

Tuesday Market Practice Ltd

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## Inspection report

15 Tuesday Market Place  
Kings Lynn  
PE30 1JN  
Tel: 01553773302

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### Overall summary

We carried out this announced inspection on 5 October 2021 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 asked the following three 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:**

##### **Are services safe?**

We found this practice was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found this practice was providing effective care in accordance with the relevant regulations.

##### **Are services well-led?**

We found this practice was providing well-led care in accordance with the relevant regulations.

# Summary of findings

## Background

Tuesday Market Dental practice is based in Kings Lynn and provides private dental care treatment for adults. The dental team includes one dentist, one dental therapist, two dental nurses, and a receptionist. The practice has one treatment room.

There is ramp access to the premises for wheelchair users, but no accessible toilet. Parking for blue badge holders is available directly opposite the practice in a public car park.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at the practice is the dentist.

The practice is open on Mondays to Fridays from 8.45am to 3pm.

During the inspection we spoke with the receptionist, the dentist and two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

## Our key findings were:

- The provider had infection control procedures which reflected published guidance.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- The provider had staff recruitment procedures which reflected current legislation.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- 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 effective leadership and a culture of continuous improvement.

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

- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records. Particularly in relation to recording risk levels of patients to caries, periodontitis and cancer, and the staging and grading of periodontal disease

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</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)**

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff had received safeguarding training to level three, and there was an appointed lead for safeguarding concerns in the practice. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults.

The practice had a whistleblowing policy and staff told us they felt able and confident that they could raise concerns about colleagues if needed.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Additional operating protocols had been implemented to the patient journey to reduce the spread of Covid-19 and the provider had purchased air filtration units for each treatment room.

The practice had arrangements for cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The practice had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately. However, this was done in the treatment room as there was no appropriate space to have a separate decontamination area in the practice, which is recommended by national guidance.

Infection prevention and control audits were completed every six months. The latest audit showed the practice was meeting the required standards.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. A plumber was due to visit the practice on 8 October 2021 to implement the recommendations of this assessment.

We saw effective cleaning schedules to ensure the practice was kept clean. We checked the treatment room and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Dirty and clean zones were well sign posted. However, we noted horizontal blinds on the treatment room window which were hard to keep clean. Staff wore full scrubs and their arms were bare below the elbows to help prevent cross infection. The practice had procedures in place to ensure clinical waste was segregated and was stored securely in the cellar.

Clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover. The practice had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. We reviewed recruitment records for two staff which showed the practice followed their recruitment procedure and undertook appropriate pre-employment checks. All staff received an induction to their role.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances and fixed wiring. Staff reported that they had enough equipment for their job and repairs were undertaken quickly.

# Are services safe?

The practice's fire risk assessment indicated the premises were at very low risk of fire hazards. Records showed that fire detection and firefighting equipment was regularly tested. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. However, staff did not routinely practice evacuating the building to ensure they could do this swiftly and safely in the event of a fire.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. We saw evidence the dentist justified, graded and reported on the radiographs they took. Radiography audits were completed following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography. Rectangular collimation was used on the X-ray unit to reduce patient exposure.

## **Risks to patients**

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff. Additional assessments had been completed for risks associated with the Covid-19 pandemic.

Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. The dentist used a specialist pain free system to administer local anaesthetic, and therefore did not need to use traditional needles.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Emergency equipment and medicines were available as described in recognised guidance, although we noted there were no paediatric pads for the defibrillator, or eye wash kit. Staff assured us they would be ordered immediately. Staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

The provider had risk assessments to minimise the risk that could be caused from substances that were hazardous to health and staff downloaded missing safety data sheets during our inspection.

## **Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were managed in a way that kept patients safe. Dental care records we saw were complete, legible, kept securely and complied with General Data Protection Regulation requirements. Archived patients' notes were kept securely in fire-proof locked cabinets behind the reception desk.

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

The practice dispensed medicines to patients. There was a stock control system of medicines which were held on site which ensured that medicines did not pass their expiry date. This was strengthened during our inspection so that a running total of the number of tablets held was kept. We noted that medicine container labels did not include the name and address of the practice as required. This was immediately rectified during our inspection.

The dentists were aware of current guidance with regards to prescribing medicines and regular audits were carried out to monitor that the dentists were prescribing antibiotics in line with it.

Glucagon was kept in the fridge, although records of temperature checks of the fridge to ensure it operated effectively, were not kept.

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

# Are services safe?

The practice had procedures in place to investigate, respond to, and learn from significant events and complaints, and staff were aware of formal reporting procedures. We viewed the practice's accident book and noted that two recent minor accidents had been recorded in detail.

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were received by the practice and triaged by the dentist who actioned them if needed.

# 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. We viewed comprehensive and individualised plans in place for patients, clearly outlining their treatment options and associated costs in detail.

The practice offered dental implants which were placed by the principal dentist. They had undergone appropriate post-graduate training and we noted that the provision of dental implants was in accordance with national guidance.

Patients' dental care records were audited regularly to check that the dentist recorded the necessary information. We noted that caries, periodontitis, carcinoma and tooth wear was well understood, however risk levels were not always recorded in the patient notes we reviewed. The staging and grading of patients' periodontal diagnosis was not routinely recorded.

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

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The dentist, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. Dental care records we reviewed demonstrated the dentist had given oral health advice to patients. A dental therapist worked at the practice to give patients advice on gum disease and oral health management.

Dental products such as interdental brushes, floss, and mouthwash were available for patients to purchase at the practice.

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who were looked after.

The practice's consent policy included information about the Mental Capacity Act 2005 and Gillick guidelines. Staff understood their responsibilities under the act when treating adults who might not be able to make informed decisions. We noted that patient consent had been the topic of a recent practice meeting to ensure all staff understood its importance.

We spoke with two patients during our inspection who told us they had been provided with details and cost of their treatment and were given plenty of time to think about it, ensuring informed consent to their treatment.

### **Effective staffing**

Staffing levels had not been unduly affected by the Covid-19 pandemic and staff told us they had enough time to do their job and did not feel rushed. A dental nurse worked with the dental therapist when they treated patients in line with General Dental Council Standards for the Dental Team.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role.

### **Co-ordinating care and treatment**

# Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Staff confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. A system was in place to follow up all referrals made to ensure they were managed in a timely 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**

We found that systems and processes were embedded, and staff worked well together. We received many positive comments about the dentist who was described by staff as approachable and supportive of their needs and family commitments.

Staff were experienced and knowledgeable and had prepared well for our visit. All paperwork we reviewed in relation to the management of the practice was detailed, up to date and well organised.

Staff took immediate action to address several minor shortfalls we identified during this inspection, showing us their commitment to improvement.

### **Culture**

Staff expressed high satisfaction in their job roles and told us they felt respected and valued. They cited good teamwork, effective communication and support for training as the main reasons. One member of staff told us that any issues were always resolved quickly in the practice.

The practice had a duty of candour policy in place, and staff were aware of its requirements for openness, honesty and transparency when responding to incidents and complaints. Staff demonstrated a transparent and open culture in relation to people's safety.

### **Governance and management**

There were effective processes for managing risks, issues and performance. The practice had comprehensive policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

Communication systems in the practice were good, with regular practice meetings involving all staff. Minutes of meetings we reviewed were detailed and showed that staff were fully involved in, and consulted about, practice matters. The meetings were used to share best practice and focussed on a different topic each month. For example, in July 2021 the signs and symptoms of oral cancer were discussed, along with the referral pathway. In May 2021, the importance of patient consent was discussed.

The practice was an expert member of a national dental quality assurance scheme and used an on-line governance tool to assist in the management of the service.

The practice had a policy which detailed its complaints' procedure, and details of how to complain were available in an information folder in the waiting area. Staff agreed to make the complaints' procedure more visible to increase its accessibility to patients. We viewed paperwork in relation to two recent complaints and found they had been responded to in a timely, professional and empathetic way.

### **Engagement with patients, the public, staff and external partners**

The practice had a suggestion box in its waiting room for patients to use. It also had its own survey to gather feedback from patients in relation to the quality of their treatment, and experience at the practice. In December 2020 the practice

# Are services well-led?

carried out a specific survey in relation to its Covid-19 measures. We viewed the responses which showed patients were very happy with the practice's additional safety measures and the overall quality of their care. As a direct result of patient feedback, the practice had installed handrails at the front door and toilet and had also purchased a coat stand for patients to use.

The provider gathered feedback from staff through meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, their request for plastic boxes to store their clean clothes in, and specialist Covid-19 protection hoods had been implemented.

## **Continuous improvement and innovation**

The practice had quality assurance processes to encourage continuous improvement. These included audits of dental care records, radiographs, infection prevention, waiting times and anti-microbial prescribing. Staff kept records of the results of these audits and the resulting action plans and improvements.

All staff received an annual appraisal of their performance which they told us was useful, and all had personal development plans in place.