

Crystal Palace Dental Practice

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Inspection report

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Overall summary

We carried out this announced focused inspection on 11 March 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 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 always ask the following five 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:

- The dental clinic appeared to be visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance. However, improvements were required to ensure that infection control audit is carried out every six months in line with relevant guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. However, improvements were required to ensure that medicines are stored in line with the manufacturer's guidance.
- 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 practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.

Summary of findings

- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.

Background

Crystal Palace Dental Practice is in the London borough of Croydon and provides NHS and private dental care and treatment for adults and children.

The practice does not have step-free access; however, people with mobility issues and those who use wheelchairs are referred to a nearby dental practice.

Car parking spaces are available near the practice.

The dental team includes six dentists, two dental nurses, two trainee nurses and two receptionists. The practice has five treatment rooms.

During the inspection we spoke with two dentists, one dental nurse, two trainee dental nurses and one receptionist. 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 6pm.

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

- Improve the practice protocols to ensure that premises and equipment checks are completed in a timely manner.
- Ensure that medicines are stored in line with the manufacturer's guidance.
- Implement an effective system to ensure that infection control audits are carried out every six months in line with the relevant guidance.

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 provider had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The provider had procedures to reduce the possibility of Legionella or other bacteria developing in water systems, in line with a risk assessment.

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

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

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. The practice had some systems in place to ensure the facilities were maintained in accordance with regulations. However, the five-year fixed wire electrical safety test had not been carried out recently and some improvement works had been identified. The provider showed us documentation to confirm the required work had been booked.

A fire risk assessment was carried out in line with the legal requirements and 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 provider had implemented systems to assess, monitor and manage risks to patient safety. Including: sharps safety and sepsis awareness.

Emergency equipment and medicines were available and checked as described in recognised guidance. However, improvements were required to ensure that medicines were stored in line with manufacturer's guidance. We found that Glucagon injection (used to improve blood sugars in an emergency situation) was not stored in the fridge and the expiry date had not been changed as per the manufacturer's guidance. The provider placed an order to replace the out-of-date Glucagon on the day of the inspection and told us that effective systems will be implemented to ensure that medicines were stored appropriately.

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

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

Information to deliver safe care and treatment

Are services safe?

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out annually.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong.

The provider 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.

Helping patients to live healthier lives

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

Consent to care and treatment

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

Staff 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 dental care records in line with recognised guidance.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits following current guidance and legislation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

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

There was strong leadership and emphasis on continually striving to improve.

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

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at an annual appraisals/one to one meetings/ during clinical supervision. 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.

The provider 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.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The provider 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 involved patients, the public, staff and external partners to support the service.

The provider gathered feedback from staff 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.

Continuous improvement and innovation

The provider had systems and processes for learning continuous improvement and innovation.

The provider 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. However, we noted that infection control audits were not undertaken on a six-monthly basis in line with best practice. The provider told us that they would undertake these audits at a frequency in line with guidance in the future.

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