

ST Dental Ltd

The Queen Street Dental Clinic

Inspection report

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Whitehaven
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Overall summary

We carried out this announced comprehensive inspection on 7 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 always ask the following five 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 dental clinic was visibly clean and well-maintained.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- 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.

Summary of findings

- 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.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.
- The practice had infection control procedures which reflected published guidance; however, improvements could be made to ensure established protocols were adhered to.
- The practice had systems to help them manage risk to patients and staff. Improvements however, could be made to the protocols for managing dental sharps to ensure all staff are aware of the protocols and that up-to-date contact details were available in the event of an incident.
- The practice had staff recruitment procedures which reflected current legislation. Improvements could be made to ensure all checks were carried out at the point of recruitment.

Background

The Queen Street Dental Clinic is in Whitehaven in Cumbria and provides NHS and private dental care and treatment for adults and children.

There is ramped access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice and the practice is close to local transport routes. The practice has made reasonable adjustments to support patients with additional needs for example the availability of a hearing induction loop.

The dental team includes one dentist, one dental nurse, two trainee dental nurses, one dental hygienist, one dental therapist and one receptionist. The practice has two treatment rooms.

During the inspection we spoke with the dentist, the dental nurse, one trainee dental nurse, the dental therapist, the dental hygienist and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 8.30am to 12.30pm and from 1pm to 5pm

Friday from 8am to 4pm

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

- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' In particular ensure all staff adhere to the established protocols consistently.
- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.

Summary of findings

- Implement a system to ensure patient referrals 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.

Are services safe?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	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 introduced additional procedures in relation to COVID-19 in accordance with published guidance. Some improvements could be made to ensure the practice's established protocols were consistently adhered to. For example, we noted that staff wore the recommended PPE with the exception of the plastic apron while decontaminating used dental instruments. The dental instruments available in the surgeries were date stamped; however, we observed this was not being done consistently on the day of inspection. Further improvements could be made to ensure the extraction fan in the decontamination area was being used. This would help in achieving the recommended airflow in this area.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment that was carried out in August 2022. A plan was in place to carry out the recommendations made within the risk assessment. Records were available to show that water temperature monitoring was being carried out as per current national guidance, though we did note a gap of a few months in late 2021 and early 2022. We discussed with the provider the importance of ensuring this was not overlooked in busy periods.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted the clinical waste bin was locked but was not secure and was accessible to the public. We discussed this with the provider who was confident the bin had been secured previously and assured us this would be rectified.

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. All relevant recruitment checks had been undertaken, though improvements were needed to ensure they were all undertaken at the point of recruitment. We looked at four staff files; Disclosure and Barring Service (DBS) checks had been carried out between ten and 14 months prior to two staff members starting work at the practice, and in another case was carried out in September 2022 for a staff member who had started working at the practice in June 2021. There was no evidence the risks around this had been suitably considered and mitigated.

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

The practice ensured the facilities were maintained in accordance with regulations. All equipment at the practice, with the exception of the immersion heater, was maintained and serviced according to manufacturers' instructions.

A fire risk assessment was carried out in line with the legal requirements. The oversight of most of the fire safety equipment was undertaken by the building management company. Records were available to show the routine testing of the fire safety equipment was carried out; we were not able to see that the emergency lighting was serviced, though it was tested recently and found to be functional.

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

Are services safe?

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. Improvements could be made to the protocols for the management of dental sharps to ensure up-to-date contact details are available in the event of an incident and that all staff are aware of the protocol. We also discussed the benefit of undertaking sepsis awareness training for staff.

Emergency equipment and medicines were available and checked in accordance with national guidance

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support (BLS) every year. We discussed the importance of ensuring all members of the team had BLS training.

The practice had safety data sheets available to minimise the risk that could be caused from substances that are hazardous to health. Improvements could be made to ensure individual risk assessments were available and organised in a way so as to make it easily accessible in the event of an incident.

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. We discussed a monitoring protocol could be introduced to ensure referrals were reviewed frequently and patients seen in a timely manner.

Safe and appropriate use of medicines

Systems were in place to ensure NHS prescription pads were stored securely; however, improvements could be made to the monitoring protocols to ensure all prescriptions could be accounted for as described in current guidance.

Antimicrobial prescribing audits were carried out.

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.

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 radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation.

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 caring?

Our findings

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

Kindness, respect and compassion

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

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

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.

The dentist described to us the methods they used to help patients understand treatment options discussed.

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

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

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice had an appointment system to respond to patients' needs.

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.

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.

Systems and processes were embedded, and staff worked together. In the areas where improvements could be made the provider assured us plans would be put in place to rectify these.

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.

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Some staff at the practice were long-standing members of the team and had been at the practice in excess of 15 years. They told us they enjoyed working at the practice and were like a family.

Staff discussed their training needs during appraisals. 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 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.

On the whole we saw there were processes for managing risks, issues and performance. The inspection highlighted some additional areas where improvements could be made in relation to the adherence to established protocols, recruitment and oversight of referrals.

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

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

The practice 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 practice had systems and processes for learning, continuous improvement and innovation.

Are services well-led?

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

The practice had carried out an infection prevention and control audit - most recently in September 2022, and we discussed with the provider the importance of ensuring these were undertaken every six months in accordance with published guidance.

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