

# Newborough Dental Surgery Limited

# One Dental

## Inspection report

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## Overall summary

We carried out this announced focused inspection on 14 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 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 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 practice appeared to be visibly clean and well-maintained.
- Infection control procedures reflected published guidance.
- The practice had systems to help them manage risk to patients and staff.
- The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff recruitment procedures reflected current legislation.
- 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.
- Complaints were dealt with positively and efficiently.

# Summary of findings

## Background

One Dental provides private dental care and treatment for adults and children. The team includes two dentists, two dental nurses, a practice manager, and a director. The practice has two treatment rooms.

There is level access to the practice for people who use wheelchairs and those with pushchairs, but no accessible toilet. Car parking spaces are available just outside the practice.

During the inspection we spoke with the practice manager, the clinical lead, a nurse and one of the directors. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Mondays to Fridays from 9am to 5.30pm, and on Saturdays from 9.30 am to 2pm.

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

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records. This includes undertaking basic periodontal examinations for children aged 7 years and above and following the recommended periodontal pathways.
- Take action to ensure that anti-biotics are prescribed to patients in line with National Institute of Health and Care Excellence (NICE) guidelines.

# 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 provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The provider had infection control procedures which reflected published guidance, although we noted one staff member was less confident and sure of the decontamination process than the other. Following our inspection, we were sent evidence that they had updated their decontamination training that day and had booked in a training session with the practice's infection control lead to go through the process.

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.

We noted good level of cleanliness and hygiene throughout the premises. The decontamination room was very small, which compromised the flow from dirty to clean areas. However, plans were in place to refurbish the practice and a new larger decontamination would be built.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

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 including fire, electrical and gas appliances.

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.

Emergency equipment and medicines were available and regularly checked as described in recognised guidance. One missing piece of equipment was ordered on the day of our visit.

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 completed assessments to minimise the risk that could be caused from substances that were 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.

# Are services safe?

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 and prescription pads. However, we noted that the dentist was not prescribing anti-biotics in accordance with the National Institute of Health and Care Excellence (NICE) recommended guidelines. Stock control records of medicines held in the practice were confusing.

## **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 national safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental professionals up to date with current evidence-based practice.

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

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

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

Staff were aware of and involved with national oral health campaigns and schemes which supported patients to live healthier lives. They actively promoted mouth cancer awareness to patients.

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

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

Staff understood their responsibilities under the Mental Capacity Act 2005.

### **Monitoring care and treatment**

The practice kept detailed dental care records in line with recognised guidance. However, we noted that the dentist was not undertaking basic periodontal examinations for children aged seven years and did not always follow the recommended periodontal pathway.

Staff conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia.

We saw evidence the dentists justified, graded and reported on the radiographs they took. Radiography audits were completed twice a year 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 dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. Patient referrals were monitored to ensure they were dealt with 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**

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

There were effective processes to develop staff leadership, capacity and skills. Staff within the practice had lead roles to help with the management of the service.

The practice manager was responsible for the day to day running of the service and the evidence presented during the inspection process was comprehensive, clear and well documented. Minor shortfalls we identified during our pre-inspection telephone call and during the visit itself were addressed immediately, assuring us that our concerns were taken seriously and demonstrating staff's commitment to improve the service.

### **Culture**

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

Staff stated they felt respected, supported and valued, citing good communication systems and teamwork as the reasons. It was clear they enjoyed their jobs and were committed to providing a good service to patients.

Staff discussed their training needs at an annual appraisal and one to one meetings. All had personal development plans in place.

### **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 by the practice manager. We viewed staff meeting minutes where a different policy was discussed each time to ensure staff's knowledge was kept up to date.

The practice used an on-line governance tool to help with the management of the service.

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service.

### **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.

Patients' views were actively sought and used to help improve the service. We viewed about 30 patient surveys which indicated high levels of patient satisfaction. On-line reviews were actively monitored, we noted the practice had achieved five stars out of five based on 106 reviews.

### **Continuous improvement and innovation**

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

# Are services well-led?

Staff training was encouraged, and the provider paid for staff's membership to an accredited on-line training provider.