

Stratford House Ltd

# Stratford House Dental Practice

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 11 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. Appropriate medicines and life-saving equipment were available. We found that oropharyngeal airways had expired, replacements were ordered following our inspection.

# Summary of findings

- The practice had systems to manage risks for patients, staff, equipment, and the premises. We identified shortfalls in assessing and mitigating risks in relation to fire safety, prescription management and safe handling and disposal of sharps.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had a recruitment policy to help them employ suitable staff, although this had not always been followed. Required pre-employment checks, including references, employment history and immunisation records had not always been obtained for new staff.
- 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.
- 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.
- Governance arrangements in the practice required strengthening.

## Background

The provider has 2 practices, and this report is about Stratford House Dental practice.

Stratford House Dental Practice is in Wolverton, Milton Keynes and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice. Dedicated parking for disabled people is available upon request. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 6 dentists, 2 foundation dentists, 1 dental hygiene therapist, 8 qualified dental nurses, 5 trainee dental nurses, 1 receptionist and 4 practice managers. The practice has 6 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 1 receptionist and 2 members of management. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 9am to 5.30pm

Friday from 9am to 5.15pm.

We identified regulations the provider was not complying with. They must:

# Summary of findings

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

**Full details of the regulation the provider was not meeting are at the end of this report.**

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

- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Implement an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK).

# 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>Requirements notice</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. Safeguarding information was available throughout the practice.

The practice had infection control procedures which reflected published guidance. However, there was scope for improvement to include a log of the changing of heavy-duty gloves used in decontamination of instruments. Infection control audits were conducted six monthly, but these did not always highlight areas of risk and improvements such as broken cupboard doors and wall surfaces.

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. However, this was not followed. We found staff immunisation against Hepatitis B was not always completed at the recommended intervals and proof of immunisation was not present for 7 staff members. References and employment histories or curriculum vitae were not always sought. Where evidence was not present, risk assessments were not in place.

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, with the exception of the emergency lighting.

The practice ensured the facilities were maintained in accordance with regulations. However, the management of fire safety was not effective. A fire safety risk assessment was carried out in 2018. Recommendations on this report in relation to the basement had not been reviewed or actioned. Following the inspection, the provider told us they were working through an action plan to complete recommendations in the report in August 2023.

Routine testing of fire extinguishers and fire alarms was in place. However, the emergency lighting had failed annual testing since 2019. The provider had not updated their risk assessments or taken remedial action to address this.

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, sepsis awareness and lone working. The practice team did not always follow the systems in place to manage risks in relation to sharps. For example, the practice risk assessment stated that clinicians would dispose of sharps at the point of use. We saw on the day of inspection sharps disposed of by dental nurses in the decontamination area.

# Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance. However, the mercury spillage kit, items in the first aid kit and Oropharyngeal airways had expired. Following the inspection, the provider submitted evidence these had been ordered.

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.

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

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements. There was scope for improvement to include the locking of computer records when not in use.

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 systems for appropriate and safe handling of prescriptions required improvement. Prescriptions were kept securely, however the practice system to track and monitor the use of NHS prescription pads was not effective as we identified incidences where prescriptions were not recorded. We noted incidences where the temperature of the fridge had reached above the maximum level and actions had not been taken.

Antimicrobial prescribing audits were carried out.

## **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.

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

The practice provided preventive care and supported patients to ensure better oral health.

The practice ethos was to improve oral health awareness and access to dental care for future generations within the local community. The practice team had taken part in various community events such as the village scarecrow event, cake sales and fundraising events.

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.

Oral health care products were on sale for patients for example orthodontic cleaning products, floss, interdental brushes and mouthwash.

### **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. Patients had the option to receive their consent forms and treatment plans via email.

The practice conducted patient surveys, the most recent survey found 100% of 40 patients said their treatment options were discussed and they understood their choices.

### **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.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. Staff told us they felt they had enough time and support to complete their duties.

Newly appointed dental nurses, foundation dentists and reception staff had received a structured induction. However, there was scope for improvement to include dentists.

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.

# Are services effective?

(for example, treatment is effective)

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 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.

Information about the practice and treatments was available for patients to read. Feedback from patients was wholly positive. Patient feedback and survey comments we looked at, told us they were happy with the care and treatment they received.

The practice team stated they felt part of the local community and were committed to providing the best care and support to residents.

Patient surveys and feedback received online 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. We noted that whilst the reception and waiting room area on the ground floor was open plan, staff were discreet in person and on the telephone, we were told patients were offered an alternative area to speak privately should they wish.

Staff password protected patients' electronic care records and backed these up to secure storage. There was scope for improvement to include the locking of computer records in the X-ray room and staff areas when not in use. 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 leaflets 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 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.

Staff could access translation services for patients who did not understand or speak English. The practice team spoke a range of languages including, Russian, Polish, Urdu, Hindu, Romanian, French and Nepali.

The practice had made reasonable adjustments, including ramp access, ground floor treatment rooms, an accessible toilet and parking upon request for patients with access requirements. Reading glasses, a magnifying glass, a hearing loop and large print information was available if required. 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 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. This included providing longer appointments to patients with additional needs. A text appointment reminder service was provided, and emergency appointment slots were available each day.

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 information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

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 not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

### **Leadership capacity and capability**

The practice subscribed to an on-line governance tool to help in the running of the service.

There was established leadership and the provider had a commitment to peoples' safety and continually striving to improve. We found that systems and processes did not always support this commitment.

Staff told us they felt supported by the leadership team and demonstrated a commitment to the ethos of the service.

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**

Many of the practice team were long standing and felt happy, respected, supported and valued. They were proud to work in the practice.

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.

The practice had arrangements to ensure staff could access their training online and provided financial support.

### **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 identified shortfalls in identifying risks in relation to fire, prescription security, sharps disposal and recruitment checks. This indicated that governance and oversight of the practice needed to be strengthened.

### **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 via surveys and the NHS friends and family test and demonstrated a commitment to acting on feedback. The latest survey in May 2023 received 40 responses with high satisfaction and positive comments of the whole dental team.

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.

The practice was also a member of a good practice certification scheme since 2011.

The principal dentist was the chairman of the Local Dental Committee and a British Dental Association Secretary for the Milton Keynes network.

# Are services well-led?

## **Continuous improvement and innovation**

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiograph, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

The practice therapist was awarded runner up in the Dental Therapist of the year in 2022.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 Good governance</b></p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the Regulation was not being met</p> <ul style="list-style-type: none"><li>• The provider had not ensured that fire safety processes were effective in line with Fire Safety Legislation. For example:<ul style="list-style-type: none"><li>- The emergency lighting was not all working and had failed annually on servicing since 2019.</li><li>- The practice had not taken action to mitigate the health and safety risks identified in the 2018 fire risk assessment in relation to the basements.</li></ul></li><li>• The provider had not ensured that the systems in place to track and monitor NHS prescriptions were adhered to. For example:<ul style="list-style-type: none"><li>- There was incidences where prescriptions were not recorded.</li></ul></li><li>• The provider did not have an effective recruitment procedure to ensure that appropriate checks were completed prior to new staff commencing employment. In particular:<ul style="list-style-type: none"><li>- Clinical staff did not have evidence of adequate immunity for vaccine preventable infectious diseases.</li><li>- References and employment histories or curriculum vitae were not always sought. Where evidence was not present there was no risk assessments in place.</li><li>- Inductions were not conducted for dentists.</li></ul></li></ul>