The Gables Dental Practice Limited

The Gables Dental Practice Limited

Inspection report

332 Cherry Hinton Road
Cambridge
CB1 8AZ
Tel: 01223248202
www.thegablesdentalpractice.co.uk

Date of inspection visit: 07 December 2021
Date of publication: 30/12/2021

Overall summary

We carried out this announced inspection on 7 December 2021 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 provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we asked the following questions:

• 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:

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Summary of findings

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Background

The Gables is a well-established dental practice that provides both NHS and private treatment to adults and children. The dental team includes four dentists, four hygienists, seven dental nurses and three reception staff. The practice has six treatment rooms. Wheelchair access is available and there are ground floor treatment rooms. The practice has parking facilities to the rear of the premises.

The practice opens on Mondays, Wednesdays, Thursdays and Fridays from 8.15am to 5pm, and on Tuesdays from 8.15 am to 6.45pm. The practice opens one Saturday a month from 8.30 am to 1pm.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at The Gables Dental Practice is the principal dentist.

During our inspection we spoke with three dentists, the treatment co-ordinator, two nurses and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Patients' care and treatment was provided in line with current guidelines.
- The provider had infection control procedures which reflected published guidance.
- The practice had systems to help them manage risk to patients and staff.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- Patients received their care and treatment from well supported staff, who enjoyed their work.

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

- Take action to ensure the availability of equipment and medicines in the practice to manage medical emergencies, taking into account the guidelines issued by the British National Formulary and the General Dental Council.

- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.

- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.

- Take action to implement any recommendations in the practice's Legionella risk assessment and ensure ongoing legionella safety management is effective.

Summary of findings

- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular, five yearly fixed wire testing.

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

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The principal dentist was the named lead for safeguarding and information about reporting procedures was available in staff areas and in each treatment room, making it easily available. Staff had disclosure and barring service checks in place to ensure they were suitable to work with children and vulnerable adults.

The practice had a whistleblowing policy and staff told us they felt able and confident that they could raise concerns about colleagues if needed.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Additional operating protocols had been implemented to the patient journey to reduce the spread of Covid-19.

The practice had arrangements for cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance, although weekly tests for the autoclave had not always been recorded consistently. Infection prevention and control audits were completed regularly, and the latest audit showed the practice was meeting the required standards. The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised that this was the least effective recognised cleaning method as it was the hardest to validate and carried an increased risk of injury from a sharp instrument.

Staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. We noted that the practice's legionella assessment completed in 2011 recommended that yearly water analysis be undertaken but we were not provided with evidence that this had been implemented. The most recent legionella risk assessment, completed just before our inspection, recommended that a schematic drawing of the water systems in the building be undertaken, but this had not yet been actioned. Records we viewed showed that water temperatures throughout the practice were monitored regularly.

Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. We saw the practice was visibly clean and treatment rooms and surfaces including walls, floors and cupboard doors were free from visible dirt. In response to Covid-19, air filtration machines had been installed in all but one treatment room. We noted some loose and uncovered items in drawers that risked aerosol contamination, and some local anaesthetics that had been removed from their sterile packaging.

The practice had procedures in place to ensure clinical waste was segregated and was stored securely. External clinical waste bins were in a locked shed to the rear of the premises.

Clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover. The practice had a recruitment policy and procedure to help them employ suitable staff, although this was very basic and did

not reflect the relevant legislation. We found that recruitment procedures were not robust. For example, evidence of disclosure and barring service checks (DBS) for three recently recruited staff was not provided to us. Although DBS checks had been obtained for other staff, sometimes this had not been for many months after they had started their employment. In some cases, staff had been employed without a recent DBS check.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. However, we were not provided with any evidence to show that electrical fixed wire testing had been completed every five years.

Records showed that fire detection and firefighting equipment such as fire extinguishers were regularly tested. A fire safety engineer was on site during our inspection and told us that the practice responded quickly to any recommendations made by them. Two staff had been trained as fire marshals, and all staff undertook six-monthly fire evacuations.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and all required information was in the radiation protection file. All but one X-ray unit had rectangular collimation to reduce patient dosage. The practice manager assured us the missing collimator would be obtained.

We saw evidence that the dentist justified, graded and reported on the radiographs they took. The practice carried out radiography audits. Clinical staff had completed continuing professional development in respect of dental radiography.

Risks to patients

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff. Additional assessments had been completed for risks associated with the Covid-19 pandemic.

Staff followed relevant safety regulation when using needles and other sharp dental items and staff were using the safest types of needles. The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

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

Most emergency equipment and medicines were available as described in recognised guidance, staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. However, we noted some essential items were missing including the adult dosage of midazolam and the correct sized syringes for intramuscular adrenalin injection. These were ordered during our inspection visit.

Information to deliver safe care and treatment

We discussed with clinicians how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate and legible. They were kept securely and complied with data protection requirements.

Safe and appropriate use of medicines

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. Staff stored and kept records of NHS prescriptions as described in current guidance.

Antimicrobial prescribing audits were carried out annually to ensure clinicians were following nationally recommended guidance.

Are services safe?

Glucagon was kept in the practice's fridge. The fridge's temperature was monitored but records we viewed showed that the temperature did not always reach the recommended level. The fridge was frosted over which could compromise its operational effectiveness.

Lessons learned and improvements

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. Incidents and accidents were a standing agenda item at practice meetings, evidence of which we saw in the minutes we reviewed.

Staff learned from incidents. For example, following a matrix band injury, staff were re-trained in how to remove the band with tweezers rather than their fingers.

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were received by the principal dentist who actioned them if needed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. Clinicians assessed patients' needs and delivered care and treatment in line with current guidance supported by clear clinical pathways and protocols.

Patients' dental care records were audited regularly to check that clinicians recorded the necessary information and had been effective in identifying areas of improvement.

The practice offered dental implants which were placed by the principal dentist and a visiting clinician who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

The practice had an orthopantomogram x-ray and a dental cone beam computed tomography scanner to enhance the delivery of care to patients.

Helping patients to live healthier lives

The practice provided preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Clinicians, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. Four hygienists were employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. The treatment co-ordinator showed us their oral hygiene box which contained a range of dental tools and teaching aids to help patients maintain their oral hygiene. The treatment co-ordinator told us they provided free plaque checks and demonstrated toothbrushing techniques to patients.

Information leaflets were available to patients covering a wide range of dental conditions and treatments including denture care, root canal treatments, periodontal care, denture after care, and bone grafts. A TV screen in the waiting area also displayed information about oral hygiene and dental treatments. The practice sold dental hygiene products to maintain healthy teeth and gums, including interdental brushes, mouthwash, disclosing tablets and electric toothbrushes.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment.

Staff understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Effective staffing

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council**.** Staff told us that although busy, they had enough time to do their job safely.

The practice was in the process of trying to recruit a practice manager, a dentist and a qualified dental nurse but this was proving difficult. Several trainee nurses had been employed recently and one member of staff told us the reliance on so many trainee nurses sometimes added pressure to the trained staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

Staff confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. Staff monitored referrals to ensure they were responded to promptly.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had overall responsibility for the management and clinical leadership of the practice. They were usually supported by a practice manager who oversaw the day to day running of the practice, but the most recent practice manager had left in August 2021, and the practice had been struggling to find a replacement. The practice's treatment co-ordinator was acting up on an interim basis.

Staff described the principal dentist as approachable, responsive and supportive. During the Covid-19 lockdowns the principal dentist had arranged regular zoom calls with staff, had implemented a buddy system for staff living on their own and had provided a weekly newsletter to keep staff up to date with the latest news and information. Staff had clearly appreciated these measures.

We found both the principal dentist and treatment co-ordinator were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges of recruiting suitable staff and reducing appointment waiting times and were trying to address them.

Culture

Staff stated they felt supported and enjoyed their work citing good teamwork, effective communication and support as the reasons. The foundation dentist spoke appreciatively of the support she had received from the principle dentist during her placement.

Openness, honesty and transparency were demonstrated when responding to the incidents and complaints we reviewed. The practice had a Duty of Candour policy in place and staff were aware of their personal obligations under it.

Governance and management

There were clear and effective processes for managing risks, issues and performance. The practice had comprehensive policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

Communication across the practice was structured around regular monthly meetings. Staff told us these provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them. Minutes we viewed demonstrated that polices were discussed, and that staff were consulted about a range of issues relating to the practice.

Staff had access to an on-line governance tool to help in the management of the service and to keep up to date with the latest policies and guidance.

The practice had a policy which detailed its complaints' procedure and information about how patients could raise concerns was available in the waiting area and on the practice's website. Paperwork we viewed in relation to two recent complaints demonstrated they had been dealt with in a professional and timely way. Complaints was a standing agenda item at practice meetings, so that learning from them was shared across the staff team.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate.

Engagement with patients, the public, staff and external partners

Are services well-led?

The practice gathered feedback from staff through meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements and said these were listened to and acted on. Their suggestion for more walkie talkies to reduce moving around the practice and opening doors had been implemented, as had their suggestion for dental material boxes to be kept outside of treatment rooms.

The practice had suspended the use of its patient feedback surveys temporarily as result of Covid-19 infection risk, but patients could leave feedback on the practice's website and the treatment co-ordinator told us they regularly monitored NHS Choices to respond to comments left there. Recent suggestions from patients for improved external lighting and markings on treatment rooms door to make them more visible for sight impaired patients had been implemented.

Continuous improvement and innovation

The principal dentist was an educational supervisor for foundation dentists and paid for staff's membership to an on-line training provider to help them keep their professional development up to date.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, infection prevention and control, and antimicrobial prescribing. There were clear records of the results of these audits and the resulting action plans and improvements. Results of these audits were discussed at staff meetings, evidence of which we viewed.