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Spixworth Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 24 August 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 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 appeared to be visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Complaints were dealt with positively and efficiently
- Staff felt involved, supported and worked well as a team.

Summary of findings

- The practice had appropriate information governance arrangements in place.
- Staff and patients were asked for feedback about the services provided.
- Auditing systems were effective in driving improvement.

Background

Spixworth Dental Practice provides both NHS and private dental care for adults and children.

There is ramp access to the practice for people who use wheelchairs and those with pushchairs, and a fully accessible toilet.

The dental team includes four dentists, a practice manager, five dental nurses and two reception staff. The practice has two treatment rooms.

During the inspection we spoke with the practice manager, two dentists, two dental nurses and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Mondays to Fridays from 8am to 5pm.

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

- Take action to ensure that all staff are familiar and confident in using the AED and oxygen cylinder in the event of a medical emergency.
- 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 implement any recommendations in the practice's legionella risk assessment.
- Take action to ensure that five yearly fixed wire testing is undertaken.
- Implement a system to ensure that all staff receive regular appraisal of their performance.

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.

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 staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning was the least effective recognised cleaning method as it was the hardest to validate and carried an increased risk of an injury from a sharp instrument.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. However, we noted that some recommendations from the risk assessment had not been implemented, including several yearly checks.

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 premises were kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. Staff files we reviewed showed that appropriate pre-employment checks had been undertaken.

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, although we noted that five yearly fixed wire testing had not been undertaken.

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.

The practice followed relevant safety laws when using needles and other sharp dental items, and the dentists were using the safest types of sharps. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

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

Emergency equipment and medicines were available and checked in accordance with national guidance. Staff had completed training in emergency resuscitation and basic life support every year. The practice manager had recently introduced medical emergency simulations to help keep staff's knowledge and skills up to date. However, we noted not all staff were confident in using the automated external defibrillator and oxygen cylinder.

A fire risk assessment had been carried out in line with the legal requirements and the management of fire safety was satisfactory. The practice manager told us she would commission a new fire risk assessment to be undertaken by someone with specialist fire knowledge.

Are services safe?

The practice had 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 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. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating when things went wrong, and recorded incidents we viewed were detailed.

The practice had a system for receiving and acting on national patient 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 conscious sedation to patients 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. One dental nurse had undergone additional training in oral health instruction and told us how they implemented this learning into their role.

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.

Monitoring care and treatment

The practice kept dental care records in line with recognised guidance. However, we noted that patients' risk levels of oral cancer, caries and tooth wear had not always been recorded, along with patients' consent. Information about children's extra oral and intra oral checks was also missing. The dentist told us he wrote up his dental care records at lunchtime, and not contemporaneously, as recommended in nationally recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia and hearing impairments.

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

Although small, the practice had a well-established and loyal staff team and we found they had the skills, knowledge and experience to carry out their roles. Staff told us there were enough of them for the smooth running of the practice and they did not feel rushed in their work.

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 dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. There was a system in place to monitor and track referrals to ensure their timely management.

Are services caring?

Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

We viewed several surveys about the practice that had been completed by patients. Patients were positive about all aspects of the service and spoke highly of the treatment they received, and of the staff who delivered it.

Staff were clear about the importance of emotional support needed by patients when delivering care and gave us specific examples of where they had gone out of their way to support patients.

Privacy and dignity

Staff were aware of the importance of patient privacy and confidentiality. Although the reception area was not particularly private, reception staff told us some of the practical ways they tried to maintain patient privacy.

Patients' paper dental care records were stored securely in locked cabinets.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave them clear information to help them make informed choices about their treatment.

Staff described to us the methods they used to help patients understand treatment options discussed. These included the use of study models, X-ray images and treatment plans.

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 had made reasonable adjustments for patients with disabilities which included ramp access, a fully accessible toilet, a portable induction loop and access to reading glasses.

There was access to local translation services for patients who did not speak or understand English.

Timely access to services

The practice had caught up on all treatments outstanding from the Covid-19 pandemic.

At the time of our inspection, the practice was unable to take on any new patients. The practice was one of a very few NHS dental practices in the area, and as a result had a long waiting list of patients wanting to join.

Reception staff rang patients 24 hours before their appointment to remind them of it. Specific emergency slots were available each day for patients experiencing dental pain and reception staff told us they would always try and 'squeeze' patients in if needed.

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.

The principal dentist had overall responsibility for the clinical leadership and was well supported by the practice manager who took on responsibility for day to day running of the practice. The practice manager took immediate action to address some of the minor shortfalls we identified during our pre-inspection telephone call, demonstrating a commitment to improve the service.

The information and evidence presented during the inspection process was clear, well documented and reviewed regularly.

Culture

Staff stated they felt respected, supported and valued. They described a family like atmosphere in the practice and the principal dentist and practice manager as both 'fantastic'. Staff reported they were very understanding of their personal home commitments which impacted their work, and accommodated change if needed.

The practice had a duty of candour policy in place and staff were aware of their obligations under it. Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

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 and were reviewed on a regular basis.

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

The practice was a member of a nationally accredited quality assurance scheme.

Communication across the practice was structured around regular meetings, involving all staff. Staff told us the meetings provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them. Minutes we reviewed were comprehensive.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate.

Engagement with patients, the public, staff and external partners

The practice had its own patient survey which was used effectively to collect feedback about the service provided. Patients were also encouraged to complete the NHS Friends and Family Test.

Although staff told us they received good support and feedback, not all received a formal annual appraisal of their working practices.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation. The practice paid for staff's membership to an accredited training provider to help them keep their professional development up to date.

Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. There was strong culture of audit in the practice.