

Chancery Dental Ltd

Thrapston Dental Practice

Inspection report

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Overall summary

We carried out this announced inspection on 28 September 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

Chancery Dental Practice is based in Thrapston town centre and provides private dental care treatment for adults and children. The dental team includes three dentists, three dental nurses, one dental hygienist, a practice manager and reception staff. The practice has three treatment rooms.

There is level access to the premises for wheelchair users, and an accessible toilet. Parking for Blue Badge holders is available directly outside the practice.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Chancery Dental Practice is one of the principal dentists.

The practice is open on Mondays to Fridays from 8.45am to 5.15pm.

During the inspection we spoke with the practice manager, two dentists, the hygienist, two dental nurses, and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The provider had infection control procedures which reflected published guidance.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- The provider had staff recruitment procedures which reflected current legislation.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had effective leadership and a culture of continuous improvement.

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

- Improve the practice's sharps procedures to ensure compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's Legionella risk assessment and implement any recommended actions, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular ensuring appropriate remedial action is taken if water temperatures do not meet recommended levels.
- Review airflow systems in the decontamination room to ensure good ventilation.

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 knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training and there was an appointed lead for safeguarding concerns in the practice. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

Information about protection agencies was on display around the practice, and staff had downloaded a specific safeguarding application on their mobile phones. Safeguarding scenarios were discussed regularly at practice meetings to ensure all staff knew how to respond to an incident. Staff were also aware of the need to record if a child had not been brought to their appointment, to make it easier to identify potential safeguarding concerns.

We noted information about local domestic violence support services was displayed in the patient toilet, making it easily accessible.

All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults.

The practice had a whistleblowing policy and staff told us they felt able and confident that they could raise concerns about colleagues if needed.

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. Additional operating protocols had been implemented to the patient journey to reduce the spread of Covid 19 and the provider had purchased air filtration units for each treatment room. However, we noted that air flow in the decontamination area could be improved to increase ventilation.

The practice 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 practice had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

Infection prevention and control audits were completed every six months. The latest showed the practice was meeting the required standards.

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 such as the removal of an external tap and a dead leg in the pipework. Records of water testing and dental unit water line management were maintained. However, we noted several occasions where the hot water temperature had not reached the recommended level of 55 degrees celsius, and no action had been taken to address this.

We saw effective cleaning schedules to ensure the practice was kept clean. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Dirty and clean zones were signposted and loose items in drawers were covered to prevent possible aerosol contamination. Staff wore full scrubs and their arms were bare below the elbows to help prevent cross infection. The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately.

Are services safe?

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. Information regarding local safety standards for invasive procedures was available in each dental treatment room.

Clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover. The practice had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. We reviewed on-line recruitment records for staff which showed the practice followed their recruitment procedure and undertook appropriate pre-employment checks. All new dental nursing staff underwent two interviews and were invited to spend a couple of hours in the practice as part of their recruitment process so they could experience what it would be like to work there.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances and fixed wiring. Staff reported that they had enough equipment for their job and repairs were undertaken quickly.

The practice's fire risk assessment indicated the premises were at very low risk of fire hazards. Records showed that fire detection and firefighting equipment was regularly tested. All staff had undertaken fire training and completed regular timed fire evacuation drills, which sometimes included patients. Two staff had received specific fire marshal training. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. We saw evidence the dentists justified, graded and reported on the radiographs they took. Radiography audits were completed following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography. Rectangular collimation was used on X-ray units to reduce patient exposure.

Risks to patients

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff. Additional assessments had been completed for risks associated with the Covid-19 pandemic.

Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. Sharps bins were sited safely and labelled correctly. However, we noted that not all dentists followed the relevant safety regulations when using needles and other sharp dental items.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

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

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 dentists how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were managed in a way that kept patients safe. Dental care records we saw were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

Safe and appropriate use of medicines

Are services safe?

The dentists were aware of current guidance with regards to prescribing medicines and regular audits were carried out to monitor that the dentists were prescribing antibiotics in line with it.

Glucagon was kept in the fridge, and the fridge's temperature was checked to ensure it operated effectively.

Track record on safety, and lessons learned and improvements

The practice had procedures in place to investigate, respond to, and learn from significant events and complaints, and staff were aware of formal reporting procedures.

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were received by the practice and triaged by the practice manager who downloaded them and disseminated the information if needed.

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 clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Patients' dental care records were audited regularly to check that the dentists recorded the necessary information.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The dentists, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. Dental care records we reviewed demonstrated dentists had given oral health advice to patients. A hygienist worked at the practice to give patients advice on gum disease and oral health management.

Dental products such as interdental brushes, floss, and mouthwash were available for patients to purchase. The practice manager told us that they had visited local primary schools to deliver oral health sessions to pupils there. Information about oral hygiene was displayed on the waiting room TV screen.

Consent to care and treatment

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 were looked after.

The practice's consent policy included information about the Mental Capacity Act 2005 and Gillick guidelines. Staff understood their responsibilities under the act when treating adults who might not be able to make informed decisions.

Effective staffing

Staffing levels had not been unduly affected by the Covid-19 pandemic and staff told us they had enough time to do their job and did not feel rushed. A dental nurse worked with the dental hygienist when they treated patients in line with General Dental Council Standards for the Dental Team.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Staff confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. A system was in place to follow up all referrals made to ensure they were managed in a timely way.

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

There was strong leadership in the practice and an emphasis on continually striving to improve. Systems and processes were embedded, and staff worked well together. We received many positive comments about the practice manager and owners and their effectiveness as leaders. Staff reported them to be approachable and supportive of their needs.

The practice manager was responsible for the day to day running of the practice. We found her to be experienced and knowledgeable, and she had prepared well for our visit. All paperwork we reviewed in relation to the management of the practice was detailed, up to date and well organised. The practice manager was keen to develop staff's potential and told us she was already delegating key management tasks to give staff more responsibility and experience.

Culture

Staff expressed high satisfaction in their job roles and told us they felt respected and valued. They cited good teamwork, effective management and support for training as the main reasons. The practice had won an award from an accredited training company due its outstanding contribution to the dental apprenticeship scheme.

The practice had a duty of candour policy in place, and staff were aware of its requirements for openness, honesty and transparency when responding to incidents and complaints. Staff demonstrated a transparent and open culture in relation to people's safety.

Governance and management

There were effective processes for managing risks, issues and performance. The practice had comprehensive policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. The practice had purchased an on-line governance tool to assist in the management of the service.

Communication systems in the practice were good, with regular practice meetings involving all staff. Minutes of meetings we reviewed were detailed and showed that staff were fully involved in, and consulted about, practice matters. One staff member told us they had particularly valued the daily team huddles that had been introduced during the Covid-19 lockdowns as a source of support and guidance.

The practice had a policy which detailed its complaints' procedure, and details of how to complain were available in an information folder in the waiting area. The practice manager agreed to make the complaints' procedure more visible increasing its accessibility to patients. Although the practice had not received any formal complaints in the previous three years, the practice manager provided evidence of one example where she had taken swift action to address one patient's potential concern. Learning from this had been shared with the staff team and communication to patients about clinicians' availability had been improved.

Reception staff spoke knowledgeably about how they would manage a patient who wanted to raise concerns.

Engagement with patients, the public, staff and external partners

The practice had its own survey to gather feedback from patients in relation to the quality of their treatment, and experience at the practice. Response rates were good and the practice manager pro-actively analysed and shared the results with staff. We viewed over 15 completed surveys which indicated high patient satisfaction rates. The practice also

Are services well-led?

monitored on-line feedback and recent results showed that the practice had received five stars out of five based on 85 Google reviews. As a direct result of patient feedback, the practice's opening times in the afternoon had be altered so that all staff were ready at 2pm to see the first appointment. Changes as a result of patient feedback were displayed in the waiting room.

The provider gathered feedback from staff through meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, their request for computer tablets had been actioned, reducing the amount of scanning they had to undertake.

We saw good evidence in the meeting minutes that staff's suggestions were discussed.

Continuous improvement and innovation

The provider had quality assurance processes to encourage continuous improvement. These included audits of dental care records, radiographs, infection prevention, hand hygiene and anti-microbial prescribing. Staff kept records of the results of these audits and the resulting action plans and improvements. The practice manager kept a record of all staff training and the practice paid for staff's on-line training to support their continuous professional development.

All staff, including the dentists, received an annual appraisal of their performance which they told us was useful.