

Mrs. Claire Jackman

Chapel Dental

Inspection report

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Overall summary

We carried out this announced focused inspection on 18 January 2022 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 Care Quality Commission (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:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures in place which reflected published guidance. However, we found equipment was not maintained in accordance with manufacturer's instructions.
- Staff knew how to deal with emergencies.
- The provider had some systems to help them manage risk to patients and staff. We found shortfalls in appropriately assessing and mitigating risks in relation to medicines management, antimicrobial prescribing and legionella management.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.

Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.

Background

Chapel Dental is in Great Wilbraham and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities are available near the practice.

The dental team includes eight dentists, nine dental nurses, two dental hygienists who are also dental therapists, 2 receptionists and two practice managers. The practice has six treatment rooms.

During the inspection we spoke with three dentists, three dental nurses, one dental therapist/dental hygienist and both practice managers. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on weekdays from 9am until 5pm.

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

- Improve the practice's protocols for medicines management and ensure all medicines are stored and dispensed of safely and securely.
- Carry out a Legionella risk assessment and implement any recommendations in the practice's Legionella risk assessment, 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.'
- Review the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular ensuring that autoclaves are serviced and maintained in accordance with manufacturer's instructions.

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

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 provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The provider had infection control procedures which reflected published guidance.

The provider had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

Some equipment had not had annual checks. For example, two autoclaves were overdue annual services and validation checks. We were told that the practice managers were aware of this but they had struggled to find an engineer to complete these checks.

The provider did not have adequate procedures to reduce the possibility of Legionella or other bacteria developing in water systems. The provider had conducted their own risk assessment, but we were not assured they had undergone sufficient training to do this.

Records were not available to demonstrate that water temperature testing was carried out as required in their risk assessment. Dental water line management was completed.

The provider had policies and procedures in place to ensure clinical waste was segregated. We saw two external clinical waste bins. However, one external clinical waste bin was unlocked, compromising its security.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

Clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

The fire risk assessment had been carried out by the practice managers who had not completed any additional competency training.

Risks to patients

The provider had implemented some systems to assess, monitor and manage risks to patient safety.

Emergency equipment and medicines were available and checked as described in recognised guidance. However, we identified that the oral glucose was out of date. The provider submitted evidence following the inspection demonstrating they had now placed their in date oral glucose in the emergency medical kit as staff were unaware that it had been stored elsewhere in the practice.

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

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

Are services safe?

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The provider did not have systems in place for the appropriate and safe handling of medicines. We saw that not all clinicians wrote the practice's name and address on the label when dispensing antibiotics.

We saw evidence of antibiotic prescribing not conforming to The Faculty of General Dental Practice guidelines.

Antimicrobial prescribing audits were carried out. However, there was scope for improvement.

The provider did not have an adequate stock control system for medicines which were held on site. We found that several boxes of antibiotics were unaccounted for.

We saw NHS prescriptions were stored as described in current guidance.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong.

The provider 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 some systems to keep dental professionals up to date with current evidence-based practice.

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.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

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 dental care records in line with recognised guidance.

Staff conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out regular radiography audits following current guidance and legislation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

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 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 although this was rare.

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

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

There was strong leadership and emphasis on continually striving to improve.

Most systems and processes were embedded, and staff worked together. However, two autoclaves were overdue their annual checks.

The information and evidence presented during the inspection process was clear and well documented.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

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

Staff discussed their training needs at an annual appraisal.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support governance and management.

The provider had a system of clinical governance in place 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

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service.

Continuous improvement and innovation

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements. However, they had not always been successful in identifying some of the shortfalls we found.