

Mrs Sreelatha Thota

Clifton Garden Dental Surgery

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 14 August 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.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies.
- Improvements could be made to the systems for managing the risks associated with the carrying out of the regulated activities.
- 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. Improvements could be made to staff awareness of current guidance with regards to antimicrobial prescribing.
- 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

Clifton Garden Dental Surgery is in Goole 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, 2 dental nurses (one of who is also the practice manager), 1 dental hygienist and 1 receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist and 2 dental nurses. 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

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

- 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:

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when prescribing antibiotics.

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?	Requirements notice ✗

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. However, not all clinical staff had completed the appropriate level of safeguarding training. We were assured this training would be completed.

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. However, we noted the last risk assessment had recommended scale was removed from outlets. It was unclear if this had been addressed. We discussed this with staff and were assured a process to remove the scale would be implemented.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. However, we were told that amalgam waste was taken to a sister practice for disposal. The person transporting this clinical waste was not registered to do so. We discussed this with staff and were assured it would be addressed and rectified.

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. We saw the professional indemnity cover for one of the clinicians was not sufficient for the number of sessions worked. Action was taken on the day of inspection to increase the number of sessions they were covered for.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions.

Improvements could be made to the system for ensuring facilities are maintained in accordance with regulations. We saw evidence the boiler had been serviced. However, we asked if an electrical installation condition report had been carried out and staff were unsure if it had. We were assured that if one had not been carried out it would be addressed.

A fire safety risk assessment was carried out in line with the legal requirements. We saw evidence of regular checks on the fire alarm and firefighting equipment. We asked if the fire alarm had been serviced and staff were unable to show evidence it had. We were assured this would be addressed and rectified.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. On the day of inspection, we noted there was no Health and Safety Executive (HSE) registration certificate. On the day of inspection staff registered with the HSE.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness and lone working. We noted the sharps risk assessment did not reflect the processes which were carried out in respect of dismantling matrix bands. We discussed this with staff and were assured it would be updated.

Emergency medicines were available in accordance with national guidance. However, we noted there were no size 0, 3 and 4 masks for the self-inflating bag and no size 1 oro-pharyngeal airway. We were assured the missing items would be ordered.

Are services safe?

Staff knew how to respond to a medical emergency and most staff 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 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, these had not identified that antibiotic prescribing was not always appropriately justified.

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. We noted the service provided urgent and emergency care for patients who were not registered with a dentist. When we reviewed dental care records for these patients, we noted that many received antibiotics with no active treatment. There was no justification recorded for the prescription in line with national guidance. We discussed this with staff and were assured it would be addressed.

Helping patients to live healthier lives

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

Staff were aware of 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.

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 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 6-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.

We saw staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

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.

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 pictures 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 had made reasonable adjustments 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.

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 had a system to respond to concerns and complaints. When we reviewed complaints received in the last year, we noted there were some gaps in the correspondence. We were assured the correct process had been followed but the correspondence was not held within the complaint record.

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.

Culture

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

Staff discussed their training needs during clinical supervision.

The practice had some arrangements to ensure staff training was up to date. However, we noted 1 clinical member of staff was overdue for medical emergency training and another member of staff had not completed the required level of safeguarding training. We were assured this training would be completed.

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.

The practice did not have clear and effective processes for managing the risks associated with the carrying out of the regulated activities. For example:

- The system for ensuring the premises is maintained in line with regulations was not effective. An electrical installation condition report was not available, and the fire alarm had not been serviced.
- The system for ensuring controlled waste is disposed of correctly was not effective. Waste dental amalgam was transported off site to be disposed of at a sister practice.
- The system for ensuring all clinicians had sufficient medical indemnity was not effective.
- The sharps risk assessment did not reflect processes carried out within the practice.

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

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

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</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> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The system for ensuring an electrical installation condition report was carried out in line with regulations was not working effectively.• The system for ensuring the fire alarm was serviced in line with regulations was not working effectively.• The system for ensuring controlled waste is disposed of correctly was not working effectively.• The system for ensuring all clinicians had sufficient medical indemnity was not working effectively.• The sharps risk assessment did not reflect processes carried out within the practice.• The system for ensuring staff were up to date with required training was not working effectively. <p>Regulation 17(1)</p>