

Cromwell Place Dental Practice

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Inspection report

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Date of inspection visit: 7 February 2023
Date of publication: 24/02/2023

Overall summary

We carried out this announced comprehensive inspection on 7 February 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 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.
- Staff knew how to deal with medical emergencies and appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- 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.

Background

Cromwell Place Dental Practice provides NHS and private dental care and treatment for adults and children. In addition to general dentistry, the practice also offers dental implants.

The practice has made reasonable adjustments to support patients with access requirements including lift access and ground floor treatment rooms.

The dental team includes 7 dentists, 6 dental nurses, and administrative and reception staff. The practice has 5 treatment rooms.

The practice shares its premises with a GP surgery. The GP surgery is responsible for the management of fire risk for the site.

During the inspection we spoke with 4 dentists, 2 dental nurses, and the receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open Mondays to Fridays from 8.45am to 5pm.

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. Information about protection agencies and how to report concerns was on display around the practice, making it easily accessible.

The practice had infection control procedures which reflected 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.

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, which reflected the relevant legislation. Staff files we reviewed showed that, historically, the provider had not always obtained a recent Disclosure and Barring Services (DBS) check prior to employing a new member of staff, relying on previous DBS checks that had been undertaken. However, prior to our inspection the provider had applied for new Disclosure and Barring checks for all staff and assured us they would always seek new checks going forward.

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

Staff had received appropriate fire training and fire safety equipment was checked and maintained. Staff undertook regular fire drills in conjunction with the neighbouring GP surgery.

The practice had arrangements to ensure the safety of the X-ray equipment and 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. We viewed risk assessments which covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce them.

Clinicians used rubber dam to protect patients' airways during root canal treatment. However, not all clinicians used the safest types of needles, but a risk assessment had been completed for this.

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 assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Are services safe?

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

The practice had systems for appropriate and safe handling of medicines, and prescription pads were held securely.

Antimicrobial prescribing audits were carried out and a recent audit had identified that not all clinicians were following nationally recommended guidelines. We saw that action was being taken by the provider to address this.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents, and these were discussed at practice meetings. We found the practice kept detailed records of any unusual incidents or accidents that occurred in the practice.

The practice had a system for receiving and acting on national 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 clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

We found that 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. We found that staff understood their responsibilities under the Mental Capacity Act 2005 and Gillick Competency guidelines.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

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. They told us that although it was a busy practice, they did not feel rushed in their job. The hygienist worked with chairside support.

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

Patient reviews we read consistently mentioned the friendliness and helpfulness of staff and praised them for their high standards of communication and care.

Staff told us they regularly contacted patients after complex treatment to check on their welfare and had even delivered dentures to a patient who could not get to the practice easily.

Staff had recently undertaken training in autism and learning disability awareness to increase their understanding of patients with these conditions.

Privacy and dignity

Staff were aware of the importance of privacy and the patient waiting areas were sited away from the reception desk to allow for greater privacy when answering telephone calls. Downstairs surgeries had blinds on the windows to prevent passers-by looking in.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place and signage warning patients of its use was visible.

Staff password protected patients' electronic care records and backed these up to secure storage. All staff had undertaken training in data security to make them aware of their responsibilities in the management of patient information.

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 dentists explained the methods they used to help patients understand their treatment options. These included photograph and study models, and X-rays. Treatment rooms had large TV screens where dental images and scans could be shown to patients.

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 was fully accessible to wheelchair users, with lift access, downstairs treatment rooms and an accessible toilet. There were also specialist dental chairs to assist patients with limited mobility. The practice had a portable hearing loop to assist patients who wore hearing aids and could produce information in large print if needed.

Staff had access to translation services for patient who did not speak or understand English.

The practice had access to its own digital cameras, dental lasers, orthopantomogram and cone-beam computed tomography scanners, and rotary endodontic instruments to enhance the delivery of care to patients.

Two of the treatment rooms had large TV screens on the ceiling to help patients tolerate longer treatments.

Timely access to services

At the time of our inspection, the practice was unable to take on any new NHS patients, and was running a lengthy waiting list. A shortage of dentists and additional Covid-19 measures had resulted in a back log of patients awaiting routine appointments. However, the practice had recently recruited two new dentists that could provide NHS care to patients,

Emergency slots for patients in dental pain were available each day, and the practice's website provided telephone numbers for patients needing emergency dental treatment when the practice was not open.

The practice sent out email appointment reminders to patients and rang them 48 hours before their appointment.

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, evidence of which we viewed in the meeting minutes. We reviewed the paperwork in relation to 3 recent complaints and saw they had been responded to in a timely, thorough and empathetic way.

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 strong leadership with emphasis on patient and staff safety, and improvement. The two principal dentists had overall responsibility for the management and running of the practice but were well supported by a compliance manager/consultant who visited regularly, a head nurse, a head receptionist and an administrator.

The practice had effective processes to support and develop staff with additional roles and responsibilities and we viewed a comprehensive schedule indicating the frequency of compliance tasks to be undertaken and the staff member responsible for ensuring they were completed.

The information and evidence presented during the inspection process was clear and well documented. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time. Many of the minor shortfalls we identified at our pre-inspection telephone call and during our inspection were addressed immediately, demonstrating the practice's commitment to improve. We noted a very open and inclusive atmosphere in the practice, with staff actively involved in, and consulted about, all aspects of the service.

Staff described the two principal dentists as 'really nice bosses to work for' and expressed high satisfaction levels working in the practice. Staff stated they felt respected, supported and valued by senior staff, citing teamwork, effective management and good communication as the reason why.

Communication systems in the practice were good, with regular daily and monthly meetings for all staff.

Staff discussed their training needs during annual appraisals which they told us were useful.

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.

The practice subscribed to an on-line governance tool to assist in the management of the service and was a member of various national dental bodies.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients via surveys. It also actively encouraged patients to write on-line reviews. At the time of our inspection, the practice had been rated 4.9 out of 5 stars based on 234 reviews, indicating high levels of patient satisfaction. The practice responded to each individual review. The practice demonstrated a commitment to acting on feedback and patients' requests for TV screens had been actioned.

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. For example, their suggestions for cabinets in the practice's conference room and the colour of chairs had been implemented.

The practice was also a member of a nationally recognised certification scheme.

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement and innovation. These included audits of patient care records, disability access, radiographs, oral cancer, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.