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# High Street Dental Practice

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 22 November 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 always ask five key questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies and appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- 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.
- There was effective leadership and a culture of continuous improvement.

# Summary of findings

- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The practice opened late one evening a week and on Saturday mornings, providing good access to appointments.

## Background

High Street Dental Practice provides both private and NHS dental treatment for adults and children. In addition to general dentistry, the practice provides a dental implant service for patients.

The practice has made reasonable adjustments to support patients with additional needs. There is level access to the practice for people who use wheelchairs and those with pushchairs, downstairs treatment rooms and a fully accessible toilet.

The dental team includes 5 dentists, 2 dental hygienists, a practice manager, 5 qualified dental nurses and 2 reception staff. An oral surgeon visits the practice one day a month.

The practice has 5 treatment rooms.

During the inspection we spoke with the practice manager, 4 dentists, 2 dental nurses and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Mondays, Tuesdays and Wednesdays from 8.30am to 5.30pm, on Thursdays from 8.30am to 7.30pm, and on Saturdays from 8.30am to 1pm.

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

- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are stored in line with the manufacturer's guidance.
- Improve the practice's systems for checking and servicing equipment to ensure its safe use. In particular, the servicing of the surgical drill units and the cone-beam computed tomography (CBCT) scanner.
- Implement a system so that patient referrals to other dental or health care professionals are centrally monitored to ensure that they are received in a timely manner and not lost.

# 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. Staff had completed appropriate training and we noted information about protection agencies displayed around the practice making it easily accessible to both staff and patients.

The practice had infection control procedures which reflected published guidance. The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning was the least effective recognised cleaning method as it was the hardest to validate and carried an increased risk of an injury from a sharp instrument.

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, although we noted the external clinical waste bin was not locked.

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

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. However, for one staff member a recent Disclosure and Barring Service check had not been obtained prior to their employment.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. However, we noted that the practice's CBCT scanner and surgical drill units had not been serviced according to manufacturer's guidance.

A fire risk assessment had been carried out in line with the legal requirements and its recommendations had been implemented. We found the management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw 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.

Emergency equipment and medicines were available in accordance with national guidance, although the weekly checks that staff undertook of the equipment had not been recorded. Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Medical emergency simulation scenarios were discussed at practice meetings to help staff keep their knowledge and skills up to date.

The practice had risk assessments to minimise the risk that could be caused from substances that were hazardous to health. We noted that these had been regularly reviewed and updated.

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

# Are services safe?

The practice had systems for appropriate and safe handling of medicines and prescriptions, although there was no monitoring system in place to identify lost or missing prescriptions. The fridge where temperature sensitive dental materials were stored was not monitored to ensure it was operating effectively.

Antimicrobial prescribing audits were carried out to ensure clinicians followed nationally recommended guidelines.

## **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.

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

The practice had implemented effective systems for reviewing and investigating incidents and accidents. Adverse incidents were discussed at the monthly practice meeting so that any learning from them could be shared across the staff team, evidence of which we viewed.

There was a system for receiving and acting on national patient 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.

The practice offered dental implants and we saw the provision of them was in accordance with national guidance.

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

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Two dental hygienists were employed to assist patients in the management of their oral health.

Information about support with smoking cessation was available in the patient waiting areas.

The practice sold dental products such as interdental brushes, toothpaste and mouthwash.

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

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff had a good understanding of their responsibilities under the Mental Capacity Act 2005 and the requirements of Gillick competency in relation to younger patients.

### **Monitoring care and treatment**

The practice kept detailed dental 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 every six months following current guidance and legislation.

### **Effective staffing**

There was a well long-established staff group at the practice, many of whom had worked there many years. We found staff had the skills, knowledge and experience to carry out their roles.

Staff told us they had enough time for their role and did not feel rushed in their work. The provider actively planned working rotas to ensure adequate staffing levels. The dentists worked part-time making it easier for them to provide cover for each other if needed. There was an additional nurse available most days to provide nursing or reception cover if needed.

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. However, there was no formal system in place to ensure that all patient referrals were actively monitored for their timely management.

# 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 clear about the importance of emotional support needed by patients when delivering care and gave us specific examples of where they had gone out of their way to support patients. We viewed written feedback from patients who had commented positively on staff's reassuring and caring attitude.

The practice was one of the first to volunteer itself as a 'hot hub' during the initial Covid-19 pandemic, offering emergency dental services to patients who were Covid positive. At the time of our inspection staff were liaising with local authority colleagues for ways in which to increase access to dental care for looked after children.

### **Privacy and dignity**

Staff were aware of the importance of patient privacy and confidentiality. Staff password protected patients' electronic care records and backed these up to secure storage.

Patient waiting areas were separate from the reception desk, and staff told us that any private or confidential calls could be made in an upstairs office, so they were not overheard.

Archived patients' notes were held in a downstairs cellar or in locked cabinets.

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

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

Staff described to us the methods they used to help patients understand treatment options discussed. These included the use of study models, X-ray images and treatment plans. We noted helpful information leaflets explaining various dental procedures in the waiting area.

# 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 had made good adjustments for patients with disabilities which included a fully accessible toilet, downstairs treatment rooms and specialist dental chairs to assist patients with limited mobility. The practice had recently purchased a portable hearing induction loop to use for patients with hearing aids.

### **Timely access to services**

At the time of our inspection, the practice was able to take on a limited number of new patients and the waiting time for a routine appointment was about 2 weeks. The practice opened until 7.30pm one evening a week, and on a Saturday until 1.30pm, giving patients more choice in appointment times.

Emergency appointments were available each day for patients in dental pain. The practice was part of a group of practices in the local area who provided out of hours services on a rota system.

A text service was available to patients to remind them of their forthcoming appointment.

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

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service, evidence of which we viewed in practice meeting minutes. There was also easily accessible information about how patients could raise complaints in the waiting areas, website and practice leaflet. Reception staff spoke knowledgeably about how they would deal with a complaint and showed us the written information that would be given to any patient wanting to raise concerns.

We reviewed the management of 2 recent complaints and noted they had been dealt with in a timely and professional 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**

The principal dentist had overall responsibility for the clinical leadership and was well supported by the practice manager who oversaw the day to day running of the service including bookkeeping, staff wages, rotas and policies. We received positive comments about their leadership and management skills.

### **Culture**

The practice demonstrated a transparent and open culture in relation to people's safety. Staff were aware of the Duty of Candour and the responsibilities it placed upon them.

Staff stated they felt respected and valued, citing good communication and teamwork as the reasons. They told us the principal dentist and practice manager were approachable and listened to them and were very supportive of their personal and family commitments. Staff described a family like atmosphere within the practice.

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

### **Governance and management**

Staff had clear responsibilities roles and systems of accountability to support good governance and management. We saw there were clear and effective processes for managing risks, issues and performance. The information and evidence presented during the inspection process was clear and well documented.

The practice had a 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 by the practice's manager.

The practice was part of a nationally accredited quality assurance scheme and had its governance procedures regularly assessed and checked to ensure it was meeting dental guidance and standards.

Communication systems in the practice were good with regular staff meetings and a social media group to ensure key information was shared. Staff told us their suggestions and ideas were listened to and that they were actively consulted about and involved in the development of the practice.

### **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**

Staff gathered feedback from patients using regular surveys. In response to patient feedback from these surveys, the practice had invested in a new telephone system and increased the amount of reception staff to ensure that patient telephone calls were answered in a timelier way. In addition to these surveys, patients were able to scan a specific QR code available in reception and leave feedback.

Patient on-line reviews were actively monitored, and each was responded to. At the time of our inspection the practice had received 5 stars of 5, based on 133 on-line reviews.

The practice gathered feedback from staff through meetings, appraisals and informal discussions.

# Are services well-led?

## **Continuous improvement and innovation**

The practice had systems and processes for learning, continuous improvement and innovation. The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. The provider paid for staff membership to a nationally accredited training provider and records we viewed showed that staff had completed all essential training. The principal dentist ran regular study clubs where dental clinicians met for training and information sharing.

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

Staff kept records of the results of these audits and the resulting action plans and improvements.