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Lancaster Dental Clinic

Inspection report

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Overall summary

We carried out this announced inspection on 19 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 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 asked the following three 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:

Are services safe?

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

Are services effective?

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

Are services well-led?

Summary of findings

We found this practice was providing well-led care in accordance with the relevant regulations.

Background

Lancaster Dental Clinic is in Skerton, Lancaster and provides private dental care and treatment for adults and children.

The practice is accessed by a small step which may inhibit people who use wheelchairs and those with pushchairs. On street parking is available near the practice.

The dental team includes one dentist, four dental nurses (one of whom manages the practice), one dental hygienist and a receptionist. The practice has two treatment rooms.

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.

During the inspection we spoke with the principal dentist, two dental nurses including the manager and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- The provider had implemented standard operating procedures in line with national guidance on COVID-19.
- Staff had not completed sepsis awareness training. This was addressed immediately.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- Staff knew their responsibilities for safeguarding vulnerable adults and children. Not all staff had completed up to date training and local contact information was not available. This was addressed immediately.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines. The documentation of this could be improved.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved, had lead roles and responsibilities and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had appropriate information governance arrangements.

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

- Implement practice protocols and procedures to ensure staff are up to date with their training and their continuing professional development. In particular, safeguarding and sepsis awareness.

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

Summary of findings

- Improve the practice protocols regarding auditing patient dental care records and radiographs to check that necessary information is recorded.

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)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities to raise concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The safeguarding procedures provided staff with information about identifying, reporting and dealing with suspected abuse but did not include up to date contacts for the local safeguarding team to support staff to seek advice or make timely referrals. We saw evidence that two members of staff had completed up to date safeguarding training. The practice took immediate action to organise safeguarding team training and sent us evidence of this. We highlighted the availability of additional safeguarding resources.

The provider 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, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. *The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.*

The provider had implemented standard operating procedures in line with national guidance on COVID-19. Screening and triaging were undertaken prior to patients attending the premises and immediately upon arrival to assess COVID-19 positive individuals and those who may have been exposed to the virus.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

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. All recommendations in the assessment had been actioned. We saw evidence that staff had received legionella awareness training to support them to maintain records of water testing and dental unit water line management.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance, with the exception of dental study models. We highlighted that these should be disposed of in line with hazardous waste regulations. The provider confirmed this would be actioned.

The infection control lead carried out infection prevention and control audits on a monthly basis. The latest audit showed the practice was meeting the required standards. Additional audits had also been introduced to ensure staff used PPE effectively for COVID-19.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

Are services safe?

The dentist used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had appropriate professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Staff completed fire marshal training and documented regular checks of the fire safety systems to ensure they were in working order.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The practice had an OPG (Orthopantomogram) which is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth and gives a 2-dimensional representation of these.

We saw evidence the dentist justified and graded the radiographs they took. We saw that the findings of radiographs were not consistently documented in the dental care records. We highlighted that regular auditing would support the improvement of this.

A dental nurse had completed additional skills training in radiography. Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulations when using needles and other sharp dental items. Sharps risks had been informally assessed. A safer needle system, disposable dental matrices and protocols for handling sharps were in use to reduce the risks of sharps injury, but this had not been formally documented in a risk assessment. The practice manager confirmed this would be addressed.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff had not completed sepsis awareness training and did not have access to sepsis prompts to support them to triage patients effectively to identify and manage those who present with dental infection and where necessary, refer patients for specialist care. We saw evidence that immediate action was taken to arrange training for staff and provide them with sepsis tools and resources.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. We saw that additional discussions had taken place to ensure staff understood the changes to life support guidance in response to COVID-19.

Are services safe?

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentist and the dental hygienist when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. These were stored along with the manufacturer's safety data sheets for easy reference.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a combination of written and electronic dental care records with them to confirm our findings and observed that individual records were written or typed and managed in a way that kept patients safe. Dental care records we saw were legible, kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

Private prescriptions were provided when required following assessment of the patient. The dentist was aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out. The most recent audit indicated the dentist was following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents. Staff were aware of the process and importance of reporting any incidents. We reviewed an older incident and found this had been investigated, documented and discussed with the dental practice team to prevent such occurrences happening again.

The practice manager had a system for receiving safety alerts from their suppliers, but the dentist was not aware of this. The practice manager confirmed they would share any relevant alerts with the dentist for discussion and action if required. We highlighted alternative ways to ensure all relevant alerts are received directly. The dentist confirmed this would be actioned.

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 and discussed with the dentist how they assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

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.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentist or dental hygienist where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff 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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentist gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. The documentation of this in patients' records could be improved.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Monitoring care and treatment

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance but the documentation of this could be improved. For example, by ensuring that diagnoses were consistently documented.

Effective staffing

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

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Are services effective?

(for example, treatment is effective)

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 provider demonstrated a transparent and open culture in relation to people's safety. We found the principal dentist had the capacity, values and skills to deliver high-quality, sustainable care. Systems and processes were sometimes informal, but staff were clear about their roles and responsibilities.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had implemented standard operating procedures to enable care to be provided to patients during COVID-19. Premises changes had been made to protect staff and patients. All staff had been risk assessed and appropriate personal protective equipment was provided and fit tested. Systems were in place to update staff on any changes to national guidance.

Culture

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

Staff discussed their training needs informally and at meetings. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed personal development plans in the staff folders.

The staff focused on the needs of patients.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The providerwas aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

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

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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.

We saw there were clear and effective processes for managing risks, issues and performance. External companies were engaged to carry out tests and risk assessments and the recommendations from these were acted on.

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.

Are services well-led?

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service. For example:

On the day of the inspection the practice was open to discussion and feedback. They took immediate actions to address the concerns raised during the inspection and sent evidence to confirm that action had been taken. The provider encouraged verbal comments and emails to obtain patients' views about the service.

The provider gathered feedback from staff through informal discussion and meetings. 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 provider systems and processes for learning, continuous improvement and innovation could be improved.

The provider had some quality assurance processes to encourage learning and continuous improvement. These included audits of infection prevention and control and COVID-19 procedures. Staff kept records of the results of these audits and the resulting action plans and improvements. Audits were not carried out on dental care records or radiographs. We highlighted how these would support the dentist to improve the standard of record keeping to ensure these are maintained in line with nationally agreed guidance from the Faculty of General Dental Practice. The dentist confirmed this would be reviewed.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff completed most of the 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development with the exception of safeguarding training which had lapsed for some staff members and sepsis awareness training. This was addressed immediately after the inspection.