

K3 Dental Ltd

34 Dental

Inspection report

34 Leicester Road
Oadby
Leicester
LE2 5BA
Tel: 07737186302

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Overall summary

We carried out this announced comprehensive inspection on 11 October 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 most life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises. However, we identified shortfalls in assessing and mitigating risks in relation to legionella and medicines management.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The practice had staff recruitment procedures which reflected current legislation, although this had not always been followed. Required pre-employment checks including checks of qualifications had not always been obtained for new staff.
- 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.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

34 Dental is in Oadby, Leicestershire and provides private dental care and treatment for adults and children.

The practice treatment rooms are on the first floor and are accessed by stairs. People who use wheelchairs or are unable to climb stairs are directed by practice staff to other local services.

Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes 7 dentists (4 of whom specialise in prosthodontics, oral surgery, periodontics and orthodontics) 2 qualified dental nurses, 1 trainee dental nurse, 1 dental therapist and 1 receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with 2 dentists, 1 qualified dental nurse, 1 trainee dental nurse, 1 receptionist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 8.30am to 5.30pm.

Saturday twice per month from 8.30am to 5.30pm.

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

- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Implement an effective system for identifying, disposing and replenishing of stock.
- Implement an effective system of checks of medical emergency equipment taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

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.' In particular ensuring temperatures of taps reached the required level.

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. We found a dental chair in the treatment room had a head rest which was ripped making cleaning difficult. Following the inspection, the provider confirmed this was booked to be reupholstered and as a temporary measure head rest covers had been ordered.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment which was conducted in June 2023. The risk assessment highlighted the need for regular checks of water temperatures. We found temperature checks were not conducted in July 2023 and the temperature of the water was consistently not reaching the required levels. The practice told us they were awaiting major repairs on the electric water tanks to include a new fuse box. We saw evidence of quotations for an instalment in October 2023.

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, including for agency or locum staff. However, evidence of qualification certificates and immunisations was not available on the day of inspection. Following the inspection, the provider submitted evidence of qualifications and immunisations and confirmed new processes were in place to improve oversight.

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 was carried out in 2022 in line with the legal requirements. The provider reviewed recommendations and installed fire doors and emergency lighting. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment including the cone-beam computed tomography (CBCT) and the required radiation protection information was mostly available. The provider was not registered with the Health and Safety Executive, however on the day of inspection this was rectified.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Most emergency equipment and medicines were available. We found checks in accordance with national guidance did not accurately reflect the available medical emergency equipment. Face masks (sizes 0,3,4) and an oxygen face mask with reservoir tubing for adults and children were not present. Following the inspection, the provider submitted evidence demonstrating missing equipment had been ordered and staff training on how and when to check the equipment had been implemented.

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. Immediate life support training was also completed by staff providing treatment to patients under sedation.

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 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 systems for appropriate and safe handling of medicines required strengthening. We found stock logs of medications did not accurately reflect stock present as there was additional medication unaccounted for. Medication that was dispensed did not include the practices name and address.

Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. At the time of inspection, the practice had not recorded any incidents or 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.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

The orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

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

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 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 dentists 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.

The practice encouraged feedback through online reviews. Since taking over the practice in May 2022, the provider had received 57, 5-star online reviews. Patients said staff were compassionate and understanding 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 required updating to accurately represent the practice processes in place. Following the inspection, the provider submitted evidence that this had been reviewed.

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. Patients had the option of receiving their consent form by email.

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

The dentists explained the methods they used to help patients understand their treatment options. These included photographs, study models, videos 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 was not accessible for patients with access requirements. The provider had plans to fit a chairlift. However, due to restrictions with the staircase patients would still need to be able to navigate some steps. Patients with additional accessibility requirements were directed to another local practice. The practice had a hearing loop and 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 on their website and social media page.

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. Staff took part in an emergency on-call arrangement with other local practices and patients were directed to the appropriate out of hours service.

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

Since the provider had taken over in May 2022 the practice had not received any complaints. Verbal patient feedback was discussed 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 provider demonstrated a transparent and open culture in relation to people's safety. The provider described difficulties within the past 18 months in relation to staff retention and refurbishments. The practice had recently appointed a practice manager.

There was strong leadership with emphasis on continually striving to improve. The provider had invested in refurbishing the waiting area, purchasing new equipment such as microscopes and building maintenance works.

Where the inspection found minor shortfalls in relation to legionella and medicine management the provider acted swiftly to resolve issues demonstrating a transparent and open culture in relation to people's safety.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued.

Staff discussed their training needs during annual appraisals and 1 to 1 meetings. They also discussed 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 had a governance system which included policies, protocols and procedures that were accessible to all members of staff. Although reviewed on a regular basis there was areas that required further detail to accurately reflect process in place. For example, CCTV policies, evidence of actions taken following risk assessments and business continuity plans. The provider acted swiftly and submitted evidence following the inspection which included reviewing of the overall governance system and staff signed up to governance related courses.

We saw there were clear and effective processes for managing risks, issues and performance.

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. However, there was scope to include detailed action plans and improvements in relation to infection control and radiograph audits.