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Newmarket Dental Surgery

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 8 March 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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 appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Not all appropriate medicines and life-saving equipment were available and staff training for medical emergencies was overdue.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children, however some training was overdue for 2 staff members.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.

Summary of findings

- Staff felt involved, 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 provider has some systems in place to help them manage risks to patients and staff. We found shortfalls in appropriately assessing and mitigating risks in relation to legionella, staff recruitment and medicines management.

Background

Newmarket Dental Surgery is in Newmarket and provides NHS and private dental care and treatment for adults and children. Orthodontic services are also offered. It is co-owned by the 2 principal dentists.

The building is grade II listed and the practice is accessed via a flight of stairs down from street level. There is no access for wheelchairs.

The dental team includes 2 dentists, 1 orthodontist, 4 dental nurses, 2 dental hygienists, 1 practice manager and 2 receptionists. The practice has 3 treatment rooms.

During the inspection we spoke with 2 dentists, 1 orthodontist, 3 dental nurses, 2 receptionists and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open from 8.45am to 1pm and 2pm to 5pm on Mondays to Thursdays and from 8.45am to 1pm and 2pm to 4pm on Fridays.

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

- Take action to ensure the availability of medicines in the practice and ensure staff have received training to manage medical emergencies, taking into account the guidelines issued by the British National Formulary and the General Dental Council.
- Take action to ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.
- Improve the security of NHS and private prescriptions in the practice and ensure there are systems in place to track and monitor their use, as well as the improving the safe management of medicines held in the service.
- Improve the management of legionella and investigate any abnormal findings as a result of regular checks.

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 in place and staff knew their responsibilities for safeguarding vulnerable adults and children. However, the principal dentists had not completed any child safeguarding training in the last 3 years.

The practice had infection control procedures which reflected published guidance.

The practice had procedures in place to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. However, we saw that the monthly water temperature checks, had identified that the temperature was below the recommended level for 2 months consecutively. This had not been highlighted as needing investigation and no action had been taken to address it. It was unclear if the water temperature the following month was in the normal range.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. However, we saw that the practice did not have evidence of a Disclosure and Barring Service (DBS) certificate for one staff member and no risk assessment had been completed. The provider was not following their own policy regarding DBS checks.

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

The practice ensured some equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. However, the fixed wiring had last been checked in March 2012 and the compressor's service was overdue.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective. However, the last fire drill was carried out in May 2021.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness.

Not all emergency equipment and medicines were available. These had been checked in accordance with national guidance on a regular basis. However, this was not wholly effective as we found some essential medicines were not included in the emergency medicines kit (repeat dose of midazolam and paediatric dose of adrenaline) yet had been marked as being present on the practice's checklist (paediatric dose of adrenaline). Additionally, we found that clear face masks sizes 1,2 and 4 and adult and paediatric ambubags contained no expiry dates. The practice did not have any paediatric pads for the defibrillator.

Staff had completed online training in medical emergencies. However, the practice was overdue for emergency resuscitation and basic life support training. The practice told us that this would be scheduled in the near future.

Are services safe?

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

Patient care records were complete, legible, 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 did not have systems in place for the appropriate and safe handling of medicines. We found that both NHS and private prescriptions were not being adequately logged to ensure none were unaccounted for. The practice stocked medicines to dispense to private patients, yet there were no stock control measures in place. Labels for these medicines were not pre-printed with essential information. An antimicrobial prescribing audit had recently been carried out by one dentist.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate 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 in place to keep dental professionals up to date with current evidence-based practice. We saw the dentist assessed patients' needs and delivered care and treatment.

The orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

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. They 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

Generally, the practice kept detailed patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists mostly justified, graded and reported on the radiographs they took. However, the practice did not carry out radiography audits on a six-monthly basis following current guidance.

Effective staffing

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

Newly appointed staff had a structured, yet slightly limited 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.

The practice was a referral clinic for orthodontics, and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

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.

On the day of inspection, we spoke with 2 patients. Both patients told us they were treated with kindness and respect and were very happy with the service they had received.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

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 did not store paper records securely, as they were kept in the X-ray room which was not locked and was easily accessible.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The dentists explained the methods they used to help patients understand their treatment options. These included for example study models, X-ray images and they also referred patients to online information and gave out paper leaflets.

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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

Staff had carried out a disability access audit.

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. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

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

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes 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 principal dentists had joint overall responsibility for the management and running of the practice and were supported by the practice manager.

The provider did not demonstrate a consistently transparent and open culture in relation to people's safety, as some equipment for example the compressor, had not been maintained as per guidelines.

Culture

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

Staff did not have regular annual appraisals, but regular practice meetings and huddles were held and documented which included discussing any learning needs and general wellbeing.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff. However, these were not always reviewed on a regular basis.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of protecting patients' personal information.

Engagement with patients, the public, staff and external partners

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

Feedback from staff was obtained through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service.

Continuous improvement and innovation

The practice had some systems and processes in place for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.