

Campbell Dental Practice Ltd

# Campbell Dental Practice

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 20 February 2024 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- 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 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 most life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises. We found shortfalls in assessing and mitigating risks associated with managing medical safety alerts.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

# Summary of findings

- The practice had staff recruitment procedures which reflected current legislation. We found shortfalls in consistently following these procedures as references had not been sought for all staff.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement. We found improvement was needed in monitoring staff training.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

## Background

Campbell Dental Practice is in Stoke on Trent and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 3 dentists, 3 qualified dental nurses, 2 trainee dental nurses, 1 dental hygienist, 1 dental therapist, 1 practice manager and 2 receptionists. The practice has 4 treatment rooms.

During the inspection we spoke with 2 dentists, 1 trainee dental nurse, the dental therapist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 9am to 5.15pm.

Saturday from 9am to 1pm.

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

- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council. Implement an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK).
- Implement an effective system for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.

# Summary of findings

- Implement practice protocols and procedures to ensure staff are up to date with their recommended training and their continuing professional development.

# 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. Flowchart showing the safeguarding reporting procedure was displayed in the staff area.

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.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. The practice was not following their policy as we found references were missing for 6 of the staff members records we viewed.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in December 2023 in line with the legal requirements. The practice were in the process of addressing recommendations made[PS1] . The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. At the time of our inspection, we found the Ionising Radiation (Medical Exposure) Regulations 2017 training (IR(ME)R) was out of date for 3 clinicians. Evidence was submitted to us following the inspection to show the training had been updated.

### **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 viewed risk assessments which covered a range of potential hazards in the practice and detailed control measures that had been put in place to reduce any risks.

Most emergency equipment and medicines were available and checked in accordance with national guidance. We found the oxygen face mask with reservoir and tubing for a child and the portable suction was missing. Oropharyngeal airways (sizes 0, 1, 2, 3, 4) did not display an expiry date and the automated external defibrillator (AED) pads for both an adult and a child were out of date. The spillage kits for blood, bodily fluids and mercury were all out of date and there was no eye wash kit available. All of the required items were ordered following our inspection.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Safety data information was available for all materials used.

### **Information to deliver safe care and treatment**

# Are services safe?

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national 2-week wait arrangements.

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

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out however, these were not clinician specific.

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

The practice had systems to review and investigate incidents and accidents. The practice did not have a system for receiving and acting on safety alerts.

[PS1]I haven't added this as a 'should' as they are in the process of addressing the recommendations

# 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.

The practice had access to digital X-rays to enhance the delivery of care.

### **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. Although there was no policy in place at the time of our inspection, they 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 patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits. These were not clinician specific and carried out annually rather than 6-monthly as recommended.

### **Effective staffing**

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

Newly appointed staff had a structured induction. Clinical staff had not completed continuing professional development required for their registration with the General Dental Council. Following our inspection evidence was submitted to show training in various topics had been completed.

### **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 caring?

## Our findings

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

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

Staff were aware of their responsibility to respect people's diversity and human rights. Staff described to us some of the ways they enabled nervous patients to access their treatments and the additional measures they implemented to support them, for example, arranging appointments during quieter times of the day and booking longer appointments.

Staff were observed to be friendly, caring and helpful to patients when speaking with them in person and over the telephone.

Patient feedback we reviewed indicated staff were compassionate and understanding when patients were in pain, distress or discomfort. They also mentioned the friendliness and caring nature of staff.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality. Computer screens were not visible to the public at reception and there was an area available away from reception where patients could have a private discussion if requested.

The practice had installed closed-circuit television to improve security for patients and staff.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

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

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

The practice's website provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included photographs, study models, X-ray images and an intra-oral camera.



# 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 organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including a ramp at the entrance of the practice for access for patients with access requirements. A knee break dental chair had been installed in a downstairs treatment room. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

### **Timely access to services**

The practice displayed its opening hours and provided information on their website.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with local organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

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

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

# 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.

There was strong leadership with emphasis on peoples' safety and continually striving to improve.

The provider was committed to safety and improvements for patients and staff. Staff worked together in such a way that where the inspection highlighted any issues or omissions, the practice team took immediate action to address them.

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**

Staff stated they felt respected, supported and enjoyed their work. They described the provider as approachable and understanding if they raised any concerns.

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

The practice did not have arrangements to ensure staff training was up-to-date and reviewed at the required intervals. We were assured by the provider and practice manager that this would be actioned and monitored in the future.

### **Governance and management**

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

The practice had a governance system 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 processes for managing risks, issues and performance. However, shortfalls were identified with the medical emergency equipment, staff recruitment and audits. These were rectified immediately following our inspection.

### **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 protecting patients' personal information.

### **Engagement with patients, the public, staff and external partners**

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained 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 where appropriate.

### **Continuous improvement and innovation**

# Are services well-led?

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. The radiograph and antimicrobial prescribing audits were not clinician specific, and the radiography audits were carried out annually rather than the 6 monthly recommendation. Staff kept records of the results of these audits and documented action plans for improvements.