

Redbridge Associates Limited

Chester Dental Clinic

Inspection report

2 Volunteer Street
Chester
CH1 1RG
Tel:

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Overall summary

We carried out this announced comprehensive inspection on Chester Dental Clinic on 16 November 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 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 adviser.

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 was visibly clean and well-maintained.
- The infection control procedures reflected published guidance, but staff did not follow decontamination processes consistently.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available. Additional adrenaline was obtained after the inspection.

Summary of findings

- The managers had taken action to improve the systems to identify and manage risk to patients and staff.
- 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. Some information was missing from electronic staff files.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff 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.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- There were systems to deal with complaints.

Background

The provider has 37 practices and this report is about Chester Dental Clinic.

Chester Dental Clinic is in Chester town centre and provides NHS and private dental care and treatment for adults and children.

Access is not possible for wheelchair users. Car parking, including spaces for blue badge holders, are available near the practice.

The dental team includes 1 dentist, 1 dental nurse, 1 dental therapist and a practice manager who is supported by a regional manager. In addition, the practice used agency staff where necessary. The practice has 3 treatment rooms.

During the inspection we spoke with the dentist, 3 dental nurses including 2 agency dental nurses, the dental therapist, the practice manager and the company regional manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 8.45am to 5.45pm

Saturday from 9am to 5pm by prior appointment only

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

- Improve the practice's infection control procedures and protocols 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'.
- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

Summary of findings

- Take action to 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.'
- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

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. Decontamination procedures were not clearly displayed for staff to follow. As a result, we noted staff were not carrying out decontamination processes in line with guidance, but this didn't inhibit the outcome. The tests carried out on the steriliser differed depending on the individual as they were not aware which test was appropriate. The managers confirmed they would carry out a new infection prevention and control audit and address the inconsistencies.

The practice had some procedures to reduce the risk of Legionella or other bacteria developing in water systems. A risk assessment had been carried out by the previous provider. The manager had booked a new risk assessment to help them understand and manage the current risks. We noted the water boiler was showing low pressure warnings and hot water temperatures were not reaching 55°C required for the type of hot water storage vessel installed. A boiler service was booked to address this. Dental unit waterlines were maintained appropriately.

The practice 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 practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We were not able to see evidence of previous work history or whether references had been sought for two new members of staff on the recruitment system.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. An external contractor had been booked to carry out an updated premises risk assessment. In the interim period, the manager had completed their own assessment and identified 2 areas in the practice where flooring should be repaired.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective. Staff had received fire safety training and carried out checks of equipment.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We saw recommendations in previous routine maintenance reports had not been acted on. These included adjusting settings and using rectangular collimation. The managers confirmed these would be addressed.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and lone working. Staff were aware of sepsis but had not completed any formal training. We noted there were sepsis prompts for staff and patient information posters displayed within the practice.

Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance. Glucagon, which is required in the event of severe low blood sugar, was kept with the emergency drug kit, but the expiry date had not been adjusted in line with the manufacturer's instructions. There was insufficient adrenaline to enable staff to administer repeat doses. Evidence was sent to show additional adrenaline was obtained immediately after the inspection.

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

The practice manager was in the process of reviewing the risk assessments to minimise the risk that could 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.

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.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating 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.

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.

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 an 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 dentist justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation.

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.

Patient feedback said staff were compassionate, understanding and helpful when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television, to improve security for patients and staff. Relevant policies and protocols were in place.

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.

Staff gave patients clear information to help them make informed choices about their treatment.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example 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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

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.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service.

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

There was new leadership in place and emphasis on continually striving to improve.

Systems and processes were in the process of being reviewed and embedded. The managers were open to discussion and feedback during the inspection and sent evidence after the inspection that feedback had been acted on.

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.

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements since the new managers were in post.

Staff stated they felt respected, supported and valued. They were proud to work in the practice. There were systems to recognise and reward staff contribution. Staff confirmed they could access support when needed.

The managers discussed their plans to introduce annual appraisals for staff to discuss learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

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

The practice system of clinical governance in place which included policies, protocols and procedures was in the process of being reviewed and updated by the managers. These were accessible to all members of staff and were reviewed on a regular basis.

We saw improvements had been made by the managers to identify and manage risks, issues and performance. We highlighted some additional minor risks during the inspection in relation to decontamination processes, radiography, Legionella and recruitment records.

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 these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

The practice 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.

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

The practice 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.