

Histon Dental Surgery

Station Road Dental Surgery

Inspection report

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Overall summary

We carried out this announced focused inspection on 25 January 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 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.

To get to the heart of patients' experiences of care and treatment, we always ask the following questions:

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

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

Our findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.

Summary of findings

Background

Station Road Dental Surgery is in Histon and provides NHS and private dental care and treatment for adults and children.

The practice is situated entirely on the ground floor so accessible for people who use wheelchairs and those with pushchairs.

The dental team includes five dentists, five dental nurses of whom two are trainees, three dental hygienists, one receptionist and one practice manager. The practice has six treatment rooms.

During the inspection we spoke with two dentists, two dental nurses, one receptionist and the practice 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 8.30am to 12.45 and 1.30pm to 5pm.

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

- Improve the practice's systems for checking and monitoring equipment, taking into account relevant guidance and ensure that all equipment is well maintained.
- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.
- Take action to ensure the practice stores dental care records securely.
- Further implement processes and systems for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.
- Establish an effective process for the on-going assessment and supervision of all staff.

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

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 provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The provider had infection control procedures which reflected published guidance. The provider had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The provider had procedures to reduce the possibility of Legionella or other bacteria developing in water systems, in line with a risk assessment.

The provider 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 provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

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

Staff ensured facilities and equipment were safe, and some equipment was maintained according to manufacturers' instructions, including electrical checks. However, the provider told us that the gas boiler had been recently fitted but could not evidence that it was safe to use or if it needed regular servicing. In addition, the dental compressor had not been inspected by an approved body which was due on 13 January 2022 and hence was overdue. We were told this delay was due to staff shortages at the servicing company. We were told that some actions from a previous fire risk assessment dated 25 October 2021 had not been actioned. For example, signage being placed on fire doors.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. This included Cone-beam computed tomography.

Risks to patients

The provider had implemented some systems to assess, monitor and manage risks to patient safety for example sepsis awareness.

Emergency equipment and medicines were available and checked as described in recognised guidance.

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

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

Information to deliver safe care and treatment

Dental care records we saw were complete and legible. However, we saw that medical history forms and treatment plans which included sensitive patient information, were not kept securely and did not comply with General Data Protection Regulation requirements.

Safe and appropriate use of medicines

Are services safe?

The provider 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 provider had implemented systems for reviewing and investigating when things went wrong.

The provider 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.

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 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.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out regular radiography audits following current guidance and legislation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

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 practice confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

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 strong leadership and emphasis on continually striving to improve.

Most systems and processes were embedded; however, our inspection identified some areas where a tighter system was needed to ensure all equipment was maintained and policies adhered to.

The information and evidence presented during the inspection process was clear and well documented.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The provider did not have arrangements for staff to discuss their training needs at an annual appraisal, one to one meeting or during clinical supervision.

We saw no evidence staff completed appraisals.

Governance and management

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

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. However, some of the policies had not been dated to show when issued or when due for review.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The provider 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

The practice irregularly requested feedback from patients.

The provider gathered feedback from staff through practice meetings.

Continuous improvement and innovation

The provider had 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.