

## Sherwood House Dental Practice

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### Inspection report

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Date of inspection visit: 8 February 2022  
Date of publication: 18/03/2022

## Overall summary

We carried out this announced, focused inspection on 8 February 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 which reflected published guidance.
- Some dental instruments, prepared and ready for use, had exceeded their use by date. Some were visibly tarnished. The provider disposed of these immediately.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available, with the exception of some items which were missing from the kit. These were ordered on the day of our inspection.
- Medicines were not always stored appropriately.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

# Summary of findings

- The provider had staff recruitment procedures which reflected current legislation. We found that not all procedures were followed. Appropriate pre employment checks were not always carried out.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- 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.
- The provider had information governance arrangements.

## Background

Sherwood House Dental Practice is in Loughborough, Leicestershire and provides NHS and private general dental care and treatment for adults and children.

There is level access to the practice for people with restricted mobility and those with pushchairs. Dedicated disabled parking is not available, although patients can book a space in a small car park at the rear of the practice.

The dental team includes four dentists, a foundation dentist, eight dental nurses (of whom three are trainees), two hygienists and one receptionist. Practice management duties are shared between nursing staff. The practice has eight treatment rooms, two of which are not in use.

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

The practice is open:

Monday to Thursday from 8.30am to 5.30pm.

Friday from 8.30am to 4.30pm.

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

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.

Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice. Specifically, to ensure that references are sought for all new staff.

Implement an effective system for identifying, disposing and replenishing of out-of-date stock.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</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 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.

Decontamination processes followed published guidance. The provider had a dedicated treatment room used for implant surgery. At the time of our inspection, implant surgery was not carried out at the practice, but the room was still in use for general dentistry. We noted that a number of dental instruments used for implant surgery that had been prepared and ready for use, had exceeded their safe use by date. Additionally, we noted a number of items marked as single use only appeared to have been through the decontamination process and were prepared for re-use. These items showed signs of rust and tarnish. The provider immediately disposed of these items.

The provider had procedures to reduce the possibility of Legionella or other bacteria developing in water systems, in line with a risk assessment.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

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 which reflected the relevant legislation. We found these procedures were not applied. We reviewed the recruitment files of seven of the 15 staff. None of these files contained references from previous employers or evidence of good conduct in their role. The provider confirmed that they did not routinely request references for potential employees. All other pre employment checks required were carried out. We noted that the Disclosure and Barring Service (DBS) checks of seven staff had been carried out in their previous employment. For three staff members, these checks had been completed between six and three years before employment at Sherwood House Dental Practice.

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

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

### **Risks to patients**

The provider had implemented systems to assess, monitor and manage risks to patient safety. Including: sharps safety and sepsis awareness.

Emergency equipment and medicines were not available and checked as described in recognised guidance. In particular; the self-inflating bag and sizes 3-4 clear face masks for the self-inflating bag and Glucagon, a drug used to treat low blood sugar, had exceeded its manufacturer's use by date. Following our inspection, the provider submitted evidence that these items had been purchased and were now available.

# Are services safe?

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 detailed and comprehensive risk assessments to minimise the risk that could be caused from substances that were 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.

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 had systems for appropriate and safe handling of medicines.

## **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 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.

Staff were aware of and, prior to the Covid pandemic, 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.

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

Staff 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 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 radiography audits every six months 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 and with other health and social care professionals 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.

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

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

Systems and processes were embedded, and staff worked together in such a way that issues or omissions identified during inspection were rectified straight away.

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**

The practice had a culture of high-quality sustainable care.

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

Staff discussed their training needs, general wellbeing and aims for future professional development at an annual appraisal and during informal conversations with the management team.

### **Governance and management**

Staff had clear responsibilities roles and systems of accountability to support good 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**

Staff acted on 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**

Staff involved patients, the public, staff and external partners to support the service.

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

### **Continuous improvement and innovation**

The provider had systems and processes for learning, 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, we noted that action plans had not always been developed from these audits.