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Stafford Dental Surgery

Inspection report

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Overall summary

We undertook a follow up inspection of Stafford Dental Surgery on 1 December 2023. This inspection was carried out to review the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Stafford Dental Surgery on 21 September 2023 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe or well-led care and was in breach of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can read our report of that inspection by selecting the 'all reports' link for Stafford Dental Surgery on our website www.cqc.org.uk.

When 1 or more of the 5 questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was required. In addition to reviewing the improvements made since our last inspection in relation to the practice providing safe and well-led care, we also inspected the practice to ensure they were providing effective, caring and responsive care, which had not been assessed at the previous inspection.

As part of this inspection we asked:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Our findings were:

Summary of findings

- 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.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Are services safe?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 21 September 2023.

Are services well-led?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 21 September 2023.

Background

Stafford Dental Surgery is part of Riverdale, a dental group provider. The practice is in Stafford and provides NHS and private dental care and treatment for adults and children.

The practice is accessible for people who use wheelchairs and those with pushchairs. The practice is located close to local transport routes and car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 6 dentists, 5 dental nurses (1 of whom is the trainee), 1 dental hygienist, 1 practice manager and 2 receptionists. The practice has 6 treatment rooms.

During the inspection we spoke with 1 dentist, 2 dental nurses, 2 receptionists, the practice manager and a practice manager from a sister practice. The group compliance lead was also at the practice. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 8:30am to 5:30pm

Saturday from 9am to 3pm

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

Summary of findings

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded. Improve audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry. The practice should also ensure that audits are undertaken in accordance with current guidelines; for example, in relation to the radiograph (X-ray) audit and, where appropriate, have documented learning points and the resulting improvements can be demonstrated.
- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular ensuring newly introduced protocols are fully embedded. For example, in relation to medical emergency medicines, legionella, waste management and environmental cleaning.

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 that this practice was providing safe care and was complying with the relevant regulations.

At the inspection on 1 December 2023 we found the practice had made the following improvements to comply with the regulation:

- Appropriate medical emergency equipment and medicines were in place in accordance with current requirements.
- The decontamination of used dental instruments was in accordance with the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices and having regard to The Health and Social Care Act 2008; 'Code of Practice about the prevention and control of infections and related guidance'.
- Protocols had been introduced to manage the risks to patients and staff from dental sharps. In addition, the practice had removed all products containing latex as a means of managing the risk to patients at the practice.
- The practice had repaired the unsafe electrical wiring and outlets seen at the last inspection.
- Systems were in place to ensure out of date materials were disposed of appropriately.
- The loose handrail on the stairs had been repaired and no longer posed a risk to patients and staff.
- Systems to ensure the clinical waste was segregated and stored in accordance with HTM07-01 had been introduced; however, these systems need to be embedded further as we found one of the bins was not secure and the other was not locked.
- Records were available to demonstrate all clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus.

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.

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.

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

The practice kept detailed patient care records in line with recognised guidance. We looked at 10 dental care records. Improvements were needed to ensure important information such as treatment options, consent and the use of airway protection were consistently recorded, as well as evidence of adherence to the current British Society of Periodontology (BSP) guidelines.

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.

Improvements were needed to ensure the dentists consistently justified, graded and reported on the radiographs they took. The practice carried out radiography audits; however, these were not in accordance with current guidance and contained limited reflective outcomes or action plans to drive improvement.

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.

The practice gathered patient views, we were told that feedback was reviewed and where suggestions had been made, appropriate action would be taken.

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. We saw that historic paper records were no longer accessible to unauthorised persons.

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 practice's website provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options, for example 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 and preferences.

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

The practice had made reasonable adjustments, including a hearing induction loop, downstairs surgery, wheelchair accessible toilet, and information available in large fonts, for patients with additional needs. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website and social media page.

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.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and 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 that this practice was providing well-led care and was complying with the relevant regulations.

At the inspection on 1 December 2023 we found the practice had made significant improvements to comply with the regulations:

- Hazards identified at the previous inspection had been addressed. Systems for the oversight and management of risks had been improved. Further improvements should still be made to ensure the newly introduced protocols were fully embedded.
- Action had been taken to address specific risks identified in risks assessments. For example, in relation to fire safety, legionella and health and safety.
- We noted protocols were in place to monitor water temperatures as part of the management of Legionella. The records available identified some temperatures were outside the recommended parameters and it was apparent further staff training was required to ensure all checks are carried out correctly and escalated as required.
- Improvements had been made to the overall monitoring of the medical emergency medicines and equipment to ensure all items were available and in date. However, we noted protocols in place to ensure the medicine used to treat hypoglycaemia (low blood sugar) was stored within the appropriate temperature range were not yet fully embedded. On the day of the inspection, we noted the practice had recently relocated the medical emergency kit. We highlighted some challenges accessing the kit from its new location and the practice manager confirmed they would adjust the storage arrangements to ensure it was easily accessible in the event of an incident.
- Required remedial work highlighted in the electrical installation condition report had been carried out.
- Systems to ensure clinical waste was segregated and stored in accordance with the regulations had been improved; however, it was important to ensure newly introduced protocols were fully embedded.
- Systems to ensure materials were not available for use, beyond their expiry/use by dates had been improved.
- Prescriptions were stored securely, and a monitoring protocol had been introduced to ensure all prescriptions could be accounted for.
- The practice appeared visibly clean. The practice manager confirmed they had taken action to ensure cleaning equipment was stored in accordance with guidelines and cleaning schedules and an audit had been introduced. On the day we noted further improvements could still be made to ensure the newly introduced protocols were fully embedded.
- Systems had been introduced to ensure incidents and accidents were recorded, reviewed, and used as an opportunity for shared learning.
- Information relating to the storage and handling of hazardous substances was now accessible to staff.
- Infection prevention and control audits were being carried out and the practice manager assured us these would be undertaken according to recognised guidance. Radiology (X-rays) audits were not completed in accordance with current guidelines and did not contain a detailed action plan to drive improvement.
- Staff confirmed they could access important, accurate information and policies.
- The group's leadership structure had changed since our last inspection and the management team confirmed this would help to support the leadership and staff oversight and ensure ongoing compliance of the regulations.
- On the day of the inspection we noted, on the whole, staff followed guidance and practice protocols. Where further improvements could be made, the management team confirmed they would continue to support staff and offer training where needed.
- Historic dental care records were no longer accessible to unauthorised persons.
- Improvements had been made to information sharing protocols to ensure the practice manager had access to recruitment information.

Are services well-led?

- Systems had been introduced to ensure all clinical staff received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus.
- A monitoring system had been introduced to manage staff training and ensure this is undertaken at the required interval. The practice manager confirmed this was a work-in-progress and they had requested evidence of any missing training records from the team.
- Further improvements should still be made in relation to the auditing of antimicrobial prescribing and dental care records. We noted not all audits were an accurate reflection of our findings on the day and did not contain outcomes and action plans to drive improvement.