

Dr. Ian David Grime

The Victoria Buildings

Inspection report

Heaton Park View
Heaton
Newcastle Upon Tyne
NE6 5AH
Tel: 01912659258

Date of inspection visit: 27 April 2022
Date of publication: 09/06/2022

Overall summary

We carried out this announced focused inspection on 27 April 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 usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- 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 dental clinic was visibly 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 life-saving equipment were available.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- 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.

Summary of findings

- Staff and patients were asked for feedback about the services provided.
- The dental clinic had information governance arrangements.
- The provider had staff recruitment procedures which reflected current legislation. However, improvements were needed to ensure important checks were carried out at the time of recruitment.
- The practice had systems to help them manage risk to patients and staff. However improvements were needed in relation to the ongoing fire monitoring protocols.
- Improvements were needed to ensure all equipment was serviced and maintained in accordance with manufacturer's guidelines.

Background

The provider has two practices and this report is about The Victoria Buildings.

The practice is in Newcastle Upon Tyne and provides NHS and private dental care and treatment for adults and children.

There is access to the practice via a ramp for people who use wheelchairs and those with pushchairs. The practice is located close to local transport routes and car parking spaces are available at the practice. The provider has made reasonable adjustments to support patients with additional needs; for example the availability of a hearing induction loop and an accessible toilet.

The dental team includes three dentists, one dental specialist, six dental nurses, one trainee dental nurse, one dental hygienist, one receptionist and the practice manager. The practice has three treatment rooms.

During the inspection we spoke with two dentists, one dental nurse, one dental hygienist, a compliance manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Mondays from 9.00am to 5.00pm

Tuesdays, Thursdays and Fridays from 9.00am to 5.30pm

Wednesdays from 9.00am to 6.00pm

Lunch (everyday) from 1.00pm to 2.00 pm

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

- 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.
- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice including ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Implement protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.

Summary of findings

- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular in relation to the suction motor.
- Take action to ensure the practice's ongoing fire safety management is effective.
- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and tracked.

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 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. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

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

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Improvements could be made to ensure the clinical waste storage arrangements were secure as we noted the storage bin was locked but not secure.

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 to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records. Enhanced Disclosure and Barring Services (DBS) checks had not been undertaken at the time of recruitment for two members of staff. The DBS check for one other member of staff had been carried out three years prior to recruitment and there was no evidence the risks around this had been considered. Records were not available to show that satisfactory evidence of conduct in previous employment had been sought for two members of staff.

Improvements were also needed to the systems to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. No vaccination record had been obtained for one member of staff. Records to show the effectiveness of the vaccination were not available for three staff members.

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, with the exception of the suction motor. On the day of the inspection there were no records available to demonstrate this had been serviced and maintained as required. The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements. We noted the fire alarm and emergency lighting routine testing was carried out inconsistently. There was no evidence that the emergency lighting was serviced and maintained nor that fire drills were carried out regularly. Records were also not available to demonstrate that all staff undertook training in relation to fire safety.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. However, we noted there were no rectangular collimators installed on the X-ray units. We discussed with staff the importance of ensuring these were available and used.

Risks to patients

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

Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Records were not available to demonstrate that all members of staff had undertaken Basic Life Support training at the required intervals.

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

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. The introduction of a monitoring protocol could be introduced to ensure referrals were reviewed frequently to ensure patients were seen in a timely manner.

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.

We saw the provision of dental implants was in accordance with national guidance. However, improvements were needed to the consultation records in relation to dental implants, to ensure all risks and benefits are adequately recorded.

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.

Most staff demonstrated an understanding of their responsibilities under the Mental Capacity Act (MCA) 2005. We discussed the benefit of staff carrying out refresher training in relation to the MCA and the protocols for treating patients who lack capacity.

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.

We saw evidence the dentists justified, graded and reported on the X-rays they took. The practice carried out radiography audits following current guidance and legislation.

Effective staffing

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

We were told newly appointed staff had a structured induction. Improvements could be made to ensure this was carried out consistently for all staff. We saw records to demonstrate some clinical staff completed continuing professional development required for their registration with the General Dental Council; however records were not available for all clinical staff.

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 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.

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 over time.

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

Staff told us they discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. Improvements could be made to the monitoring of staff training to ensure that it was up-to-date and undertaken at the required intervals, for example, in relation to Basic Life Support and fire safety training.

Governance and management

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

The practice 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.

Some improvements could be made to the processes for managing risks to ensure they were effective; for example in relation to fire safety.

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.

Continuous improvement and innovation

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

Are services well-led?

The practice had some systems and processes for learning, continuous improvement and innovation. These included audits of dental care records, disability access, X-rays, infection prevention and control and antimicrobial prescribing. Improvements could be made to the auditing protocols to ensure outcomes and any action plans are created to drive further improvement.