

Synergy Dental Clinic Bury Ltd

Synergy Dental Clinic

Inspection report

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Overall summary

We carried out this announced focused inspection on 9 September 2022 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 adviser.

To get to the heart of patients' experiences of care and treatment,

we usually ask 5 key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following 3 questions were asked:

- 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:

- The dental clinic appeared to be visibly clean, tidy and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff. Improvements could be made to these systems in relation to radiographic safety, Legionella and prescription of medicines. These were actioned by the provider immediately.
- 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.
- The clinical staff provided patients' care and treatment in line with current guidelines. We highlighted that audits could be used more effectively to address inconsistencies in record keeping.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.

Background

The provider has 14 practices and this report is about Synergy Dental Clinic Bury.

Synergy Dental Clinic is in Bury and provides NHS and private dental care and treatment for adults and children.

There is level 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 at the rear of the practice, with additional pay and display parking nearby. The practice has made adjustments to support patients with additional needs. These include the installation of wide doors and level entry to the rear of the premises for wheelchair users.

The dental team includes 5 dentists, 5 dental nurses including 3 trainees, a dental hygiene therapist, a practice manager and 2 receptionists. The practice has 4 treatment rooms.

During the inspection we spoke with the owner and one dentist, three dental nurses, the dental therapist, a receptionist, the area manager and a training supervisor. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 9am to 1pm and 2pm to 5pm.

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

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- Take action to ensure audits have documented learning points and the resulting improvements can be demonstrated.

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)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

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. We observed capped off pipes in the cellar that resembled dead legs. Dead legs are sections of water piping systems that have been altered, abandoned or capped such that water cannot flow through them, increasing the risk of bacterial aggregation. The risk assessment report highlighted that the assessor had not accessed the cellar to assess this risk. The provider confirmed after the inspection that their contractor removed these pipes and the area manager undertook Legionella Responsible Person training.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

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. Systems to obtain evidence of immunity to blood borne diseases for clinical staff could be improved. We found that evidence was not obtained for 2 clinical staff members prior to the inspection. After the inspection we saw how documentation had been improved to enable managers to track the progress of vaccinations and results.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. We discussed efficacy testing of the ultrasonic cleaner with staff. New staff were not familiar with the frequency of these tests. This was discussed with the area manager who confirmed after the inspection that the necessary training was being provided.

The practice ensured the premises and facilities were maintained in accordance with regulations and appropriate fire safety measures were in place.

The arrangements to ensure the safety of the X-ray equipment should be improved. There was no evidence the three-yearly inspection had been carried out on 1 of the intraoral X-ray machines. Inspection reports of 2 other X-ray machines recommended that dosage settings should be adjusted. There was no evidence this had been actioned. After the inspection the provider sent evidence this had been addressed.

The practice had a cone-beam computed tomography (CBCT). A CBCT scanner uses X-rays and computer-processed X-ray information to produce 3D cross-sectional images of the jaws and teeth. Staff who operated this equipment had received operator training but evidence of the correct levels of training for the dentists referring and reporting on these images had not been requested. We noted that reporting on these images was not comprehensive in dental care records. There was no oversight or quality assurance process for the CBCT, and local rules were appropriate to intraoral X-ray machines only. The provider confirmed they ceased use of this device until the necessary arrangements were in place. Evidence of immediate staff training and the establishment of governance for the use of the CBCT were sent after the inspection.

Risks to patients

Are services safe?

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.

Emergency equipment and medicines were available and checked in accordance with national guidance. We noted oxygen masks were not available to deliver medical oxygen in an emergency. New masks were ordered at the time the previous masks expired however the order was delayed. We were sent evidence masks were sourced from an alternate supplier after the inspection.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

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

Dental care records we saw were complete, legible, were 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. We noted improvements could be made to the tracking system for NHS prescription pads to increase their security. We discussed this with staff at the practice, who confirmed systems were reviewed and amended after the inspection. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating when things went wrong. The practice had a system for receiving and acting on 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 the provision of dental implants was in accordance with national guidance. Comprehensive dental care records were maintained which demonstrated this, and how options, risks and benefits were discussed with patients prior to treatment.

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.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

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 dental care records in line with recognised guidance.

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

We saw evidence the dentists justified, graded and reported on the intraoral radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation. Audits were not carried out for the CBCT.

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

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 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 and emphasis on continually striving to improve. Leaders were open to discussion and feedback.

Systems and processes were embedded, and we saw how the provider used the inspection feedback to amend and improve governance of the practice.

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. For example, Legionella Responsible Person training was undertaken by an area manager to enable them to review and act on any omissions in risk assessment reports.

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time. For example, the rear entrance had been widened to allow access for wheelchair users and a new treatment room had recently been installed. The provider was working to improve parking arrangements for patients, particularly those with impaired mobility.

Staff stated they felt respected, supported and valued. They were proud to work in the practice. They could access additional support and guidance, as required, from area managers and head office.

Staff discussed their training needs informally, during annual appraisals, one to one meetings and 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.

Governance and management

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

The practice had a bespoke 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. These were amended, as necessary, in response to internal and external feedback.

We saw there were processes for highlighting and managing risks, issues and performance. The inspection highlighted areas of risk relating to medicines management, obtaining evidence of immunity in staff to infectious diseases, radiography, Legionella and testing of decontamination equipment. The provider took immediate action to address these issues and sent us evidence of the improvements and training provided to staff to ensure they understood the new processes.

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 these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Are services well-led?

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback. Feedback we saw was highly complimentary of staff and the services.

The practice gathered feedback from staff 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.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation. Regular clinical meetings were held for clinicians to undertake training, and to review and discuss national guidance and share best practice.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

We discussed how audits could be amended to demonstrate improvement. For example, auditing the use of CBCT and to ensure clinicians consistently document a justification, diagnosis, local measures and whether there is any systemic involvement when prescribing antimicrobials.