

Supernumerary Limited

Horsham Gentle Dental

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 17 November 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.
- 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.
- The practice had systems to help them manage risk to patients and staff.

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.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- 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.

Background

The provider has 8 practices and this report is about Horsham Gentle Dental.

Horsham Gentle Dental is in Horsham and provides private dental care and treatment for adults and children.

The practice is situated over two floors requiring stair access. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has investigated the possibility of obtaining a lift but due to the building's listed status this is not possible. New patients are notified of access to the practice upon first contact.

The dental team includes 8 dentists, 9 trainee dental nurses, 1 qualified lead nurse and a practice manager. The practice has 7 treatment rooms.

During the inspection we spoke with 2 dentists, 2 trainee dental nurses, the lead 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 Friday from 8.00am to 6.00pm.

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

- Implement practice protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.
- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Improve the practice's protocols for medicines management and ensure all medicines are stored and dispensed of safely and securely.
- 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. We noted that the contact details for the local safeguarding hub required updating as did the practice safeguarding policy.

The practice had infection control procedures which reflected published guidance. We noted that the practice was due to complete daily temperature checks of the fridge which stored the medical Glucagon; and implement a log of the weekly changes of brushes and gloves in line with current guidance. They were also due to review weekly testing of the autoclaves and ensure that records were kept of any tests carried out. 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 saw that improvements were required to the systems in place with regards obtaining documentation of suitable Hepatitis B immunisation. Following the inspection, we were sent evidence that, where applicable, staff had a suitable risk assessment in place if their Hepatitis B status was unknown. Further documentation had been obtained to demonstrate immunisation against Hepatitis B for applicable staff.

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. The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective. We saw that there were several actions required as a result of the fire risk assessment carried out in October 2022. We saw plans in place to ensure all necessary actions were completed within the designated time frame.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Following the inspection, the local rules were updated to correctly reflect the appropriate details.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working. However, improvements were required in some areas. For example, the sharps risk assessment needed updating to reflect all sharps usage in the practice and the practice were due to review sepsis at a staff meeting to enhance staff knowledge and awareness.

Emergency equipment and medicines were available and checked in accordance with national guidance. Following the inspection the practice reviewed their arrangements with regards to oxygen and risk assess the need for the practice to have a second cylinder due to the number of dental surgeries. We received evidence that this had been obtained.

Are services safe?

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

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. We noted that whilst treatment plans were documented these were not always given to patients. The practice told us they would review this.

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. However, we saw that antibiotics were not labelled with the practice name and address. Following the inspection this was amended. Antimicrobial prescribing audits were carried out. Improvements were underway to ensure that findings were summarised and reported on for the purpose of identifying any action plans where applicable.

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.

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. Oral health products were available to purchase, and the practice gave out information leaflets where appropriate to support patients with their 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. We saw that improvements were underway to ensure that there was evidence of patients having received their treatment plans.

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. We found that evidence of continuing professional development training was not available for some staff. Following the inspection this was sent to us along with a training tracker to monitor staff training on an ongoing basis.

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. Improvements were underway to ensure that referrals were logged for the purpose of monitoring and tracking.

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.

The practice had installed closed-circuit television, to improve security for patients and staff. Relevant policies and protocols were in place.

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 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, videos 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.

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

Systems and processes were embedded, and staff worked together, motivated to provide individualised care and to strive to improve.

The information and evidence presented during the inspection process was clear and well documented with minor improvements underway to further enhance clarity. Following the inspection, we were sent evidence of improvements with Hepatitis B documentation, recruitment checks and risk assessments.

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 six-monthly appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

Improvements were required to ensure 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. Improvements were underway to ensure these were always reflective of the practice and reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

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 and improvements were underway to ensure that feedback was collated and reviewed.

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.

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?

Staff kept records of the results of these audits and the resulting action plans and improvements. Improvements were underway to ensure that the records audit made reference to treatment plans being given to patients. The infection control audit was overdue. We were told that this would be carried out at the earliest opportunity and completed six-monthly following national guidance.