

Mr. Julian Allen

# Abbey End Dental Practice

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 13 July 2021 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.

As part of this inspection we 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:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services well-led?**

We found this practice was providing well-led care in accordance with the relevant regulations.

# Summary of findings

## Background

Abbey End Dental Practice is in Kenilworth, Warwickshire 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. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes six dentists, ten dental nurses, one decontamination nurse, two dental hygienists, three receptionists, one deputy practice manager and two practice managers. The practice has seven treatment rooms.

The practice is owned by an individual who is one of the principal dentists there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with four dentists, three dental nurses, one decontamination nurse, one dental hygienist and the deputy 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 9am to 5pm.

## Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. However, defibrillator pads had expired and were on backorder and one medicine was stored outside of refrigeration and the expiry date had not been adjusted to reflect this. These shortfalls were rectified following the inspection.
- The provider had some systems to help them manage risk to patients and staff. We found shortfalls in appropriately assessing and mitigating risks in relation to electrical wiring testing, radiography and air conditioning unit servicing. These shortfalls were rectified within following the inspection.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment policies which reflected current legislation. We found that the policy was not always followed as staff records we reviewed did not all have two references, photographic identification and hepatitis B immunity status retained. These shortfalls were rectified following the inspection.
- The clinical staff provided patients' care and treatment in line with current guidelines.

# Summary of findings

- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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

- Review the practice's systems for checking and monitoring premises maintenance taking into account relevant guidance and ensure that all services are well maintained. In particular ensuring that five-year fixed electrical wire testing and air conditioning unit servicing are completed within relevant timeframes.
- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice. In particular ensuring two references, photographic identification and hepatitis B immunity levels are sought for newly recruited staff.
- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular, ensuring use of rectangular collimation when undertaking intraoral radiography to keep exposure dosage as low as reasonably practicable.

# 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)**

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The provider ensured all staff had received safeguarding training and organised in house safeguarding training with an external training provider. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Contact details for local authority safeguarding teams were regularly reviewed and displayed on a staff noticeboard.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records. The electronic dental care record template had been adapted to include a 'was not brought' flag to identify children that were not brought to dental appointments.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately. We found inconsistencies with instrument stock control. For example, some sterile instrument pouches were dated with the expiry date whilst others were dated with the date of sterilisation. We discussed this with the deputy practice manager who advised they would ensure all staff followed the same process. Staff meeting minutes demonstrated that a discussion was held, and staff were reminded to stamp the sterile instruments with the day of sterilisation.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which had been completed in November 2019. There were no recommendations in the assessment that needed to be actioned. Records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

The infection control lead carried out infection prevention and control audits twice a year. The latest audit completed in June 2021 showed the practice was meeting the required standards.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

# Are services safe?

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation although we found that the policy was not followed. We looked at four staff recruitment records. Photographic identification (ID) was not retained on any staff files and two of the staff files we looked at (for staff recruited in the last three years) did not contain two references in accordance with the practice policy. The provider requested and placed photographic ID on personnel files following the inspection. Confirmation that the references had been requested and were held electronically was sent to us following the inspection.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

We found that facilities and equipment were not all maintained according to recognised guidance and manufacturer's instructions. For example, five yearly electrical fixed wire testing had not been completed, an air conditioning unit had not been serviced at recommended intervals (this was last serviced in 2019) and annual visual checks on portable appliances had not been undertaken. Following the inspection, the provider sent evidence to show that the five yearly electrical fixed wire test had been scheduled, the air conditioning unit service had been scheduled for the 23 July and the annual visual checks on portable appliances had been completed. The provider had a new gas boiler installed in March 2021 and was awaiting receipt of the gas safety certificate following the installation.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

Clinical staff completed continuing professional development in respect of dental radiography. The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We found that four of the X-ray units we looked at were not fitted with rectangular collimators to reduce the dose and scatter of radiation. The practice had four collimators and ordered a further two to ensure each surgery had a rectangular collimator following the inspection.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

## **Risks to patients**

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. We found one sharps bin in the practice that had been in use for over three months. This was discussed with the principal dentist during the inspection and the sharps bin was appropriately disposed of and replaced.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus. However, two files we reviewed identified that whilst staff had received the Hepatitis B vaccines there were no details to show the effectiveness of the vaccination to ensure that staff had appropriate levels of immunity. We were also unable to view vaccination and immunity levels for two other staff members. The deputy practice manager emailed copies of the immunity levels for three of the staff members and evidence of blood tests and risk assessment for the fourth staff member following the inspection.

# Are services safe?

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This ensured staff triaged appointments effectively to manage patients who presented with a dental infection and where necessary referred patients for specialist care.

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

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. However, the defibrillator pads had expired, replacement pads had been ordered and were on backorder with the supplier. One medicine had been stored outside of refrigeration however the shelf life had not been adjusted in line with published guidance. Following the inspection we were sent evidence that the new defibrillator pads had been received and the medicine had been replaced.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

## **Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were written or typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

## **Safe and appropriate use of medicines**

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out annually. The most recent audit completed in July 2021 indicated the dentists were following current guidelines.

## **Track record on safety, and lessons learned and improvements**

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been one safety incident. This had been investigated, documented and discussed with the rest of the dental practice team to prevent such an occurrence happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

# 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 clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

One of the principal dentists had a special interest in orthodontics. They carried out a patient assessment in line with recognised guidance from the British Orthodontic Society. An Index of Orthodontic Treatment Need was recorded which would be used to determine whether a patient was eligible for NHS orthodontic treatment. The patient's oral hygiene was also assessed to determine if the patient was suitable for orthodontic treatment.

Staff had access to digital X-rays to enhance the delivery of care.

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

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

Prior to the pandemic, oral health educator trained nurses visited local nursery schools, primary schools and youth groups to provide oral hygiene advice and guidance. These initiatives had been paused due to the pandemic.

The dental hygienist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

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

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.



# Are services effective?

(for example, treatment is effective)

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. The practice had supported staff members to complete extended duties training including radiography and oral hygiene instruction. At the time of our inspection two staff members had been placed on a waiting list to complete a radiography course.

Staff new to the practice received a structured induction programme. We confirmed clinical staff completed the 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.

Staff monitored referrals through an electronic referral and tracking system to ensure they were responded to promptly.

# 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**

There was a clear management structure in place for the practice which included two principal dentists, two managers, a deputy manager and a lead nurse. On the day of our inspection two of the managers were not in the practice and therefore the deputy manager was covering their responsibilities in addition to their own tasks.

The principal dentists were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Following our visit, we noted that the provider was responsive and took immediate action to rectify many of the shortfalls we identified. This assured us they took our concerns seriously however; they need to ensure that these improvements are embedded and sustained in the long term.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

### **Culture**

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

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

Staff discussed their training needs at an annual appraisal and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

### **Governance and management**

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

The principal dentists had overall responsibility for the management and clinical leadership of the practice. The practice managers and deputy manager were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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.

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

# Are services well-led?

## **Appropriate and accurate information**

Staff acted on appropriate and accurate information. Quality and operational information, for example NHS performance information, surveys and audits were used to ensure and improve performance.

The provider 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 involved patients, the public, staff and external partners to support the service. For example, the provider used patient surveys and encouraged verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients that the practice was in the process of acting on. For example, patients had advised the management team that it was difficult to get through to the practice by telephone on Mondays. The deputy manager advised that the management team were working towards a resolution to this feedback.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider 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 provider had systems and processes for learning, continuous improvement and innovation.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

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

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.

The principal dentists showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, extended duty dental nurse qualifications including radiography and oral hygiene instruction were funded for staff. External training companies were sourced to provide in house training in safeguarding and basic life support.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.