

## Orgreave Dental Surgery

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### Inspection report

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## Overall summary

We carried out this announced comprehensive inspection on 30 November 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 asked the following 5 questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- 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 were available. Except for 1 item all emergency equipment was in place.
- The practice had some systems to help them manage risk to patients and staff. Safer sharps risk management and prescription security protocols could be improved.

# Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Systems for monitoring equipment and facilities to ensure they are well maintained could be improved.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Improvements could be made to the level of detail recorded in patient care records.
- 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.
- The practice arrangements for effective leadership, oversight and governance could be improved.
- Quality assurance systems could be improved.
- 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.

## Background

Orgreave Dental Practice is in Handsworth, Sheffield and provides NHS and private dental care and treatment for adults and children.

There is step access into the practice, people who use wheelchairs and those with pushchairs are assisted into the practice by available staff. Car parking spaces are available near the practice on local side roads.

The dental team includes 2 dentists and 2 dental nurses. The practice is currently using a dental nurse agency to manage staffing gaps. The practice has 2 treatment rooms.

During the inspection we spoke with both dentists, 1 dental nurse and 2 agency dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday from 9am to 5pm

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

- Improve the security of NHS prescription pads in the practice.
- Review the practice's systems for checking and monitoring equipment and facilities taking into account relevant guidance and ensure they are well maintained. In particular: documentation to support the bunson burner gas supply maintenance records and the electrical installation condition report.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Take action to ensure audits of radiography, antimicrobial prescribing and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, 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 always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</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)**

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 infection prevention and control audit was not completed six-monthly in line with published guidance and had no action plan for learning and improvement.

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 and had checks in place for agency and locum staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions.

Except for maintenance records being available for the bunson burner gas supply and the electrical installation condition report, the practice ensured the facilities were maintained in accordance with regulations. The provider confirmed the missing records were being obtained.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

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

Safer sharps systems were operating effectively. Staff handled and disposed of sharps items in accordance with current regulations, however, there was no sharps risk assessment in place. The provider assured us this had been done but could not locate the risk assessment during the visit.

Emergency medicines were available and checked in accordance with national guidance. Except for 1 child size face mask and an out of date first aid kit, all other medical emergency equipment was in place. The provider sent evidence to confirm these items had been ordered immediately after the inspection.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

# 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 we saw were 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. Prescription pads were kept securely with a log in place to monitor and track their use. However, individual prescriptions were pre-stamped with practice information, this procedure is not in line with published guidance.

Antimicrobial prescribing audits were not 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 could improve the level of detail being recorded in dental care records in line with recognised guidance. For example: Ensure discussion with patients of risk, options and benefits to treatment are recorded.

Dental care record audits had not been completed since August 2021.

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 inconsistent evidence the dentists justified, graded and reported on the radiographs they took. The annual radiography audit had no action plan for learning and improvement and was not completed six-monthly in line with published guidance.

### **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.

On the day of inspection, we spoke with 2 patients. Patients said staff were compassionate and understanding. Patients told us staff were kind and helpful 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 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 practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models and X-ray images.

# 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.

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.

Staffing shortages at the practice and a reliance on agency staff was preventing systems and processes becoming fully embedded. The team available on the inspection day worked hard to assist the provider with the inspection and in such a way that the inspection did not highlight any major issues or omissions. A selection of documents not found on the inspection day were sent to us to confirm these were in place prior to our visit.

### **Culture**

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

Staff we spoke with stated they felt respected, supported and valued.

We saw staff discussed their training needs during annual 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 knew their responsibilities to support good governance and management. Improvements could be made the practice's arrangements for ensuring good governance and leadership are sustained in the longer term.

Systems and processes were in place for managing risks, issues and performance, however, due to the current staffing arrangements, these were yet to be fully embedded.

### **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 and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

The practice was also a member of a good practice certification scheme.

### **Continuous improvement and innovation**

The practice had quality assurance processes. These included audits of disability access, radiographs and infection prevention and control. Improvements could be made to ensure audits were completed in line with published guidance and audit action plans were included to encourage learning and improvement.