

Campden House Dental Practice Limited

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## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 19 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. Some improvements could be made, however.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.

# Summary of findings

- The practice had systems to manage risks for patients, staff, equipment and the premises. However, some improvements could be made.
- 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.
- 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 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

Campden House Dental Practice is in Taunton and provides private dental care and treatment for adults and children.

Due to the design of the building, all treatment rooms are on the first floor. The practice is not suitable for wheelchair users. Patients are informed of this on enquiry and in the practice leaflet. Car parking spaces are available near the practice.

The dental team includes 2 dentists, 1 dental hygienist, 3 dental nurses and a receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist, 2 dental nurses, 1 dental hygienist and the receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday to Thursday 9.00am – 5.30pm.

Fridays 9.00am – 1.00pm.

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

- 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.
- 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, by ensuring flooring is suitably sealed in clinical areas and by ensuring the water temperature is checked for a recommended range prior to the manual cleaning of dental instruments.
- Implement protocols for domiciliary visits, taking into account the 2009 guidelines published by British Society for Disability and Oral Health in the document "Guidelines for the Delivery of a Domiciliary Oral Healthcare Service".

# Summary of findings

- Implement audits for prescribing of antibiotic medicines, taking into account the guidance provided by the College of General Dentistry.
- Improve and develop staff awareness of autism and learning disabilities and ensure all staff receive appropriate training in this.

# 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.

The practice had infection control procedures which reflected published guidance. We noted, however, flooring in clinical areas was not always suitably sealed, making cleaning ineffective. We also noted there was no thermometer available for check water temperatures prior to manually cleaning dental instruments. Following the inspection, the provider wrote to us to inform us a thermometer was now available and that maintenance to flooring in clinical areas had been scheduled.

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.

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. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. 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 sharps safety, sepsis awareness and lone working. A risk assessment had been completed for when the dental hygienist worked without direct chairside support.

Emergency equipment and medicines were available and checked in accordance with national guidance. We reminded the provider emergency medicines should be checked on a weekly, rather than monthly basis.

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

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 legible, 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. However, we noted there was no written record of refrigerated medicines to ensure the medicine was stored within an acceptable range.

An antimicrobial prescribing audit had not been completed. The provider informed us this would be scheduled without delay.

## **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.

# 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.

We were informed occasional domiciliary visits took place. However, improvements could be made to ensure suitable risk assessments are completed before providing dental care in domiciliary settings such as in people's residence.

### **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. 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.

We saw evidence the dentists justified, graded and reported on the radiographs they took.

### **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.

We discussed with the provider ensuring all staff receive appropriate training in awareness of autism and learning disabilities.

### **Co-ordinating care and treatment**

Staff worked together 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. Following discussion during the inspection the provider wrote to us to inform us that a central monitoring system for patient referrals had been introduced, after consultation with the staff team.

# 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.

Patient feedback indicated they considered staff were compassionate and understanding when they were in pain, distress or discomfort.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality.

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 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 for example photographs, 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.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. The building design prevented reasonable adjustments to allow the practice to be accessible to wheelchair users.

### **Timely access to services**

The practice displayed its opening hours and provided information on 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. 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.

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

Where areas for improvement were highlighted during the inspection, action was taken to ensure improvements were carried out in a positive and timely manner.

### **Culture**

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

Staff discussed their training needs during annual appraisals and in staff 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, 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 clear 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 protecting patients' personal information.

### **Engagement with patients, the public, staff and external partners**

Staff gathered feedback from patients and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through meetings 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.

### **Continuous improvement and innovation**

The practice had systems and processes for learning and quality assurance. These included audits of disability access, radiographs and infection prevention and control. We reminded the provider that infection control audits should be completed six-monthly. Staff kept records of the results of these audits and the resulting action plans and improvements.