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Hellesdon Dental Care

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 23 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.
- The practice had infection control procedures which reflected published guidance.
- The practice had some systems to manage risks for patients, staff, equipment and the premises. We found minor shortfalls in appropriately assessing and mitigating risks in relation to the medicines management.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- 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.
- The practice did not undertake adequate Disclosure and Barring Service (DBS) checks for newly employed staff.

Background

Hellesdon Dental Care Practice provides private dental care and treatment for adults and children. In addition to general dentistry, the practice also offers sedation and dental implants for patients.

The practice has made reasonable adjustments to support patients with access requirements including ground floor treatment rooms and a fully accessible toilet.

The dental team includes 4 dentists, 6 dental nurses, 2 dental hygienists, a practice manager and 3 reception staff. The practice has 4 treatment rooms and is in the process of building an additional 2 treatment rooms.

During the inspection we spoke with the principal dentist, 2 dental nurses, and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open Mondays to Thursdays from 8.15am to 5pm, and on Fridays from 8.15am to 4.30pm.

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

- Ensure that appropriate DBS checks are completed prior to new staff commencing employment at the practice.
- Improve the practice's protocols for medicines management. For example, implement a stock control system and ensure antibiotics are prescribed according to the latest guidelines.

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.

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.

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, which reflected the relevant legislation. Staff files we reviewed showed that, historically, the provider had not always obtained a recent Disclosure and Barring Services (DBS) check prior to employing a new member of staff. However, prior to our inspection the provider had applied for new Disclosure and Barring checks for all staff and assured us they would always seek new checks going forward.

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.

Staff had received appropriate fire training and fire safety equipment was checked and maintained. Staff undertook regular timed fire drills and staff had undertaken fire marshal training.

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. We viewed risk assessments which covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce them. However, not all clinicians used the safest types of needles to prevent injury.

Emergency equipment and medicines were available and checked in accordance with national guidance. However, we noted the practice did not have the recommended form of Midazolam, or paediatric pads for the defibrillator.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate life support training was also completed by staff providing treatment to patients under sedation.

The practice had 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.

Are services safe?

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 some systems for appropriate and safe handling of medicines, although there was no system in place to identify lost or missing medicines.

Antimicrobial prescribing audits were carried out, however these demonstrated that the practice was not following nationally recommended guidance in relation to antibiotic prescribing.

Track record on safety, and lessons learned and improvements.

The practice had systems to review and investigate incidents and accidents, and these were discussed at practice meetings.

The practice had a system for receiving and acting on national 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 saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

We found that the provision of dental implants and sedation was in accordance with national guidance.

The practice had access to a cone beam computed tomography, an orthopantomogram machine, intra-oral X-ray units and a Cerec machine to enhance the delivery of care to patients.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. Two dental hygienists worked at the practice to support patients with gum disease and improve oral health. Various dental sundries were available for sale including inter-dental brushes, dental floss, toothbrushes and mouthwash.

We noted good information about the management of caries available in the waiting area for patients.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. We found that staff understood their responsibilities under the Mental Capacity Act 2005 and Gillick Competency guidelines.

We found comprehensive patient consent was obtained for those undergoing dental implants and sedation treatments.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

We saw evidence 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. They told us they had plenty time for their role and did not feel rushed in their job. The dental hygienists worked with chairside support.

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 regulation

Kindness, respect and compassion

The results of surveys we viewed indicated that patients rated the approachability and caring nature of staff highly. Staff gave us specific examples of where they had gone out their way to support patients such as giving them a lift home, delivering dentures to their home and supporting patients with autism to manage their appointment.

Privacy and dignity

Staff were aware of the importance of privacy and all patient notes were held digitally. Staff password protected patients' electronic care records and backed these up to secure storage.

A separate room was available if patients wanted to discuss anything confidential with staff.

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 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 the use of photographs, intra-oral cameras and X-rays.

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 was fully accessible to wheelchair users, with downstairs treatment rooms and an accessible toilet. A portable hearing loop was available to assist patients who wore hearing aids.

Timely access to services

The practice was able to take on new patients and, at the time of our inspection, the waiting time for a routine appointment was about 4 weeks. Emergency slots for patients in dental pain were available each day,

Patients could access emergency dental advice out of hours via a mobile telephone number.

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, and complaints were a standing agenda item at the practice meetings. We reviewed 2 recent complaints and saw they had been responded to in a timely and professional way.

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

There was strong leadership with emphasis on patient and staff safety, and improvement. The principal dentist had overall responsibility for the practice and was well supported by a practice manager and lead nurse.

The practice had effective processes to support and develop staff with additional roles and responsibilities. For example, the head nurse was the lead for infection prevention and legionella, and the receptionist was responsible for medicines management and the emergency equipment.

Culture

We noted a very open and inclusive atmosphere in the practice, with staff actively involved in, and consulted about, all aspects of the service. Communication systems in the practice were good, with regular monthly meetings for all staff and an instant messaging service which was used to share key information between staff.

Staff stated they felt respected, supported and valued by senior staff, citing teamwork, communication and the approachability of leaders as the reason why.

Staff discussed their training needs during annual appraisals which they told us were useful.

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. It was also a member of a good practice certification scheme.

We saw there were clear and effective processes for managing risks, issues and performance. Minor shortfalls were identified in relation to the management of medicines.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients via surveys. The results of the surveys we viewed indicated high levels of patient satisfaction with the explanation of costs, appointment times, and the quality of treatment. At the time of our inspection, the practice had been rated 4.7 out of 5 stars based on 47 reviews.

Feedback from staff was obtained through meetings, appraisals 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, continuous improvement and innovation. These included audits of patient care records, sedation, radiographs, oral cancer risk, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.