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Rothley Lodge Dental Surgery

Inspection report

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Overall summary

We carried out this announced focused inspection on 30 June 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 usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- 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 was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- 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.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.

Summary of findings

- The dental clinic had information governance arrangements.
- The provider had staff recruitment procedures which reflected current legislation. However, improvements were needed to ensure important checks were carried out at the time of recruitment.
- The practice had some systems to help them manage risk to patients and staff. However, improvements could be made in relation to the ongoing fire monitoring protocols.
- Improvements were needed to ensure all equipment was serviced and maintained in accordance with manufacturer's guidelines.

Background

Rothley Lodge Dental Surgery is in Staines-upon-Thames and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. The practice is located close to local transport routes and car parking spaces are available at the practice and in surrounding roads. The practice has made some adjustments to support patients with additional needs, for example the availability of ramps to access the surgery.

The dental team includes 11 dentists, including three specialists/special interest dentists, four dental nurses, four trainee dental nurses, five dental hygienists, four receptionists and a practice manager. The practice has seven treatment rooms.

During the inspection we spoke with three dentists, two dental nurses, one trainee dental nurse and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 8.00 am to 6.00 pm

Friday from 8.00 am to 4.30 pm

Saturday by Appointment only

The practice had taken steps to improve environmental sustainability. They have introduced recyclable and more sustainable materials for example, paper cups for patients and offer bamboo based dental brushes instead of plastic alternatives. Re-usable equipment is used instead of single-use plastic items wherever possible and additional protocols are in place to ensure the safety of these items. They have a recycling service available to patients for plastic toothpaste tubes and retainers. The practice also has a designated sustainability lead who supports the team by continually looking into new ways to improve sustainability.

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

- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular, ensuring all suction motors, the intra-oral X-ray units and the emergency lighting are serviced and maintained according to manufacturer's guidance. In addition, ensure assessments of the gas safety and fixed-wiring are undertaken at the required intervals.

Summary of findings

- Improve the practice's recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice. Also take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Take action to ensure, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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

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.

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. We looked at four staff recruitment records. Enhanced Disclosure and Barring Services (DBS) checks had not been undertaken at the time of recruitment for one member of staff. DBS checks for another three members of staff had been undertaken between five and 13 months prior to employment. In addition, a standard DBS check, instead of an enhanced level check for one other clinical member of staff had been carried out. There was no evidence the risks around these had been considered.

Records were not available to show that satisfactory evidence of conduct in previous employment had been sought for three members of staff.

Improvements could be made to the systems to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. We noted complete vaccination records had not been obtained for two members of staff. Records to show the effectiveness of the vaccination were not available for the same staff members.

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

The practice ensured most equipment was safe to use and maintained and serviced according to manufacturers' instructions, with the exception of the suction motors. Immediately after the inspection we were sent records to demonstrate that two of the seven suction motors had been serviced and maintained as required. The provider assured us the servicing of the other units would be undertaken as soon as possible.

Improvements were needed to the systems for ensuring important assessments of gas and electrical installations were carried out at the required intervals. We noted the boiler had been serviced in February 2022, however the last annual gas safety assessment was carried out in November 2017. We were sent evidence that this was being carried out the day after the inspection.

We also noted a five-year electrical fixed-wiring assessment had not been carried out since 2015 when the installation was deemed unsatisfactory. We saw evidence the necessary remedial work had been undertaken in March 2018. Since the inspection we received confirmation a new fixed-wiring assessment had been undertaken, with a certification of satisfactory.

Are services safe?

An internal fire risk assessment was carried out in February 2022 in line with the legal requirements; however, we discussed further consideration should be made to the fire escape protocols in place for the top floor office. We noted there was no evidence that the emergency lighting was serviced and maintained. The practice manager told us fire safety was discussed regularly at team meetings; however, improvements could be made to ensure fire drills were carried out regularly. Records were also not available to demonstrate that all staff undertook training in relation to fire safety.

The practice had some arrangements to ensure the safety of the X-ray equipment. Improvements were needed to the system to ensure the X-ray equipment was serviced and maintained in accordance with the manufacturer's instructions. We noted the last time this had been last carried out was in November 2020. We saw the required radiation protection information was available with the exception of a current Health and Safety Executive registration certificate. This was updated and sent to us immediately after the inspection.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety; this included sharps safety. Some improvements could be made to the systems to ensure important risk management protocols are carried out at the required intervals.

Emergency equipment and medicines were available and checked in accordance with national guidance. We discussed the benefits of having an additional supply of oxygen when carrying out treatment under conscious sedation. The provider confirmed this would be arranged.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training for staff providing treatment to patients under sedation was also completed.

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 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.

Safe and appropriate use of medicines

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

Track record on safety, and lessons learned and improvements

The practice had some systems for reviewing and investigating incidents and accidents. We looked at the records available and found limited evidence that an accident or incident was reviewed to use it as an opportunity for shared learning. We were told action had been taken following incidents, but we could not be assured this was part of a consistent approach.

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.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

We saw the provision of dental implants 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.

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 following current guidance and legislation. Improvements could be made to the auditing protocol to ensure, where appropriate, action plans were created to drive improvement.

Effective staffing

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

We were told newly appointed staff had a structured induction; however, records were not available for the provider to assure themselves that this process had been completed satisfactorily. 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.

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.

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

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

The practice had introduced systems 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.

Some improvements could be made to the processes for managing risks to ensure they were effective; for example, in areas such as managing incidents and accidents, the servicing and maintenance of equipment and fire safety.

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. We saw feedback gathered from patient surveys from June 2022. This demonstrated that 100% of patients who participated in the survey would recommend the practice to others.

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.

The practice 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.

Are services well-led?

We discussed improvements that could be made to the auditing protocols to ensure outcomes were noted and any action plans were created to drive further improvement.