

Russell Street Dental Practice Limited

# Russell Street Dental Practice

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 28 November 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.
- Staff knew how to deal with medical emergencies. Appropriate medicines and some life-saving equipment were available.

# Summary of findings

- The practice had systems to manage risks for patients, staff, equipment and the premises. We identified minor shortfalls in assessing and mitigating risks in relation to prescription management and fire safety.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which mostly 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.
- Staff and patients were asked for feedback about the services provided.
- The practice had information governance arrangements.

## Background

Russell Street Dental Practice is in Leek, Staffordshire and provides NHS and private dental care and treatment for adults and children.

The services are provided by two CQC registered providers at this location. This report only relates to the provision of general dental care provided by Russell Street Dental Practice, (Provider Russell Street Dental Practice Limited). An additional report is available in respect of the general dental care services which are registered under Russell Street Dental Practice, (Provider Dr Samuel Stephen Chapman).

The dental practice is accessed via steps at the front entrance and there is step free access to the practice for people who use wheelchairs and those with pushchairs at the rear of the building. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 3 dental nurses and 1 dental hygienist. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist, 3 dental nurses and the dental hygienist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday from 8.30am to 5.30pm.

Tuesday from 10am to 7.30pm.

Wednesday from 8.30am to 5.30pm.

Thursday from 8.30am to 5.30pm.

Friday from 8.30am to 2pm.

# Summary of findings

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

- Take action to implement any recommendations in a practice fire safety risk assessment and ensure ongoing fire safety management is effective.
- 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 system for identifying, disposing and replenishing of out-of-date stock.
- Improve the security of NHS prescription pads and private prescriptions in the practice and ensure there are systems in place to track and monitor their use.

# Summary of findings

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

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</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 practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. The practice had a safeguarding lead and staff training was carried out to an appropriate level. Flowcharts showing the safeguarding reporting procedure were available.

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. We found these did not always reflect the relevant legislation as references were not available for 2 of the newly appointed staff members. Following the inspection, the provider submitted evidence that risk assessments for staff who did not have references were now in place.

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.

A fire safety risk assessment had not been carried out in line with the legal requirements and there was no fire alarm. However, there was evidence to demonstrate the routine weekly checks of smoke alarms and emergency lighting took place and was effective. Fire extinguishers were serviced 23 November 2023. Following our inspection, we were sent evidence to demonstrate that a fire risk assessment had been arranged with a competent person.

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 range of potential hazards in the practice and detailed control measures that had been put in place to reduce any risks.

Emergency equipment and medicines were not always available and checked in accordance with national guidance. Checks of equipment were completed weekly however, we found a number of items were out of date. These included, oropharyngeal airways (sizes 0, 1, 2, 3, 4), self-inflating bag with reservoir for both an adult and a child, clear face masks for self-inflating bag (sizes 0, 1, 2, 3, 4), oxygen face mask with reservoir and tubing for a child, blood spillage kit and bodily fluids spillage kit. The packaging of the oxygen face mask with reservoir and tubing for an adult was open and displayed no expiry date. The Oromucosal Midazolam (buccal), a medicine used to stop prolonged, acute (sudden) convulsive seizures, expired on the day of our inspection with no replacement on order. Immediately following our inspection all of these items were ordered.

# 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 practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Safety data information was not available at the time of our inspection. Following our inspection these were obtained for all products used within the practice.

## **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 2 week wait arrangements.

## **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe storage of medicines. We identified scope for improvement in the security of NHS prescription pads and monitoring of private prescriptions. Following our inspection records were put in place for future monitoring.

## **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 which were shared with staff when 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.

The practice had access to digital X-rays to enhance the delivery of care.

### **Helping patients to live healthier lives**

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

Staff were aware of and 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.

### **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 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. Staff described to us some of the ways they enabled nervous patients to access their treatments and the additional measures they implemented to support them, for example, arranging appointments during quieter times of the day. Staff were observed to be friendly, caring and helpful to patients when speaking with them in person and over the telephone.

Patient feedback we reviewed indicated staff were compassionate and understanding when they were in pain or discomfort. They also mentioned the friendliness and professionalism of staff.

Staff had undertaken training in autism and learning disability awareness to increase their understanding of patients with these conditions.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality. Computer screens were not visible to the public at reception and there was an available area away from reception where patients could have a private discussion if requested.

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**

The practice's website and information folder 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 study models 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, including step free access at the rear of the building 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.

There was a hearing loop and reading glasses available at reception to assist patients who required them.

### **Timely access to services**

The practice displayed its opening hours and provided information on their website.

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 answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients were directed to the appropriate out of hours service if necessary.

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**

At the time of our inspection the practice had not received any formal complaints. There was a complaints policy and procedure in place and staff would discuss outcomes to share learning and improve the service should a complaint be made.

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

There was strong leadership with emphasis on peoples' safety and continually striving to improve.

The provider was committed to safety and improvements for patients and staff. Staff worked together in such a way that where the inspection highlighted any issues or omissions, the practice team took action to address them.

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 with each staff member having been delegated an area of responsibility within their capability.

### **Culture**

Staff stated they felt respected, supported and enjoyed their work. They described the principal dentist as approachable and understanding if they raised any concerns.

Staff discussed their training needs during annual appraisals and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development as well as future plans for the practice.

Communication systems in the practice included an instant messaging application to share key information.

### **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.

We saw there were processes for managing risks, issues and performance. However, minor shortfalls were identified with the medical emergency equipment, prescription management and fire safety. These were rectified immediately following our inspection.

### **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**

# Are services well-led?

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.