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Ramsey Dental Surgery

Inspection report

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Overall summary

We carried out this announced inspection on 25 May 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 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 five 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:

Are services safe?

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

Are services effective?

Summary of findings

We found that this practice was providing effective 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

Ramsey Dental Surgery is a well-established practice that offers mostly NHS treatment to patients, although some treatments are available privately. The practice has four treatment rooms and another room was under construction at the time of our visit. The dental team includes four dentists, a practice manager, six dental nurses and a receptionist.

The practice is open on Mondays to Thursdays from 9am to 5.15pm pm, and on Fridays from 8am to 3.45 pm.

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.

On the day of inspection, we spoke with two dentists, the practice manager and two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Premises and equipment were clean and properly maintained, and the practice followed national guidance for cleaning, sterilising and storing dental instruments.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Patients' care and treatment was provided in line with current guidelines.
- Staff felt valued and supported and were encouraged to develop their dental training.
- There was effective leadership and a culture of audit and continuous improvement.
- Recruitment procedures were effective and ensured only suitable staff were employed.
- Comprehensive Covid-19 infection control measures had been implemented to help protect staff and patients.

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

- Review the storage of Glucagon to ensure its effectiveness is maintained.
- Take action to ensure all dentists are aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.
- Implement an effective system for identifying, disposing of and replenishing out-of-date stock.
- Review the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

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 effective?	**No action** ✓
Are services well-led?	**No action** ✓

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays)

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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The principal dentist was the lead for all safeguarding matters and staff had received safeguarding training. Information about key protection agencies and how to report concerns was on display in the staff office. Staff had recently downloaded the NHS safeguarding app on their mobile phones so that information was easily accessible. The practice manager told us that the computer software system had recently been updated so that clinicians could record if a child had not been brought in for their appointment, so that potential safeguarding issues could be identified. All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults.

The practice had a whistleblowing policy and staff told us they felt able and confident that they could raise concerns if needed, despite three of the senior staff being related to one another.

All but one dentist used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We noted some loose and uncovered clamps for rubber dams which needed to be bagged to ensure their sterility.

We confirmed that all clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice had a recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. We viewed recruitment information for staff which showed that appropriate pre-employment checks had been undertaken. The practice kept detailed records of all staff interviews, demonstrating they had been conducted fairly and in line with good employment practices. All staff received a full induction to their role.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including portable electrical appliances and the gas boiler. Records showed that fire detection and firefighting equipment was regularly tested, and staff completed regular timed fire evacuation drills. All internal doors in the building had recently been replaced with specialist fire safety doors. The practice was undergoing refurbishment at the time of our inspection, and the principal dentist stated that further fire checks, risk assessments and fixed wire testing would be undertaken on completion of the building work.

The practice had a business continuity plan describing how staff would deal with events that could disrupt its normal running.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and the practice had the required information in their radiation protection file. The dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every six months, and clinical staff completed continuing professional development in respect of dental radiography. Rectangular collimation had been fitted to X-ray units to reduce patient exposure.

Risks to patients

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff. Additional risk assessments had been competed in relation to the management of Covid-19 to ensure staff and patients were protected.

Are services safe?

Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus. We noted that not all staff used the safest types of sharps as recommended in national guidance, although a risk assessment to justify this had been completed. We saw that although not wall mounted, sharps' bins were sited safely.

Emergency equipment and medicines were available as described in recognised guidance, bar clear face masks sizes 0 to 4 which were ordered immediately following our inspection. We found several very out of date items in the practice's first aid kit and in treatment room drawers that had not been identified by staff.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Although different medical emergencies and how to respond to them were discussed in staff meetings, staff should consider undertaking regular medical emergency simulations to help keep their skills and knowledge up to date.

There was a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for the materials used within the practice. We noted that all areas of the practice were visibly clean, and staff used colour coded cleaning equipment to help reduce cross infection. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. We noted one surgery had carpet tiles around its edges, making the floor difficult to clean. However, staff told us plans were in place to have these removed.

The practice 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 (HTM01-05) published by the Department of Health and Social Care. Staff carried out infection prevention audits and the latest audits showed the practice was meeting the required standards. Additional measures had been implemented to the patient journey to reduce the spread of Covid 19. We noted that zoning between dirty and clean areas of the decontamination room and surgeries was not always clear.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. However, the practice did not have a washer disinfector and staff manually cleaned instruments prior to them being sterilised. We advised staff that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.

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.

The practice used an appropriate contractor to remove dental waste from the practice and the external yellow clinical waste bin was secured, although would benefit from being attached to a fixed post.

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines. Staff stored and kept records of prescriptions issued to patients, although this needed to be tightened to ensure that any loss of missing scripts could be easily identified.

We noted that glucagon was not kept in the fridge and its expiry date had not been reduced to accommodate this.

Regular audits were carried out annually to monitor that the dentists were prescribing antibiotics in line with NICE guidance.

Information to deliver safe care and treatment

Are services safe?

We looked at a sample of dental care records to confirm our findings and noted that records were written in a way that kept patients safe. Dental care records we saw were accurate, complete and legible. They were kept securely and complied with The Data Protection Act and information governance guidelines.

Lessons learned and improvements

The practice had an incident reporting policy in place and held an event register where all relevant incidents were recorded. We viewed a recent incident that had occurred involving a patient and saw that it had been fully recorded and investigated. Staff told us that any safety incidents would be discussed with the rest of the dental practice team. We viewed minutes of a staff meeting dated February 2021 and saw that a recent sharps injury sustained by a member had been discussed, along with measure to prevent its recurrence. We noted that all staff had undertaken a refresher training course in sharps' injuries following this meeting.

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were received by the principal dentist or practice manager who triaged them and disseminated the information if needed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Not all dentists were fully aware of the latest guidelines for periodontal screening of children, but we were assured the guidelines would be implemented following our inspection.

Patients' dental records we reviewed were detailed and clearly outlined the treatment provided, the assessments undertaken, and the advice given to them.

The principal dentist told us that plans were in place to purchase an intra-oral camera and an OPG machine to enhance the delivery of care to patients.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Dental care records we reviewed demonstrated dentists had given oral health advice to patients. The principal dentist told us she often used the practice's computer education software tab to explain treatment to patients. The practice's website also provided patients with information about the range of treatments available at the practice.

Two of the dental nurses had undertaken extended duties training and ran their own oral hygiene sessions for both adults and children. They had also attended a local primary school to offer oral health advice to pupils.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions.

The practice's consent policy included information about the Mental Capacity Act 2005. We found staff understood their responsibilities under the Act when treating adults who might not be able to make informed decisions.

Effective staffing

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role.

Staffing levels had not been unduly affected by the Covid 19 pandemic and staff told us they had enough time for their duties and did not feel rushed in their job. However, two dentists had recently left, and the practice was struggling to recruit replacements, despite considerable efforts. Recruitment of dental professionals in this particular area of Cambridge is known to be difficult.

The provider had current employer's liability insurance in place.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had overall responsibility for the management and clinical leadership of the practice and was well supported by the practice manager and staff. Some management responsibilities had been shared and there were specific staff leads for areas such as safeguarding, decontamination and staff pastoral care.

Culture

The practice had built up an established staff group, many of whom had worked there for years. Staff told us they felt respected and valued, and clearly enjoyed their job. They cited teamwork, senior staff's understating of their personal circumstances and support with training as the reasons. They told us they had felt particularly well informed and supported by the principal dentist during the Covid-19 crisis.

The practice had a duty of candour policy in place, and staff were aware of its requirements for openness and honesty with patients if things went wrong.

Governance and management

There were effective processes for managing risks, issues and performance. The practice had comprehensive policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. The practice had recently introduced an on-line governance tool to help in its management and running. We noted the practice took immediate action to address some of the minor shortfalls we had identified during our inspection which gave us confidence that all matters would be addressed.

Communication systems were good with regular practice meetings and a staff What's App group that was used to share key information effectively. Minutes of meetings we reviewed were detailed and showed that staff were kept up to date with latest guidance. These meetings were held on different days each week to accommodate part-time workers.

The practice had a policy which detailed its complaints procedure, and details of how to complain were available in the waiting area. We viewed the most recent complaint received by the practice and noted it had been investigated and responded to in a timely and professional way. We noted the details of it had been discussed at the team meeting of January 2021 so that learning from it could be shared across the staff team. The receptionist spoke knowledgably about how she would manage a patient's complaint.

Appropriate and accurate information

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Archived patients' notes were held securely behind reception and cabinets were locked overnight.

Engagement with patients, the public, staff and external partners

The practice used surveys to gain patient feedback about the quality of its services. The survey was wide ranging and asked patients for their views in relation to how easy it was to contact the practice, waiting times and cleanliness amongst other things. We viewed results of the most recent survey and noted high patient satisfaction rates. The results of this survey had been analysed and shared with staff. Patients were also encouraged to complete the NHS Friends and Family Test, although this has been temporarily suspended due to Covid safety measures.

Are services well-led?

Patients' suggestions for higher seats with arms for the waiting room had been implemented and their suggestions for a baby changing area and a handrail on the stairs were being incorporated into the refurbishment.

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. Staff kept records of the results of these audits and the resulting action plans and improvements which were used to drive improvement.

The principal dentist was a member of the British Dental Association and at the time of our inspection was undertaking a Diploma in Aesthetic Dentistry. Staff completed 'highly recommended' training as per General Dental Council professional standards and the practice manager monitored that staff kept up to date with their training. Staff discussed their training needs and performance at appraisals which they described as useful. All staff had personal development plans in place, evidence of which we viewed.