

Mr. Uday Patel

Sandy DentalCare

Inspection report

10 Market Square
Sandy
SG19 1HU
Tel: 01767681100

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Overall summary

We carried out this announced comprehensive inspection on 18 January 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- Staff knew how to deal with medical emergencies, although some life-saving equipment was not available, and some was out of date. However, the provider took immediate action to rectify this, ordering replacement equipment during our visit.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- 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.
- 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.

Background

Sandy Dental Care provides NHS and private dental care and treatment for adults and children.

The practice has made reasonable adjustments to support patients with access requirements including ramp access and ground floor treatment rooms.

The dental team includes 12 dentists, 10 dental nurses, 2 practice managers and 3 receptionists. The practice has 6 treatment rooms.

During the inspection we spoke with 3 dentists, 2 dental nurses, 2 receptionists and the 2 practice managers. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open on Mondays to Thursdays from 8am to 5pm, and on Fridays from 8am to 1pm. It also opens on alternate Saturdays for private patients.

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

- Take action to ensure the availability of emergency equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council and implement an effective system of checks.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	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)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Staff gave us examples of where they had reported concerns to local protection agencies, demonstrating that they took safeguarding issues seriously. Safeguarding was a standing agenda item at the regular practice meetings to ensure any concerns were discussed and shared.

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, which reflected the relevant legislation. Staff files we reviewed showed that appropriate pre-employment checks had been undertaken for all new staff.

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.

Staff had received appropriate fire training and fire safety equipment was checked and maintained. Staff undertook regular timed fire drills, evidence of which we viewed. The practice had completed a basic fire risk assessment for the premises, but it was not clear if the person who had completed it had enough knowledge and experience of fire safety. Staff assured us they would commission a full fire risk assessment from a professional fire safety company.

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 sharps safety and sepsis awareness. However, we noted that the sharps' risk assessment did not cover all types of sharps used in the practice.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Three staff had undertaken an appointed person first aid course. However, we noted that some emergency equipment was missing such as self-inflating bags, clear masks and a spacer device, and airways and salbutamol were out of date for safe use. The practice's equipment checks had failed to identify these shortfalls. All missing and out of date equipment was immediately ordered on the day of our inspection.

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

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 two-week wait arrangements. The principal dentist had recently liaised with the local hospital maxillofacial department to develop a practice protocol to deal with patient urgent referrals.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines, although we noted that Glucagon was not kept in the fridge and its expiry date had not been reduced to accommodate this. Antimicrobial prescribing audits were carried out to ensure clinicians were prescribing according to national guidance.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents, and these were discussed at practice meetings. We viewed the accident book and noted good recording of a wide range of accidents and incidents. A specific social media group had been set up by managers for the purpose of discussing any incidents so they could be dealt with quickly.

The practice had a system for receiving and acting on national 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 clinicians 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. We noted information in the waiting area about maintaining good oral care and the practice sold a range of dental products.

Staff were aware of and involved with national oral health campaigns and we noted that Mouth Cancer Action Month had been discussed at November's staff meeting.

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.

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.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. They told us that although it was a large busy practice, they did not feel rushed in their job.

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

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

On the day of inspection, we spoke with 3 patients who told us staff treated them with care and respect and explained treatment to them well.

Staff gave us practical examples of how they supported nervous patients to undertake their dental treatment. Staff had undertaken training in learning disability and autism awareness, and one staff member demonstrated a wide knowledge of how to deal with autistic patients.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. Reception staff described some of the ways they maintained patients' privacy whilst taking telephone calls.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place, although we noted that signage warning patients of its use could be improved to make it more visible.

Staff password protected patients' electronic care records and backed these up to secure storage. Archived patients' notes were stored 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 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

Although there was not a fully accessible toilet for wheelchair users, the practice had made reasonable adjustments for patients with access requirements. There was ramp access to the building, downstairs treatment rooms and an induction hearing loop for patients with hearing aids. Staff had wanted to install a stairlift so patients with limited mobility could access upstairs treatment rooms but building regulations had prevented them from doing this.

Timely access to services

At the time of our inspection, the practice was unable to take on any new NHS patients, and was running a lengthy waiting list.

Emergency slots for patients in dental pain were available each day, and the practice's website provided telephone numbers for patients needing emergency dental treatment when the practice was not open.

The practice was able to send out text and email appointment reminders to patients.

Patients had enough time during their appointment and told us they did not feel rushed.

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, evidence of which we viewed in the meeting minutes. We reviewed the paperwork in relation to 2 recent complaints and saw they had been responded to in a timely, thorough and empathetic 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 with emphasis on patient and staff safety, and improvement.

The principal dentist had overall responsibility for the management and running of the practice but was well supported by 2 practice managers; 1 with specific responsibility for business and financial matters, and the other with responsibility for personnel matters and patients. Staff spoke highly of the management team in the practice.

The practice had effective processes to support and develop staff with additional roles and responsibilities. For example, the senior nurse had recently undertaken additional governance and compliance responsibilities for the practice.

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

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time. Many of the minor shortfalls we identified at our pre-inspection telephone call and during our inspection were addressed immediately, demonstrating the practice's commitment to improve. We noted a very open and inclusive atmosphere in the practice, with staff actively involved in, and consulted about, all aspects of the service.

Communication systems in the practice were good, with regular meetings for all staff, in addition to specific meetings for the dental nurses and the dentists. The staff meetings had a rotating chair, giving all staff a chance to lead the discussions. Minutes of meetings we viewed were detailed, with standing agenda items such as health and safety, patient feedback, significant events and personnel matters having been discussed.

Staff stated they felt respected, supported and valued by senior staff, citing teamwork, effective management and good communication as the reasons why.

Staff discussed their training needs during annual appraisals. Appraisal records we viewed were comprehensive, demonstrating a meaningful and effective system was in place to monitor and assess staff performance.

The practice paid for staff's membership to an accredited training provider, which meant they had arrangements to ensure their training was up-to-date and reviewed at the required intervals.

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 clear and effective processes for managing risks, issues and performance.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients via surveys and 30 surveys were collected for each full-time dentist. The practice demonstrated a commitment to acting on feedback and patients' requests to be informed if there was a change of dentist and to remove some items from the waiting area had been implemented.

Feedback from staff was obtained through meetings, surveys, 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.

Are services well-led?

The practice was also a member of a good practice certification scheme.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement and innovation. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, telephone answering times and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.