

Rodericks Dental Limited

# Grange Park Dental Practice

## Inspection report

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### Overall summary

We carried out this announced inspection on 9 November 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 Care Quality Commission, (CQC), inspector who was supported by an additional CQC inspector and 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 this practice was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

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

##### **Are services well-led?**

# Summary of findings

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

## Background

Grange Park Dental Practice is in Northampton and provides NHS and private 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, including, are available near the practice. The practice is located in a primary care centre which has dedicated parking spaces and dedicated parking for people with disabilities. A power assisted door ensured that anyone with a disability could gain easy access to the premises.

The dental team includes two dentists, two dental nurses, one trainee dental nurse, one dental hygiene therapist and two receptionists. The practice has three treatment rooms.

The practice is owned by an organisation 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 Grange Park dental practice is the practice manager.

During the inspection we spoke with two dentists, one dental nurses, one receptionist, the compliance manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: from 8am to 5.30pm Monday to Friday and closed on Saturdays and Sundays.

## Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- 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.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

# 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)**

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. The practice manager was the safeguarding lead and had completed training to a level three. Safeguarding information posters were on display in the staff room and waiting room. These included contact details, flow charts and links to NHS safeguarding application which staff could download onto their mobile phones for support and advice, such as up to date information about safeguarding including contact details for local safeguarding authorities.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation. Staff flagged these on the patient's electronic notes.

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. However, saw that cotton wool was being stored in an open container in a drawer in one treatment room. The practice manager confirmed that they would action this immediately to ensure it was stored in closed dispensers in line with guidance.

Staff completed infection prevention and control training and received updates as required. Effective standard operating procedures and measures had been implemented to reduce the spread of Covid-19. For example, air filtration was in place to reduce the fallow time following completion of an aerosol generating procedure.

The provider had arrangements for transporting, 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. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately. However, staff did not use heavy duty gloves during the decontamination process. This was not in line with guidance. The practice manager assured us they would rectify this immediately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with an up to date risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

# Are services safe?

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice achieved 99% compliance and was meeting the required standards. The practice manager was the designated infection prevention and control lead and was responsible for completing six-monthly infection prevention and control audits. Action plans were produced to address areas of non-compliance and learning was shared with the staff through a variety of communication channels such as team meetings and emails.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination. Staff said the practice manager was approachable and supportive, and they would not hesitate to raise any issues or concerns with them.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at two staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. A fire risk assessment was carried out in line with the legal requirements. Action plans had been developed to address areas of non-compliance and had been actioned. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Records of fire detection and alarm inspection were available. Two members of staff had completed the fire warden training and six-monthly fire drills took place.

A Landlords Gas Safety Certificate and fixed electrical wire checks were up to date. Portable electrical appliances were regularly tested, and stickers were in place on equipment to demonstrate this.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

## **Risks to patients**

The provider had implemented systems to assess, monitor and manage risks to patient safety. However, we saw that cotton wool was being stored in an open container in a drawer in one treatment room. The practice manager confirmed that they would action this immediately to ensure it was stored in closed dispensers in line with guidance.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. These included fire, legionella and a Covid-19 risk assessment. The provider had current employer's liability insurance. This was on display in the reception area.

# Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who presented with a dental infection and where necessary referred patients for specialist care.

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

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygiene therapist when they treated patients in line with General Dental Council Standards for the Dental Team. A risk assessment was in place for when the dental hygiene therapist worked without chairside support.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. The practice manager was the lead for the control of substances hazardous to health (COSHH). Material safety data sheets were available for each hazardous product in use at the practice as well as risk assessments to minimise the risk.

## **Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

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

The provider had systems for appropriate and safe handling of medicines. Medical emergency oxygen was not the recommended size. We raised this with the practice manager. They said they would ensure it contained 460 (l) in line with guidance.

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.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines.

## **Track record on safety, and lessons learned and improvements**

# Are services safe?

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents, however staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again. The practice manager shared examples of where learning from incidents had resulted in changes to the practice previously. For example, they changed the way they stored some equipment after it caused an accident to a staff member.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

# 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 saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Patient records demonstrated that staff completed comprehensive risk and needs assessment to establish patient's individual needs and preferences.

The practice was located on the ground floor of a primary medical centre and was wheelchair accessible. Staff could access translation services to assist those whose first language was not English. A hearing loop was also available for patients who were hard of hearing and used hearing aids. Information could be provided in large print and in different languages if required. This helped to ensure that patients were able to understand the information given regarding their care and treatment.

Out of hours contact details were available to patients on the practice telephone answerphone message, on the website and on the surgery front door.

Staff had access to intra-oral cameras to enhance the delivery of care. There were used by dentists to show patients the interior of their mouth, as an alternative to using a mirror.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

Staff were aware of and involved with 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. The provider ensured they continued to support children throughout the pandemic. The practice manager and area manager liaised with an oral hygiene company to provide oral health care packages to children in local schools. These included toothbrushes and toothpastes.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

### **Consent to care and treatment**

Staff obtained consent to care and treatment in line with legislation and guidance.



# Are services effective?

(for example, treatment is effective)

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team 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 may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements. Other quality assurance processes included an incident reporting system, complaints procedures and gathering feedback from patients.

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. Staff had access to internal and external training including discussions during practice meetings, updates and training provided by the company.

The practice employed enough suitably qualified, competent and experienced staff to enable them to meet all regulatory requirements. Staff shortages were planned for in advance. Managers attended monthly rota meetings. Managers could redeploy staff from the other eight sister practices to cover staff shortages.

Staff new to the practice had a structured induction programme. These were tailored to the specific role. We confirmed clinical staff completed the 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 well-led?

## Our findings

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

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The provider/practice demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions. The information and evidence presented during the inspection process was clear and well documented. They could show how they delivered high-quality sustainable services and demonstrated improvements over time.

### **Leadership capacity and capability**

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care.

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

### **Culture**

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice. They were focused on the needs of patients receiving care and treatment. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff displayed a culture that put patients first, promoted trust, respect and equality and were sufficiently open and transparent such that staff felt able to challenge each other, regardless of status, without fear and were encouraged to come forward when difficulties arose.

The pandemic had created a climate of empathy, compassion and support between staff at all levels. Staff morale was patient focused and positive.

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. For example, they integrated oral health into overall health.

We saw the provider had systems in place to deal with staff poor performance.

# Are services well-led?

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. Although there had been no incidents or formal complaints in the previous 12 months, the practice manager shared examples of how they had recently responded to informal complaints regarding waiting times due to the pandemic. They said they would call the patient directly, listen to their concerns and explain the reasons for the delays.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

## **Governance and management**

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

Leaders used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider 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.

The practice was part of a corporate group which had a support centre where teams including human resources, finance, clinical support and patient support services were based. These teams supported and offered advice and updates to the practice when required.

We saw there were clear and effective processes for managing risks, issues and performance.

## **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

Staff could find the information they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Quality and operational information, for example audits, was used to ensure and improve performance. Performance information was combined with the views of patients.

The provider 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**

Staff involved patients, the public, staff and external partners to support the service. The provider used patient surveys and encouraged verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, patients had fed back that they were not aware of how to make a complaint. Leaders responded by displaying posters in the waiting room with how to make a complaint.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used. We reviewed feedback left by patients on NHS Choices. There was one five-star review and one one-star review. A three point three out of five from 17 google reviews were left. This included nine five-star reviews, one four-star review and seven one-star reviews. Bestcarecompare.com reviews showed three point eight out of five from 14 reviews.

# Are services well-led?

The provider gathered feedback from staff 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.

Alongside providing oral health care packages to local school children, staff donated items such as food and blankets to a local homeless centre.

## **Continuous improvement and innovation**

The provider had systems and processes for learning, continuous improvement and innovation.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care, however this had not been continued since the pandemic.

The provider 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. However, we found one six monthly action plan relating to the dental care records audit had not been followed up since April 2021.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, they said they used a framework called stop, start, continue for delivering or requesting feedback. In it, feedback is made up of three things the individual should keep doing, three they should stop doing and three new things they should start doing.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.