

## 23 Cosmetic Dental Clinic

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### Inspection report

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Date of inspection visit: 22 March 2023  
Date of publication: 27/04/2023

## Overall summary

We carried out this announced comprehensive inspection on 22 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 remotely 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. Some improvements could be made to ensure adherence to published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had some systems to help them manage risk to patients and staff. Improvements should be made to the system, to ensure the practice managers have oversight of any recommendations from the fire risk assessments. Stock control protocols were needed as part of the management of medicines.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

# Summary of findings

- The practice had staff recruitment procedures which reflected current legislation.
- 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.
- 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.
- There was effective leadership and a culture of continuous improvement.
- 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 practice had information governance arrangements.

## Background

The provider is part of a dental group, with multiple practices. This report is about 23 Cosmetic Dental Clinic.

The practice is in Morpeth 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 8 dentists, 10 dental nurses, 3 trainee dental nurses, 2 dental hygienists, 2 practice managers, 1 treatment coordinator and 1 receptionist. The practice has 5 treatment rooms.

During the inspection we spoke with 2 dental nurses, 1 trainee dental nurse, the practice managers and the dental group's area quality lead. As we did not speak to any dentists on the day of the inspection we carried out a remote conversation with 2 of the dentists after the inspection. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday, Wednesday and Friday from 7.50am to 5.50pm

Tuesday and Thursday from 7.50am to 7.50pm

Saturday from 9am to 4pm

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

- Improve the practice's infection control procedures and protocols taking into account 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'. In particular ensure staff adhere consistently to practice protocols.

# Summary of findings

- Improve the practice's protocols for medicines management and ensure all medicines are stored and dispensed of safely and securely. Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- 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.

<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, though improvements could be made to ensure the established protocols were consistently adhered to. For example, when processing dental instruments before sterilisation.

We could not be assured the air extraction in 1 of the decontamination areas was achieving the recommended air flow in line with the guidance.

We discussed with the practice managers the importance of ensuring all recommended routine testing of the equipment, used to sterilise dental instruments, was carried out as required; for example, the weekly air leakage and residual air tests. They confirmed they would review the protocols to ensure these met the requirements.

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 arrangements for monthly temperature monitoring to be carried out as part of the management of Legionella. We saw temperatures recorded in January and February 2023, were below those recommended and while the practice manager confirmed steps had been taken to address this, records had not been updated to reflect this.

The practice had policies and procedures in place to ensure clinical waste was segregated in line with guidance. On the day of the inspection we noted improvements could be made to the storage of the clinical waste to ensure it did not pose a risk to staff accessing the area. The practice managers confirmed the clinical waste was not stored in line with practice protocols and they would reinforce adherence of this with staff.

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, including for agency or 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, maintained and serviced according to manufacturers' instructions, with the exception of the implant motor. On the day of the inspection, the practice managers were unaware of any servicing requirements for this equipment. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in November 2022 in line with the legal requirements. We noted some recommendations had been made and a plan was in place to address these. We discussed the importance of ensuring the practice managers had oversight of the risk assessment to ensure any remedial actions could be addressed quickly. For example, the recommended removal of an item from a fire exit route could have been actioned immediately after the risk assessment, rather than on the day of the inspection.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT) equipment.

### **Risks to patients**

# Are services safe?

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.

Emergency equipment and medicines were available and checked in accordance with national guidance.

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**

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**

Improvements were needed to the system for the handling of medicines held on site. Robust stock control systems were not in place for medicines, to ensure they can be accounted for. The provider confirmed these would be introduced immediately after the inspection. We also discussed the importance of ensuring all relevant patient and practice information was recorded on any medication dispensed.

Improvements were also needed to the monitoring of NHS prescriptions. We noted in the recent prescription log, no information had been recorded for 3 prescriptions, and the practice managers were unable to tell us whether these prescriptions had been issued or destroyed.

## **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 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.

### **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.

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 justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current 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. Improvements were needed to the system to ensure staff monitored and followed up on referrals when required, to ensure all referrals were received and actioned in a timely manner.

# 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 saw patient feedback from February 2023. We saw patients commented that they had received a quick and efficient service, that every stage of the procedure was explained and done professionally and they had received a very thorough examination of their teeth.

### **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.

### **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 and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included for example 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 and preferences.

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

The practice had made reasonable adjustments for patients with additional needs, including a ground floor surgery and information available in large print. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients; for example, the practice managers confirmed an access ramp and a hearing induction loop had been ordered.

### **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 this practice was providing well-led care in accordance with the relevant regulations.

### **Leadership capacity and capability**

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

There was strong leadership with emphasis on peoples' safety and continually striving to improve.

Systems and processes overall were embedded and staff worked well together. Where improvements could be made, these were acted on promptly and the practice managers assured us plans would be put in place to rectify anything outstanding.

### **Culture**

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

Staff stated they felt respected, supported and valued. They discussed their training needs during annual appraisals and during clinical supervision. 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 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 and were reviewed on a regular basis.

Some improvements could be made to the processes for managing risks to ensure they were effective; for example in relation to medicines management and infection prevention and control.

### **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 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 and said these were listened to and acted on where appropriate.

### **Continuous improvement and innovation**

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of disability access, radiographs, antimicrobial prescribing. The infection prevention and control audit did not reflect our findings on the day. Improvements could be made to the audit of patient care records to ensure action plans were created, where applicable, to drive improvements.