

Dr. Aidan Singleton

Corve Street Family Dental Practice

Inspection report

Suite 2B, Palmers House
7 Corve Street
Ludlow
SY8 1DB
Tel: 01584872892

Date of inspection visit: 26 May 2023
Date of publication: 07/06/2023

Overall summary

We carried out this announced comprehensive inspection on 26 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.
- Staff knew how to deal with medical emergencies. Most 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.

Summary of findings

- The practice had staff recruitment procedures which reflected current legislation.
- 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.
- Patients' complaints were dealt with positively and efficiently. However, no records of their management were kept.
- The practice had information governance arrangements.
- Not all recommended audits were completed to ensure the practice was meeting nationally recommended guidelines.

Background

Corve Street Dental Practice is in Ludlow 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. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 5 dental nurses, 2 dental hygienists, 1 practice manager and 1 receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental nurse, the receptionist 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 to Friday from 8.30am to 5pm

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

- Implement a system for the security of NHS prescriptions pads to track and monitor their use.
- 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.
- Take action to ensure audits of radiography, 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 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.

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. Flowcharts showing the safeguarding reporting procedure were displayed in the staff room.

The practice had infection control procedures which reflected published guidance. However, dental instruments which were bagged in sterilisation pouches were not dated. Following our inspection, evidence was presented showing this was now being carried out.

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 cleaning schedule in place to ensure it was kept clean however this had not been completed. The practice manager assured us that this was to be completed by the practice cleaner. Following our inspection, evidence of this was provided.

The practice had a recruitment policy and procedure to help them employ suitable staff, including locum staff. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. Qualified nursing staff had their GDC registration and indemnity cover provided by the practice.

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. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. The local rules which were on display required updating, this was completed following our inspection.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety. However, the sharps risk assessment did not reflect working procedures as the dental nurses were dismantling syringes in the decontamination room. Following our inspection, we received evidence to show that sharps containers had been placed in surgeries enabling the clinicians to dismantle used syringes.

Most emergency equipment and medicines were available and checked in accordance with national guidance. The self-inflating bag with reservoir for a child and clear face masks for self-inflating bag sizes 0, 1, 2, 3 and 4 were missing. Bodily fluids and blood spillage kits were also not available. Evidence was submitted to show all the missing items were ordered following our inspection.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Are services safe?

The practice had assessments to minimise the risk that could be caused from substances that were hazardous to health. At the time of inspection safety data records were not available however these were obtained during inspection.

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. However, antimicrobial prescribing audits were not carried out to assess if the clinicians were prescribing according to national guidelines.

There was no system in place for the security of NHS prescriptions pads to identify lost or missing prescriptions. Following our inspection evidence was submitted of a log which was to be used to track prescriptions.

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 and sharing with staff if appropriate.

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

Oral health care products were on sale for patients such as toothbrushes, floss, interdental brushes and mouthwash. Information leaflets about dental treatments, gum disease and oral hygiene 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 and evidence was seen to show training had been carried out.

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 to show the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following 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 gave an example of assisting a patient who was suffering with mental health issues who was not able to get help. Staff arranged for the patient to see their GP the same day. The patient returned to the practice a few days later to thank them.

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. They stored paper records securely in a lockable cabinet.

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 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, 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. Examples were given on how staff would assist patients such as walking them to their car or the bus stop.

The practice had made reasonable adjustments, including a ramp, for patients with access requirements. 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 in their 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 information leaflet and 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 responded to patients' concerns and complaints appropriately however they were not recorded. Staff discussed outcomes to share learning and improve the service. There was no accessible system for identifying, receiving, recording, handling and responding to complaints by service users. Following our inspection, evidence was submitted of a complaints' log that was produced to be used in the future.

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

There was strong leadership with emphasis on striving to improve by the practice manager who had taken over responsibility of the practice in challenging circumstances due to the provider's unexpected absence. They responded quickly to the minor shortfalls we identified during our inspection, demonstrating their commitment to improve the service for both patients and staff.

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 by the practice manager. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals and ongoing 1 to 1 discussion. They also discussed learning needs, general wellbeing and aims for future professional development.

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

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 upon by the practice manager where appropriate.

Continuous improvement and innovation

The practice did not have systems and processes in place for learning, quality assurance, continuous improvement and innovation. Staff did not undertake audits of patient care records, radiographs and antimicrobial prescribing. However, the practice manager had assured us that these audits would be carried out at the recommended intervals in the future.