

Mark Russ Trading Ltd.

# Contemporary Dental

## Inspection report

14 Queens Terrace

Exeter

EX4 4HR

Tel: 01392490949

[www.contemporarydental.co.uk](http://www.contemporarydental.co.uk)

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### Overall summary

We carried out this announced focused inspection on 29 March 2022 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 adviser.

To get to the heart of patients' experiences of care and treatment,

We usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- 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:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- 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.
- The clinical staff provided patients' care and treatment in line with current guidelines.

# Summary of findings

- Patients were treated with dignity and respect and staff took care to protect their personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

## Background

The provider has one practice, and this report is about Contemporary Dental.

Contemporary Dental is in Exeter and provides private dental care and treatment for adults and children.

All treatment rooms are accessed by stairs. Therefore, the practice is not suitable for people who use wheelchairs. Enquiring patients with mobility requirements are signposted to a nearby accessible practice.

The practice has four treatment rooms, of which three are currently in use.

During the inspection we spoke with the current dental team: One dentist, two dental nurses, one dental therapist hygienist, two trainee dental nurses, one receptionist/cleaner and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday 8.00am – 7.00pm

Tuesday 8.00am – 5.00pm

Wednesday 8.30am – 5.00pm

Thursday 8.30am – 5.00pm

Friday 8.30am – 2.00pm.

There was an area where the provider could make improvements. They should:

- Implement audits for prescribing of antibiotic medicines, taking into account the guidance provided by the College of General Dentistry.

# 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)**

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. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice had a recently refurbished well-equipped dental instrument decontamination and sterilisation area. We noted the area was open plan, which presented problems in effective air flow management. The provider and staff told us plans were in place to enclose the area and address air flow.

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.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice 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.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. This included cone-beam computed tomography (CBCT) and handheld X-ray equipment. We noted, however, that radiography protocols would benefit from updating to reflect usage of extra-oral and handheld X-ray units.

### **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.

Emergency equipment and medicines were available and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training with airway management for staff providing treatment to patients under sedation was also completed.

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**

# Are services safe?

Dental care records we saw were complete, legible, were 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**

Improvements could be made to improve systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not carried out. We discussed reviewing guidance around first line antibiotic treatments. The provider told us antimicrobial audits would be implemented. We noted two different concentrations of a drug used for conscious sedation were in stock. We discussed the risk of accidental wrong dose administration and the provider said they would review the stock control. Medicines were held securely.

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

The practice had implemented systems for reviewing and investigating 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.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. We discussed reviewing the ASA grading guidance and providing more contextualised information on risk, for example an airway assessment, in the patient notes. We also discussed updating the practice sedation protocol to update information on the types of sedation offered. The provider told us they would review and update both.

We saw the provision of dental implants was in accordance with national guidance.

### **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.

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 dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia.

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 and legislation.

### **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.

# 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 demonstrated an open culture in relation to people's safety.

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**

The practice could show how they ensured high-quality services and demonstrated improvements over time.

Staff stated they felt supported and valued.

Staff discussed their training needs during annual appraisals and/or 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 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.

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.

The practice 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 gathered feedback from patients and external partners and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff 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.

### **Continuous improvement and innovation**

The practice had quality assurance processes to encourage learning and continuous improvement.

These included audits of dental care records, radiographs, conscious sedation and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.