

D. Gregory Ltd

Southergate Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 9 August 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 appeared to be 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, with the exception of some sizes of clear face masks.
- The practice had systems to help them manage risk to patients and staff. We discussed how some of these could be strengthened.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. Some policy details needed updating.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.

Summary of findings

- 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. Some audits were not being completed within recommended cycles.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The dental clinic had information governance arrangements.

Background

The provider has two practices in the area and this report is about Soutergate Dental Practice.

Soutergate Dental Practice is in Ulverston, Cumbria and provides private dental care and treatment for adults and children.

The practice is located on a road called Soutergate, in the town of Ulverston. The practice is accessed from pavement level with only a small step. However, it is not suitable for patients with limited mobility as the dental treatment rooms are located on the first floor, accessed via a staircase only. The provider can direct patients to another practice nearby, which is more accessible for those with limited mobility. Car parking spaces are available near the practice in a pay and display car park.

The dental team includes the principle dentist, three dental nurses, one of whom is a trainee, one dental hygienist and the practice business manager.

During the inspection we spoke with the principle dentist, two dental nurses 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 Thursday from 9am to 5pm and closed each day for an hour for lunch between 1pm and 2pm. The practice is open on Friday from 8am to 4pm and closed for lunch between 12pm and 1pm.

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

Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry, and audits of patient dental care records to check that necessary information is recorded.

Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular:

- that all required items of emergency kit are itemised to assist in checks on the availability and readiness of these items;
- that nurses follow the practice sharps policy and that all sharps are dismantled by the dentist;
- that a suitable rectangular collimator is brought into use on radiography equipment;
- that details of the Care Quality Commission (CQC) are added to the safeguarding policy and that details of the CQC and the General Dental Council (GDC) are added to the whistle blowing policy.

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. We observed that the safeguarding policy did not contain details on completion of a notification to CQC, when a safeguarding referral had been made. The provider confirmed they would add CQC contact details to their policy, which are not currently available in the policy.

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. We observed that a hot water tap identified in the Legionella risk assessment as a sentinel point, was not achieving the required temperature of 55 degrees centigrade or above, for thermic control of Legionella. We were told that this was due to their being a thermostatic valve fitted to this tap. We also highlighted that a hot water tap in the staff kitchen was not working, and this may be classed as a 'dead-leg' on the piping in the practice. We discussed with the provider that these may compromise Legionella security and that they should seek advice from their risk assessor.

The practice 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 practice had a recruitment policy and procedure to help them employ suitable staff. We observed that one staff member had received vaccinations to protect against the risk of Hepatitis B infection, but their level of immunity had not been confirmed. The provider acted on this immediately when we drew this to their attention.

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. The practice ensured the facilities were maintained in accordance with regulations.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We saw that there was a rectangular collimator available for use on the X-ray equipment at the practice, but that this was not always used. We drew the attention to the provider of guidance on the use of this item, which reduces the dose radiation when taking radiographic images.

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. We discussed with the provider that nurses were dismantling matrix bands whilst undertaking decontamination work, which was contrary to the practice sharps policy. The policy states that all sharps will be dismantled by clinicians, and that matrix bands are considered to be sharps items. The provider confirmed they would re-enforce this with dental nursing staff. We discussed how removal of the sharps bin from the decontamination room, meant nurses would not be able to dispose of them, meaning dismantling would take place in the dental treatment room, and should be done by the dentist.

Emergency equipment and medicines were available and checked in accordance with national guidance. When we examined the emergency kit, we observed that the full range of sizes of clear face masks was not available, with two of

Are services safe?

these being missing. It appeared that although a full itemised list of all items required to be available, was kept by the practice manager, this was not being used by the staff carrying out the daily/weekly checks on these items. The practice manager confirmed that this list would now be kept with the emergency medical kit and medicines, and the missing clear face masks were ordered straight away.

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

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.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not being carried out. The provider confirmed that they would introduce these immediately.

Track record on safety and lessons learned and improvements

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

Helping patients to live healthier lives

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

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

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, and adults and children with a learning difficulty.

We saw evidence the dentist justified, graded and reported on the radiographs they took.

The practice carried out radiography audits six-monthly following current guidance and legislation.

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 dentist 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.

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

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

Culture

The practice was committed to providing high-quality sustainable services for patients.

Staff stated they felt respected, supported and valued.

Staff discussed their training needs during annual appraisals and practice meetings. They also discussed 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 which helped to support 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. We highlighted policies that had some information missing, those being the safeguarding policy and whistle-blowing policy.

We saw there were clear processes for managing risks, issues and performance. We discussed how these systems could be strengthened, for example, by introducing risk assessments for staff carrying out decontamination of dental instruments, to minimize their risk to exposure of blood borne diseases, for following guidance on use of rectangular collimators on the X-ray equipment at the practice , and by introducing the itemised list of kit and medicines recommended for inclusion within emergency medicines and equipment.

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 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

Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. However, we noted there had not been audits of antimicrobial prescribing and dental care records carried out.