staff and external organisations to make further improvements. In particular, ensuring competent person risk assessments and electrical safety inspections are carried out and reviewed at appropriate intervals, prescription security and sharps safety.

### **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, 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.

# Are services well-led?

## **Continuous improvement and innovation**

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

Infection prevention and control audits were carried out annually rather than the recommended 6 monthly intervals. there was no evidence the findings of the most recent infection prevention and control audit had been analysed.

We signposted the manager to nationally agreed audit tools to support them to audit antimicrobial use to ensure clinicians consistently document a justification for these.