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# Greyfriars Dental Practice

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 19 July 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. Most 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.

# Summary of findings

- 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 effective leadership and a culture of continuous improvement although audits required completing in line with guidance timeframes.
- Staff felt involved, supported and worked as a team.
- Staff were asked for feedback about the services provided.
- The practice had information governance arrangements.

## Background

Greyfriars Dental Practice is in Shrewsbury and provides NHS and private dental care and treatment for adults and children.

The practice is accessed by stairs meaning it is not accessible for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes 4 dentists, 3 dental nurses, 1 practice manager, 1 receptionist and a business partner. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental nurse, the practice manager and the business partner. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday to Friday from 9am to 5pm.

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

- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- 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, the disinfecting of laboratory work.
- Improve the practice's complaints handling procedures and establish an accessible system for identifying, receiving, recording, handling and responding to complaints by service users.
- Take action to ensure audits of radiography, infection prevention and control, record keeping, and antimicrobial prescribing are undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits reflect current guidelines, have documented learning points and the resulting improvements can be demonstrated.

# 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. Information on safeguarding was on display at reception and in the staff room. All staff had completed safeguarding training for children and adults to an appropriate level for their role.

The practice had infection control procedures which reflected published guidance however, these were not all followed. Heavy duty gloves were not used in the decontamination room when handling unsterilised instruments and water temperature checks were not carried out in accordance with guidance. Laboratory work was not disinfected according to manufacturers guidelines before being sent to the laboratory and no disinfecting procedures were carried out on the work when returned. Following our inspection evidence was seen that all of these issues had been addressed.

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, including for agency or 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, 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 in July 2023. There were actions to implement which the practice was in the process of addressing. The management of fire safety required improvement as fire extinguisher checks were not carried out monthly, in line with guidance in the risk assessment and there was limited fire safety training. Evidence was seen following our inspection of fire marshal training carried out by 5 members of staff.

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.

Most emergency equipment and medicines were available. The weekly checklist carried out for the emergency equipment and medicines was not an accurate record as it did not include clear face masks for self-inflating bag (sizes 0,1,2,3,4) or oropharyngeal airways (sizes 1,2,3,4) which were missing. These items are required in accordance with national guidance. The self-inflating bag with reservoir was attached to the oxygen cylinder therefore displayed no expiry date. Evidence was presented at the time of our inspection to show these items had been ordered.

Weekly checks of the effective operation of the automated external defibrillator (AED) and medical emergency equipment were not carried out. Evidence was seen following our inspection of a weekly log to be completed moving forward.

# Are services safe?

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. There were safety data sheets available for all materials used.

## **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 systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out however, we found they were not reflective of current guidelines and were not clinician specific.

## **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 was in the process of installing digital X-rays to enhance the delivery of care.

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. Information leaflets were available to patients as recommended by the dentist or upon request.

### **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. The practice carried out radiography audits however, these were not carried out 6 monthly and not of a sufficient sample size as stated in 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 dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

# 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. Staff described to us some of the ways they enabled nervous patients to access their treatments and the additional measures they implemented to support them, for example, arranging appointments during quieter times of the day.

Patient feedback we reviewed indicated staff were compassionate and understanding when they were in pain, distress or discomfort. They also mentioned the friendliness and helpfulness of staff.

Staff had undertaken training in autism and learning disability awareness to increase their understanding of patients with these conditions.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality. There were areas where staff could have discussions with patients away from the reception area or waiting area either via telephone calls or face to face.

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 website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist 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.

The practice was not able to make reasonable adjustments for patients with access requirements related to their mobility, due to the location of the building. However, staff had carried out a disability access audit to continually improve where possible. There was a hearing loop and reading glasses available at reception to assist patients who required them.

### **Timely access to services**

The practice displayed its opening hours and provided information on their website and 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 answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Staff took part in an emergency on-call arrangement with other local practices and patients were directed to the appropriate out of hours service.

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 procedures to responding to concerns and complaints required strengthening and documenting. 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.

### **Leadership capacity and capability**

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

The provider and practice business partner were committed to safety and improvements for patients and staff. Staff worked together in such a way that where the inspection highlighted any issues or omissions, the practice team took action to address them.

Following our inspection, the provider submitted information addressing the shortfalls we identified, demonstrating the providers commitment to improving the service for both staff and patients.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities with each staff member having been delegated an area of responsibility within their capability.

### **Culture**

Staff stated they felt respected, supported and enjoyed their work. They described the principal dentist and the practice business partner as approachable and understanding if they raised any concerns.

Staff discussed their training needs during annual appraisals, 1 to 1 meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. Communication systems in the practice included an instant messaging application to share key information.

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.

### **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**

Patients were encouraged to complete a survey which asked them to comment on the ease of making an appointment, the waiting time, and the quality of their treatment. Staff gathered the feedback and demonstrated a commitment to acting on the 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, quality assurance and continuous improvement however, these required strengthening.

# Are services well-led?

The audits for radiography were not carried out at the recommended 6 monthly time frame and not of a sufficient sample size. Infection prevention and control audits were not reflective of procedures. Antimicrobial prescribing audits were not always reflecting current guidelines and not clinician specific. Staff kept records of the results of these audits however, the resulting findings, action plans and improvements were not always recorded.