

Dr. Hasnain Jafferali Dhanji

# Mace Dental Surgery

## Inspection report

7 Mace Road  
Stanground  
Peterborough  
PE2 8RQ  
Tel: 01733566203

Date of inspection visit: 13 December 2022  
Date of publication: 21/12/2022

### Overall summary

We carried out this announced comprehensive inspection on 13 December 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 always ask five key questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- 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 and appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- 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.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- There was effective leadership and a culture of continuous improvement.
- Staff and patients were asked for feedback about the services provided.

# Summary of findings

## Background

Mace Dental Surgery provides mostly private dental care and treatment for adults and children. The practice has a small contract to provide NHS treatment to children and patients who are exempt from charges.

The practice has made reasonable adjustments to support patients with additional needs. There is level access to the practice via for people who use wheelchairs and a partially accessible toilet. Car parking is available directly outside the premises on the street. The dental team consists of 1 dentist, and 2 nurses, both of whom also act as receptionists. The practice has 2 treatment rooms.

During the inspection we spoke with the dentist, both nurses and the practice's compliance consultant. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Mondays and Wednesdays from 9am to 6pm; Tuesdays from 1pm to 7pm, Thursdays from 9am to 11am and Fridays from 8am to 12pm. The practice also opens 1 Saturday a month from 9am to 12pm.

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

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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. Staff had completed appropriate training and we noted information about protection agencies was displayed around the practice making it easily accessible to both patients and staff.

The practice had infection control procedures which reflected 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.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the premises were kept clean.

Although the practice had not recruited any new staff since 1990, there was a recruitment policy and procedure in place to help them employ suitable staff in the future.

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.

A fire risk assessment had been carried out in line with the legal requirements and the management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness. The dentist did not use the safest types of needles, but a risk assessment had been completed in relation to this, and mitigating actions put in place.

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. Medical emergency scenarios were discussed at practice meetings to help staff keep their knowledge and skills up to date.

The practice had risk assessments to minimise the risk that could be caused from substances that were hazardous to health.

### **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe handling and storage of medicines and prescriptions.

Glucagon was kept in the practice's fridge, and its temperature was monitored daily to ensure it was operating correctly. Staff agreed to provide improved signage to ensure the Glucagon could be easily found in an emergency. Antimicrobial prescribing audits were carried out to ensure the dentist followed nationally recommended guidelines.

# Are services safe?

## **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.

## **Track record on safety, and lessons learned and improvements**

The practice had implemented effective systems for reviewing and investigating incidents and accidents. Adverse incidents were a standing agenda item at the monthly practice meeting, and we noted that RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) had been discussed at the meeting of September 2022 so that staff were aware of their requirements. The compliance advisor told us they were going to implement a specific log to record small and minor events that occurred to ensure that learning from them could be gathered.

There was a system for receiving and acting on national patient 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 dentist assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. However, we noted that six-point pocket charting had not always been recorded, and treatment plans were not always personalised to the patient.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. We noted information for patients in the waiting area about gum disease and smoking cessation services.

The practice sold dental products such as interdental brushes, toothpaste and mouthwash.

### **Consent to care and treatment**

Staff obtained patients' consent to care and treatment in line with legislation and guidance. However, we noted that discussions of patients' alternative treatment options and their consent could be better recorded.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the requirements of Gillick competency in relation to younger patients.

### **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 radiographs they took. The practice carried out radiography audits every six months following current guidance and legislation.

### **Effective staffing**

The team was very small, consisting of just three staff but we found they had the skills, knowledge and experience to carry out their roles. They had 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. Patient referrals were monitored to ensure their timely management.

# Are services caring?

## Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

### **Kindness, respect and compassion**

Staff were clear about the importance of emotional support needed by patients when delivering care and gave us specific examples of where they had gone out of their way to support patients such as delivering dentures to older patients to save them travelling to the practice. Staff had undertaken a learning disability and autism awareness course to increase their understanding of these conditions.

We noted good information around the practice for local organisations, such as those for men who were going through challenging times, and women experiencing domestic violence.

We viewed several feedback surveys and noted that patients had commented positively on the friendliness and good attitude of the dental team.

### **Privacy and dignity**

Staff were aware of the importance of patient privacy and confidentiality.

Staff password protected patients' electronic care records and backed these up to secure storage. Paper records were kept securely in lockable filing cabinets behind the reception desk.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and gave them clear information to help them make informed choices about their treatment.

Staff described to us the methods they used to help patients understand treatment options discussed. These included the use of study models, X-ray images that could be showed on a screen attached to the dental chair, and treatment plans. Staff provided written information for treatment such as post tooth extraction care.

# Are services responsive to people's needs?

## Our findings

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

### **Responding to and meeting people's needs**

The practice had made reasonable adjustments for patients with disabilities which included wheelchair access, two downstairs treatment rooms and a portable induction loop for patients who wore hearing aids. Translation services were available for patients who did not speak or understand English.

Each treatment room had a TV attached to the ceiling, that patients could watch to distract them during their treatment.

### **Timely access to services**

At the time of our inspection, the practice was able to take on new patients, and there was a waiting time of about two weeks for a routine appointment. Emergency appointments were available each day and patients who had completed the practice's survey commented that it was easy to get an emergency appointment within a reasonable time scale.

The practice opened late one evening a week until 7pm and on a Saturday morning once a month to provide greater choice to patients for their appointment times.

The practice offered a text, email and telephone appointment reminder service to patients.

### **Listening and learning from concerns and complaints**

Clear information about how patients could raise their concerns was available in the waiting area. Although no formal complaints had been received in the last few years, we noted that complaints were a standing agenda item on practice minutes, to ensure they would be discussed with the staff team.



# 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 dental team was small but was well supported by an external compliance consultant who visited to undertake clinical audits, assess risk, update policies and procedures, and manage practice meetings.

Very minor shortfalls we identified during our inspection were addressed immediately, such as the need for a portable induction loop and more safeguarding information, demonstrating staff's commitment to improvement.

### **Culture**

The practice demonstrated a transparent and open culture in relation to people's safety.

Staff stated they felt respected and valued, citing good communication and teamwork as the reasons. One staff member told us they felt like 'part of a family' and that their views were listened to and respected.

Staff discussed their training needs during annual development reviews. They also discussed learning needs, general wellbeing and aims for future professional development.

### **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.

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

Communication systems in the practice were good with regular staff meetings to ensure key information was shared.

We saw there were clear and effective processes for managing risks, issues and performance.

### **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 using specific surveys and a suggestion box in the waiting room. We viewed a sample of surveys that had been completed in and noted high levels of patient satisfaction with the service. Of the 20 surveys received, 19 patients had described the practice as 'excellent' and 1 patient had described the practice as 'good.'

The practice gathered feedback from staff through meetings, appraisals and informal discussions.

### **Continuous improvement and innovation**

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

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. Training records we reviewed showed that staff had completed all essential training.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, hand hygiene, and infection prevention and control.

# Are services well-led?

Staff kept records of the results of these audits and the resulting action plans and improvements.