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# DS Dental Surgery

## Inspection report

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### Overall summary

We carried out this announced inspection on 1 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.

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

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

# Summary of findings

## Background

Green Tree Dental Clinic is a well-established practice that provides mostly NHS treatment to adults and children. The dental team includes three dentists and five dental nurses. The practice has four treatment rooms. Wheelchair access is available via a ramp, and there is an accessible toilet and ground floor treatment rooms. The practice has parking facilities in front of the premises.

The practice opens Mondays to Fridays from 9am to 5pm.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During our inspection we spoke with the principal dentist, an associate dentist and two nurses. 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.
- The practice had thorough staff recruitment and induction procedures.
- Patients' care and treatment was provided in line with current guidelines.
- The practice had systems to help them manage risk to patients and staff.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider asked staff and patients for feedback about the services they provided.
- 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 clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Take action to ensure that privately paying patients receive a detailed plan outlining their care and treatment.

# 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 the staff area, making it easily available. The practice had a protocol in place for recording the non-attendance of children to help them identify possible safeguarding concerns. All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults.

The practice had a whistleblowing policy which was displayed in the staff area. 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, including the creation of a separate donning area for staff.

The practice had arrangements for cleaning, checking, sterilising and storing instruments in line with HTM 01-05. A poster describing each stage of the decontamination process was displayed on the wall for staff to follow. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. Infection prevention and control audits were completed regularly, and the latest audit showed the practice was meeting the required standards.

Staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Records we viewed showed that water temperatures throughout the practice were monitored regularly. Staff we spoke with were aware of dental until line water management requirements.

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 concerns all treatment rooms had been fully decluttered and improved air ventilation systems had been installed.

The practice had procedures in place to ensure clinical waste was segregated and was stored securely, although external clinical waste bins would benefit from being attached to a fixed post to prevent their unauthorised removal.

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 which reflected the relevant legislation. We looked at recent staff recruitment records which showed the practice followed their recruitment procedure. One staff member told us their recruitment to the practice had been very thorough. Each new staff member underwent an induction period to ensure they had the skills and knowledge for their role.

# Are services safe?

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions including electrical and gas appliances. A fire risk assessment had been completed for the premises in 2020, which showed that no additional action was needed to improve fire safety. Records showed that fire detection and firefighting equipment such as fire extinguishers were regularly tested. All staff had received fire safety training.

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. X-ray units had rectangular collimation to reduce patient dosage.

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. We noted that the practice's sharps' risk assessment could be strengthened to include all sharps instruments used within the practice, not just 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. Staff used to regularly undertake medical emergency scenarios, but these had stopped temporarily in response to Covid-19 concerns.

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

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

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

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**

Staff were aware of current guidance with regards to prescribing medicines and antimicrobial prescribing audits were carried out annually as recommended. Prescription pads were stored securely, and their use logged and monitored.

Glucagon was kept out of the fridge and its expiry date had been reduced to accommodate this.

## **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. We viewed detailed records and investigations that had been undertaken in response to two incidents that had occurred. It was clear that the practice learned from these, and in response to a needle stick injury, had decided to use safer sharps to better protect staff.

# Are services safe?

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were received by the principal dentist and lead nurse 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, although we found some clinicians were not following the most recent periodontal management guidance.

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

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

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit, although this was not always clearly evidenced in the dental records we reviewed. Clinicians, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

The practice sold dental hygiene products to maintain healthy teeth and gums, including interdental brushes, mouthwash, and toothpaste.

### **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.

The practice provided some private treatment to patients but did not always provide them with detailed plans to aid their decision making to give informed consent to the treatment.

### **Effective staffing**

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council (GDC). Staffing levels had not been unduly affected by Covid-19, although the principal dentist was in the process of trying to recruit more staff to replace those that had left recently to progress their careers. Staff told us they had enough time to do their job safely.

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

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

Staff 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

### **Leadership capacity and capability**

The principal dentist demonstrated a transparent and open culture in relation to people's safety. He worked across two dental practices but set aside two days a week for the purposes of administration and governance for both sites. We found that systems and processes were embedded, and staff worked together well.

Staff described the principal dentist as approachable, responsive and supportive. He was knowledgeable about issues and priorities relating to the quality and future of the service. He understood the challenges and was trying to address them. For example, at the start of 2021, the practice increased its opening hours until 7pm for a period of three months to reduce patient waiting times. At the time of our inspection the practice was in the process of trying to recruit additional clinicians to better meet patient demand.

The principal dentist was a former secretary of the local dental committee and was a member of a nationally recognised dental professional body.

### **Culture**

Staff stated they felt supported and enjoyed their work citing good teamwork, effective communication and support as the reasons.

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 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 policies 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 was an expert member of the British Dental Association's good practice scheme demonstrating its commitment to good governance.

The practice had a policy which detailed its complaints' procedure and information about how patients could raise concerns was available in the waiting area, although it was not particularly visible. All complaints were logged as unusual events and paperwork we viewed in relation to two recent complaints demonstrated they had been dealt with in a professional and timely way.

### **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 comfortable chairs at reception, and a change of working hours had been implemented.

The practice used patient surveys in order to gain feedback about each dentist who worked there. Although the last survey had been undertaken in 2019, we saw that the results had been analysed meaningfully and used to drive improvement. For example, in response to feedback the practice had updated its email systems to allow patients to contact them more easily.

## **Continuous improvement and innovation**

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, infection prevention and control, antimicrobial prescribing and hand hygiene. There were clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist paid for staff's membership to an on-line training provider and staff discussed their training needs at an annual appraisal. They also discussed their general wellbeing and targets for the coming year, evidence of which we viewed. All staff had personal development plans in place.