

Mr. S.A Moeil

The 3 King Street Dental Centre

Inspection report

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Overall summary

We carried out this announced focused inspection on 27 January 2021 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.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Background

Summary of findings

The 3 King Street Dental Centre is in Kings Lynn, Norfolk and provides private general dental treatment to adults and children.

The practice is located on the ground floor of a listed building in the town centre. The practice has one treatment room and a separate decontamination room. Car parking spaces, including dedicated parking for people with disabilities, are available in public car parks close to the practice.

The team includes the provider who is the principal dentist, and qualified dental nurse who also works on reception.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with the provider and dental nurse, and spoke to one patient. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9am to 5pm.

Our key findings were:

- The practice appeared clean and well maintained. The provider had a policy in place which outlined the actions taken to protect staff and the public from the spread of Covid-19.
- The provider had infection control procedures which reflected published guidance. There was scope to add further detail to the infection control audits that were undertaken.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. We noted that the provider's basic life support training had been cancelled due to the national lockdown in 2020. We discussed this with the provider and were given assurance that the training would be undertaken using an online training platform.
- The provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had not recruited any further members of staff since opening the practice, and had not used agency staff. The provider had an understanding of what would be required if this was to change.
- The provider asked staff and patients for feedback about the services they provided. Patients felt the provider gave an 'excellent' service, and many patients had been registered with the practice from its opening. The provider carried out annual audits of patient retention rates.
- The provider had suitable information governance arrangements.

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

- Implement an effective system for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- Take action to ensure staff have received training to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

Summary of findings

- Take action to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

No action



Are services well-led?

No action



Are services safe?

Our findings

We found that 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)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The provider used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had not recruited any further members of staff since opening the practice, and had not used agency staff. The provider had an understanding of what would be required if this was to change. We noted that the provider and dental nurse were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

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

Records showed that firefighting equipment was regularly tested and serviced. The provider had guidelines on completing regular fire drills and fire alarm checks, but did not record these. The provider was able to demonstrate testing of the fire alarm and confirmed that they would record all checks that took place in the future.

The provider had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.

The provider was aware of the guidelines on justifying, reporting and rating radiographs, and confirmed that these would be recorded in the future. The provider carried out detailed radiography audits every two years. We advised that these audits should be undertaken annually in line with professional guidelines. The provider confirmed that a new annual audit plan would be commenced.

The provider completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The provider's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the provider's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps' risk assessment had been undertaken and was updated annually.

The provider and dental nurse had received the vaccination required to protect them against the hepatitis B virus, and ensured that the effectiveness of the vaccination was checked.

Are services safe?

Staff knew how to respond to a medical emergency and had been completing training in emergency resuscitation every year. We noted that the provider's basic life support training had been cancelled due to the national lockdown in 2020. We discussed this with the provider and were given assurance that the training would be undertaken using an online training platform.

The provider carried out medical emergency scenarios twice a year and recorded these in a log book.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. We noted that the expiry date on the Glucagon required changing, as it was not stored in the fridge.

A dental nurse worked with the provider when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had a policy in place which outlined the actions taken to protect staff and the public from the spread of Covid-19. The provider had taken measures to ensure the safe reopening of the practice following closure between March and June in 2020. The provider had received training in fit testing required for the safe use of specialist masks.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05 guidance. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected. The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The dental nurse carried out infection prevention and control audits four times a year, however there was scope to add further detail to these. We discussed completing larger infection prevention and control audits with six monthly intervals. The provider confirmed that this would be included in the new audit plan.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the provider how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

Are services safe?

Patients' dental care records were audited to check that the provider recorded the necessary information. We noted that the dental care records could be improved upon further to avoid the risk of omitting important conversations to improve patient's oral health, such as smoking cessation and alcohol screening. We advised that these audits should be undertaken annually in line with professional guidelines. The provider confirmed that this would be included in the new audit plan.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist. We noted that recording referrals in a log book may be useful.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of prescriptions as described in current guidance.

The provider was generally aware of current guidance with regards to prescribing medicines. However, we advised the provider of the new antibiotic prescribing guidelines that had recently been published.

Track record on safety and lessons learned and improvements

The provider did not have a system in place to deal with significant events, and felt that any incidences would be discussed on site.

The provider held the correct numbers for who to contact with any safety issues in the practice.

The provider did not receive alerts from the Medicines and Healthcare products Regulatory Authority and national patient safety alerts. We discussed this with the provider and were assured that they would sign up to this service.

Are services well-led?

Our findings

We found that this practice was providing well-led care in accordance with the relevant regulations.

Systems and processes were generally well embedded. The information and evidence presented during the inspection process was clear and well documented. The provider could show how they maintained high-quality sustainable services and demonstrate improvements over time.

Leadership capacity and capability

We found the provider had the experience and skills to deliver high-quality, sustainable care.

The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the growing practice population.

Culture

The provider focused on the needs of patients. Additional chairside support was provided for anxious patients and feedback from patients was continually encouraged and reviewed.

The provider and dental nurse provided us with examples of where they spent extra time with patients to ensure their safety and comfort.

The provider had not received any complaints since opening, however there was a policy in place should this occur.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The provider had overall responsibility for the management and clinical leadership of the practice. The dental nurse was responsible for the day to day running of the service.

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.

Engagement with patients, the public, staff and external partners

The provider involved patients to support high-quality sustainable services.

The provider used patient surveys, internet-based reviews and verbal feedback to obtain patients' views about the service. The provider monitored the feedback and continually received positive comments each month. Patients felt the provider gave an 'excellent' service, and many patients had been registered with the practice from its opening. The provider carried out annual audits of patient retention rates.

Continuous improvement and innovation

There were 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, radiographs and infection prevention and control. We advised that these audits should be undertaken annually or biannually in line with professional guidelines. The provider confirmed that a new annual audit plan would be commenced.

Are services well-led?

The provider and dental nurse completed 'highly recommended' training as per General Dental Council professional standards. The provider had recently signed up to an online training platform and had undertaken training in areas including safeguarding, the Mental Capacity Act, oral cancer screening and complaints' handling.