

CDA (MIDLANDS) LTD

# Guys Dental Surgery

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 14 June 2023 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. Most appropriate medicines and life-saving equipment were available.
- We identified minor shortfalls in managing the risks associated with legionella and sharps, that were corrected on the day.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.

# Summary of findings

- 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.
- 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

The provider has 4 practices, and this report is about Guys Dental Surgery.

Guys Dental Surgery is in Lichfield, Staffordshire and provides NHS and private dental care and treatment for adults and children. In addition to general dentistry, they also carry out implant and orthodontic treatments as well as treatment under sedation. The services are provided by two CQC registered providers at this location. This report only relates to the provision of general dental care provided by Guys Dental Surgery. An additional report is available in respect of the general dental care services which are registered under Guys Dental Practice.

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

The dental team includes 4 dentists, 7 dental nurses, 2 dental hygienists, 1 practice manager, 2 receptionists and 1 finance manager. The practice has 5 treatment rooms.

During the inspection we spoke with 1 dentist, 6 dental nurses, 2 receptionists 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 from 8.30am to 7.30pm

Tuesday from 8.30am to 7.30pm

Wednesday from 8.30am to 5pm

Thursday from 8.30am to 5pm

Friday from 8.30am to 5pm

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

# Summary of findings

- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Take action to implement any recommendations in the practice's Legionella risk assessment, 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, ensure the temperature of the hot water is above the recommended 50 degrees Celsius.
- 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.

# 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. Information regarding local safeguarding contact details and a safeguarding flowchart were on display in the staff area. Up to date safeguarding information was available to all staff as a safeguarding application had been downloaded on to their phones (a free resource for healthcare professionals to increase their awareness and understanding of safeguarding requirements). Posters were on display in the patient toilet regarding domestic violence giving support telephone numbers and contact details.

The practice had infection control procedures which reflected published guidance. We observed a member of staff complete the decontamination process and noted that staff were not taking the temperature of the water when completing manual cleaning processes. Following our inspection, we were sent evidence to demonstrate that a new thermometer had been purchased and a water temperature log sheet implemented.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. The risk assessment was completed in June 2021 when no actions were required. Hot and cold water temperatures were checked on a regular basis however we saw that the hot water temperatures in the past 6 months were below the required minimum of 50 degrees Celsius. Following our inspection evidence was seen to show the temperature of the boiler had been increased to a sufficient level. A further risk assessment had been arranged along with further staff training.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

Staff from an external cleaning company cleaned each morning that the practice was open. We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean. The practice had the correct colour coded cleaning equipment which was stored correctly.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

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 line with the legal requirements. 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.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness and lone working. Sharps safety risk assessment stated the clinicians dismantled syringes however we found this was being carried out by the dental nurses. All the staff were reminded of the practice sharps policy and the importance of compliance. This was acknowledged and signed by all the staff on the day.

# Are services safe?

Most emergency equipment and medicines were available and checked in accordance with national guidance. Self-inflating bag with reservoir for an adult and for a child displayed no expiry dates. Clear face masks for self-inflating bag (sizes 0,1,2,3,4) were missing and the aspirin was non-dispersible. Immediate action was taken to order all of these items.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate life support training (or basic life support training plus patient assessment, airway management techniques and automated external defibrillator training) was also completed by staff providing treatment to patients under sedation.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Safety data sheets were available with each risk assessment for all dental materials used as well as all cleaning products.

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

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 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 carried out however, there were no documented results or learning points for improvements to be implemented.

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

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts and sharing any relevant information with staff if appropriate. Practice meeting agendas included discussions regarding any incidents or accidents that had occurred.

# 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 offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

One of the dentists carried out orthodontic treatment with a patient assessment in line with recognised guidance from the British Orthodontic Society.

We saw the provision of dental implants was in accordance with national guidance. However, we found some of the single use items (healing caps and cover screws) had been re-sterilised and stored in pouches. Immediately after our inspection all of these items were discarded, and a policy put in place for these items to be ordered for each implant case.

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

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

Oral health care products were on sale for patients for example toothbrushes, floss, interdental brushes and mouthwash. Information leaflets were available to patients as recommended by the dentist or upon request.

The practice supported a local school with fund raising by providing hampers containing dental products.

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

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005. Consent policies gave information regarding mental capacity and Gillick Competence.

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. However, we found the audits were not clinician specific and a larger sample was required. The radiography audits were carried out six-monthly following current guidance.

### **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**

# Are services effective?

(for example, treatment is effective)

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 caring?

## Our findings

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

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

Staff had completed equality and diversity training and were aware of their responsibility to respect people's diversity and human rights. Staff were observed to be friendly, caring and helpful to patients when speaking with them in person at the reception and over the telephone.

Staff had undertaken training in autism and learning disability awareness to increase their understanding of patients with these conditions.

Staff described to us some of the ways they enabled nervous patients to undergo their treatments and the additional measures they implemented to support them for example, arranging appointments during quieter times of the day and offering sedation.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality. The waiting area was away from the reception desk and there was an office available for both face to face discussions with patients and telephone calls.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

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 and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included for example photographs, study models and X-ray images.

# 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. Staff would notify the dentist if a patient was anxious, and they would chat to them to put them at ease. Patients would be offered the first appointment of the day or the first appointment following lunch so that they were seen quickly.

The practice had made reasonable adjustments, including for patients with access requirements. Staff had carried out a disability access audit in February 2023. The practice was located on the ground floor of a building with a surgery being wheelchair accessible however, the patient toilet was not accessible for wheelchair users. A selection of reading glasses were available to aid patients who had visual impairments and a hearing induction loop for use by patients who wore a hearing aid. We were told that some information could also be made available in large print. The practice also had access to translation services.

### **Timely access to services**

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

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.

The practice's information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Staff took part in an emergency on-call arrangement and patients were directed to the appropriate out of hours service.

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 partner 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 practice staff and provider demonstrated a transparent and open culture in relation to people's safety.

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

Systems and processes were embedded, and staff worked together in such a way that where the inspection highlighted any issues or omissions, the practice took swift action.

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 valued. Staff told us that the practice manager was extremely committed, dedicated and worked hard to ensure both patients and staff were happy. We were told that support was provided to them by the practice manager, and everyone worked well together. Staff said they were proud to work in the practice. Social events were organised by the practice manager, some of which were partially funded by the practice.

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 had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was 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. Practice meetings were held monthly wherever possible. Staff were able to add items on to the agenda for discussion.

### **Governance and management**

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

The practice manager 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 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 clear and effective processes for managing risks, issues and performance. However, minor shortfalls in managing risks associated with sharp and legionella were identified.

### **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**

# Are services well-led?

Staff gathered feedback from patients 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**

The practice carried out audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. We found the radiography audits were not clinician specific and the sample size was smaller than recommended in current guidance. We also found audits for record keeping and antimicrobial prescribing did not have documented learning points so that the resulting improvements could be demonstrated. Following our inspection, a radiography audit was submitted with findings of strengths and weaknesses and an action plan for improvements.