

King's Road Dental Practice Ltd

Kings Road Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 23 May 2023 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.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- 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.

Summary of findings

- 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 effective leadership and 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

Kings Road Dental Practice is in Berkhamsted, Hertfordshire and provides NHS and private dental care and treatment for adults and children.

There is a portable ramp for access to the practice for people who use wheelchairs and those with pushchairs. There is a car park for patients at the rear of the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes the principal dentist, 12 associate dentists including a specialist in periodontics, 7 qualified dental nurses, 3 trainee dental nurses, 4 dental hygienists, 1 orthodontic therapist, 1 practice manager and 3 receptionists. In addition, a sedationist attends the practice to provide intravenous sedation for patients. The practice has 5 treatment rooms.

During the inspection we spoke with the principal dentist, 3 associate dentists, 2 dental nurses, 2 receptionists, and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday, Wednesday, Thursday from 8am to 5.30pm

Tuesday from 8am to 7pm

Saturday from 9am to 1pm.

The practice had taken steps to improve environmental sustainability by using digital X-ray systems to reduce the amount of radiation released into the environment, using digitalised patient care records and energy efficient lighting.

There were areas 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, and take action to ensure audits of radiography are undertaken at regular intervals to improve the quality of the service.
- Improve the practice's protocols for medicines management and ensure all medicines are stored and dispensed of safely and securely.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	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. On the day of the inspection, evidence that 2 associate dentists had completed training in safeguarding and vulnerable adults to a level appropriate to their role though was not available, this was provided immediately following the inspection.

The practice had infection control procedures which reflected published guidance.

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, although the clinical waste container was not secured to a fixed structure. This was rectified immediately after the inspection.

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 mostly reflected the relevant legislation. Disclosure and Barring Service (DBS) checks, a record of employment history and proof of identification records were available in staff files. However, we saw that not all staff records included satisfactory evidence of conduct in previous employment (references). We discussed this with the practice manager who immediately completed risk assessments for members of staff for whom references had not been obtained at the commencement of employment.

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.

Suitable and sufficient assessment of risks related to fire had been completed in line with the legal requirements, both by an external company and by a competent individual at the practice who had completed fire marshal training. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and most of the required radiation protection information was available. This included cone-beam computed tomography (CBCT). The practice completed annual electromechanical servicing of the X-ray units. However, we were not provided with evidence on the day that performance checks had been completed for the intra oral X-ray units within 3 years. In addition, we saw that rectangular collimators to reduce the dose of X-rays delivered to the patient were not fitted to the X-ray units. Immediately after the inspection the practice sent us evidence that the 3 yearly checks had been arranged for 16 June 2023 and that rectangular collimators had been obtained.

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.

Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance. We found the provider did not have buccal Midazolam (a medicine used to treat prolonged seizures) in the form recommended in guidelines, instead they held the medicine that could be administered by a different route. Buccal Midazolam in the recommended form was ordered on the day of the inspection.

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 was also completed by staff providing treatment to patients under sedation.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. However, assessments had not been completed for all generic cleaning products used in the practice. Immediately after the inspection we were provided with copies of completed risk assessments for the cleaning products.

Information to deliver safe care and treatment

Patient care records were complete, legible, 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

The practice had some systems for appropriate and safe handling of medicines. The practice logged when medicines came into the practice and when they were dispensed to patients. We noted that they did not keep a record of the stock of medicines or prescription pads held in the practice. In addition, the practice did not include the practice contact details on the labels of medicines dispensed to patients. Antimicrobial prescribing audits were not carried out. Immediately after the inspection we were sent evidence that the labels for dispensed medicines had been amended to include the practice name and address. We also saw that the dispensing logs had been improved to capture information relating to the reason for prescribing and that antimicrobial audits had been commenced.

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.

The practice offered intravenous 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. The practice had not considered the need for an additional oxygen cylinder. Following discussion with the provider an additional oxygen cylinder was ordered on the day of the inspection.

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. Oral health care products were available for sale to patients. We were told that the practice was developing its own leaflets to support patients in improving their gum 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 or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. Improvements could be made to ensure the radiography audits, which were currently being undertaken annually, were completed at six-monthly intervals, in line with current guidance.

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 dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

The practice was a referral clinic for periodontics, and we saw staff monitored and ensured the dentist was aware of all incoming referrals.

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.

On the day of inspection, we reviewed patient feedback and spoke with 2 patients. Feedback we received from patients indicated that they were very happy with the care they had received at the practice.

Patients said 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.

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 website and 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, videos, X-ray images and an intra-oral camera.

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.

The practice had made reasonable adjustments, including a portable ramp and hearing loop for patients with additional needs. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website, patient information leaflet and social media page.

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 website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. All patients were provided with access to a telephone app which they could use at any time to record dental problems which was triaged by the principal dentist who arranged advice and care as required.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. 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. Staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

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

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered. We were advised that the practice manager had recently resubmitted their application to be registered manager.

Leadership capacity and capability

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

There was strong leadership with emphasis on peoples' safety and continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that where the inspection identified areas for improvement these were acted on immediately.

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

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

Staff discussed their training needs during 1 to 1 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, roles 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 processes for managing risks, issues and performance. Shortfalls identified on the day were quickly rectified by the team.

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 protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners 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

Are services well-led?

The practice had systems and processes for learning, quality assurance, and continuous improvement. These included audits of patient care records, disability access, radiographs and infection prevention and control. Improvement could be made to the radiography audits by increasing the frequency of the audits to 6 monthly in-line with guidance and by making them clinician specific. Staff kept records of the results of these audits and the resulting action plans and improvements.