

Gabby Khela Limited

# Gargrave Dental Practice

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 9 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 adviser.

To get to the heart of patients' experiences of care and treatment, we ask 5 key 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 practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Improvements could be made to the process for ensuring medical emergency equipment is available and within its expiry date.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had systems to help them manage risk to patients and staff.

# Summary of findings

- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider had 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.
- The provider had information governance arrangements.

## Background

Gargrave Dental Practice is in Gargrave near Skipton and provides NHS and private dental care for adults and children.

The treatment room is on the first floor, disabled access is not possible, future development will provide a ground floor surgery at the practice. In the interim patients with additional mobility needs are referred to alternative practices. There is roadside parking outside the practice and local transport routes are nearby.

The dental team includes 1 dentist, 2 dental nurses, 1 receptionist and a practice manager. The practice has 1 treatment room.

During the inspection we spoke with the owner (principal dentist), the practice manager and 2 nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

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

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

- Improve the practice's systems for ensuring the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK).
- Implement a system to ensure patient referrals emailed to other dental or health care professionals are centrally monitored to ensure 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.

The practice had infection control procedures which reflected 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 practice had policies 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 in place and checks were done on all staff before they commenced 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. The practice ensured the facilities were maintained in accordance with regulations.

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. This included sepsis training and awareness. We noted that the sharps risk assessment did not include an assessment of all instruments that posed a risk. The provider told us this would be amended with immediate effect.

The practice had a medical emergency kit. We noted a child sized self-inflating bag was not available and out of date airways were held in the kit. We discussed these issues with staff, and they were addressed immediately.

Staff knew how to respond to a medical emergency and had completed training on site 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 digital, complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had referred 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.

# Are services safe?

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

The practice had implemented systems for reviewing and investigating incidents and accidents.

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.

### **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 patients' 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 practice carried out radiography audits every six months.

### **Effective staffing**

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

No new staff have been appointed at the practice since the present ownership. We discussed with the provider that any future newly appointed staff would have a structured induction.

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. The practice did not have a system to ensure non-urgent referrals had been received, or a prompt to follow up if necessary. The provider confirmed this would be addressed.

# Are services caring?

## Our findings

Are services caring?

Our findings

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

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

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

We observed staff treated patients, respectfully, kindly and were friendly towards patients at the reception desk and over the telephone.

Information was displayed for patients and suggestions box was in place in the waiting room. The provider conducted regular patient satisfaction surveys. Areas improved following comments received from patients included implementation of card payments, refurbishment of premises, introduction of a new phone system and text and email reminders.

### **Privacy and dignity**

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients.

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

Staff helped patients to be involved in decisions about their care.

Staff gave patients clear information to help them make informed choices about their treatment. We saw evidence that staff discussed options for treatment with the patients. The principal dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, computer images, 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. It took account of patient needs and preferences. Staff could access interpreter services and had resources to support and identify the language spoken if this was required.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. The practice had made reasonable adjustments for patients with disabilities.

The practice was familiar with the requirements of the Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Staff told us this helped them understand and meet the needs of these patients.

### **Timely access to services**

Patients could access care and treatment from the practice within an acceptable timescale for their needs. In addition, the practice was part of a local scheme to provide urgent dental care to patients who did not have a dentist, on 1 day per week.

The practice displayed its opening hours at the practice.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

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

We confirmed the provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The complaints process was displayed and available upon request.

The provider aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way their concerns had been dealt with.

We discussed comments and compliments the practice received in the last 12 months. These showed the practice responded in a timely way to patients and where appropriate discussed outcomes with staff 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 demonstrated a transparent and open culture in relation to people's safety.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Systems and processes were embedded, and staff worked together in such a way that the inspection highlighted only very minor issues or omissions.

### **Culture**

Staff discussed their training needs during one to one meetings. 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 governance and management.

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.

We saw there were clear and effective processes for identifying and managing risks, issues and performance.

### **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 regularly and demonstrated commitment to acting on feedback. We saw patient satisfaction surveys and family and friend's surveys, these confirmed overall patients' satisfaction and included praise for the gentle approach of the dentist and the friendliness and respect shown by staff.

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 robust systems and processes for learning and improvement. These included comprehensive and detailed audits of several areas including, patient satisfaction, disability access, cleaning, clinical waste, antimicrobial prescribing and radiography. Staff kept detailed records of the results of these audits and these were shared with the staff team for additional learning and improvements.