

Mr. Simon Coles

# New Road Dental Surgery

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 18 September 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 tidy.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. The system for ensuring medical emergency equipment is available and in date was not working effectively.
- Improvements could be made to the system for managing the risks associated with the carrying out of the regulated activities.
- 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.

# Summary of findings

- 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.
- 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

New Road Dental Surgery is in Driffield, Yorkshire 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. Car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 dentist and 4 dental nurses. The practice has 1 treatment room.

During the inspection we spoke with the dentist and 2 dental nurses. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 9am to 5pm

Friday from 9am to 4pm

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
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**Full details of the regulation the provider has not met are at the end of this report.**

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

- Take action to ensure the clinician takes into account the guidance provided by the College of General Dentistry when completing dental care records.

# 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>Requirements notice</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.

Improvements could be made to the procedures to reduce the risk of Legionella. A risk assessment had been carried out in 2012. Since this risk assessment a new boiler had been installed and a new risk assessment had not been carried out. In addition, there was no evidence of monthly water temperature testing, flushing of infrequently used outlets or descaling of the shower. We discussed this with staff and were assured action would be taken to address this.

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. However, we found there was no evidence of the effectiveness of Hepatitis B vaccine for one clinical member of staff. We were assured this would be addressed and rectified.

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

The practice ensured most equipment was safe to use, maintained and serviced according to manufacturers' instructions. However, we noted the compressor had not been subject to a pressure vessel inspection since it was installed in 2019. We were assured this would be addressed and rectified.

The practice ensured the facilities were maintained in accordance with regulations.

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

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness and lone working.

Emergency medicines were available in accordance with national guidance. However, we noted the buccal midazolam was stored in the fridge. Manufacturers guidance states that this should not be refrigerated. We also noted there were no sizes 0, 2, 3 and 4 masks for the self-inflating bag. The needles and syringes to administer adrenaline, oropharyngeal airways and the child sized oxygen mask had all passed their expiry date. We were assured the missing and out of date items would be ordered.

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

# Are services safe?

The practice had a folder with material safety data sheets relating to substances that are hazardous to health. However, we noted there were no associated risk assessments for these substances. We discussed this with staff and were assured these would be implemented.

## **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 an active log of NHS prescriptions was not in place. We discussed this with staff and were assured it would be implemented.

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.

On the day of inspection, we noted the practice did not have a system for receiving safety alerts. We noted an item of medical emergency equipment within the practice had been subject to a product recall. Immediate action was taken to address this and a system to receive safety alerts was also set up.

# 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.

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. However, more detail could be recorded in the dental care records with regards to what treatment options have been given to patients.

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 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 dentist 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 dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. We noted the practice did not have a log for all referrals made to external organisations. We discussed this with staff and were assured it would be implemented.

# 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.

We saw staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality.

The practice 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 information leaflet 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 for example 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 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 in their 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 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 had systems to respond to concerns and complaints appropriately. Staff would discuss outcomes to share learning and improve the service.

# Are services well-led?

## Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

### **Culture**

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

Staff discussed their training needs during clinical supervision. They discussed 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**

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.

The practice did not have clear and effective processes for managing the risks associated with the carrying out of the regulated activities. For example:

- The system for ensuring medical emergency equipment is available and within its expiry date was not working effectively.
- The system for ensuring the practice receives patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency was not working effectively.
- The system for ensuring buccal midazolam was stored according to manufacturer's guidance was not working effectively.
- The system for ensuring all equipment is maintained appropriately was not working effectively.
- The system for ensuring the risks associated with legionella are managed appropriately was not working effectively.
- Risk assessments had not been completed for substances which are hazardous to health.

On the day of the inspection staff were open to feedback and took immediate actions to address the concerns raised during the inspection and send evidence to confirm that action had been taken. They demonstrated a commitment to continuing the work and engagement with staff and external organisations to make further improvements.

### **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 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**

# Are services well-led?

The practice had systems and processes for learning, 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.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the Regulation was not being met</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• The system for ensuring medical emergency equipment is available and within its expiry date was not working effectively.</li><li>• The system for ensuring the practice receives patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency was not working effectively.</li><li>• The system for ensuring buccal midazolam was stored according to manufacturer's guidance was not working effectively.</li><li>• The system for ensuring all equipment is maintained appropriately was not working effectively.</li><li>• The system for ensuring the risks associated with legionella are managed appropriately was not working effectively.</li><li>• Risk assessments had not been completed for substances which are hazardous to health.</li></ul> <p><b>Regulation 17(1)</b></p>