

## Regent Street Dental Practice

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## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 26 September 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.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available. Records were not available to demonstrate that an emergency medicine, stored in the refrigerator was being stored within the correct temperature range.
- The practice had systems to manage risks for patients, staff, equipment and the premises. The sharps risk assessment required updating to reflect equipment and processes at the practice.
- 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. However, proof of right to work in the UK was not available for all staff in recruitment files.
- 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

Regent Street Dental Practice is in Rugby, Warwickshire and provides NHS and private dental care and treatment for adults and children.

The dental team includes 2 dentists, 4 dental nurses (including 2 trainee dental nurses), 1 dental hygienist, 2 dental therapists, 1 practice manager and 1 receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses (including the lead nurse and the practice manager), and 1 receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday to Friday from 9am to 5pm.

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

- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Take action to ensure audits of radiography are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

# 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. Staff had completed safeguarding training to the required level with the dentists completing higher level training. Information regarding safeguarding was on display throughout the practice. Information including contact details for charitable support services, for example domestic abuse and child line were on display in patient toilets.

The practice had infection control procedures which reflected published guidance. Staff had completed infection prevention and control training. X-ray holders and matrix bands were not stored in pouches once sterilised. These were not being re-sterilised at the end of each day. We were assured that the system would change to ensure these were appropriately stored going forward. Not all of the sharps bins were appropriately labelled. This was completed on the day of inspection, and we were assured that this would be completed on all new sharps bins in future. There was no log or other evidence to demonstrate that heavy duty gloves or long handled brushes used in the decontamination process were changed at the required frequency. Following this inspection, we were sent a log which would be used to record this information.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment which was completed on 1 August 2023. Staff were monitoring and logging the temperature of hot water, but it was noted that this was not reaching the required temperature. We were assured that this would be addressed immediately. Temperatures were not identified as an issue for action in the risk assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Consignment notices were available as well as a pre acceptance waste audit.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean. Logs were available to demonstrate cleaning tasks completed.

The practice had a recruitment policy and procedure to help them employ suitable staff. Information to demonstrate right to work in the UK was not available for all staff. We were assured that this would be obtained.

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.

A fire safety risk assessment was carried out in 2011 in line with the legal requirements. Following completion of the risk assessment, Warwickshire Fire and Rescue Service completed a fire safety compliance check in 2011 and found no issues. There has been no change to fire safety systems since that date. Records demonstrated that smoke alarms were tested weekly, however the fire alarm (manually operated, not linked to the smoke alarms) was tested monthly. We were assured that the fire alarm would be tested at the required frequency going forward. There was no documentary evidence to demonstrate that fire drills were completed. We were assured that these had taken place, but records had not been completed. The practice manager confirmed that the fire drill log would be completed in future on the compliance system.

The practice had arrangements to ensure the safety of the X-ray equipment, although we noted that rectangular collimators were not available for all of the X-ray units. A rectangular collimator reduces the amount of radiation a patient is exposed to during dental intraoral X-ray procedures by reducing scatter radiation. The required radiation protection information was available.

# Are services safe?

## **Risks to patients**

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. Sepsis posters were on display throughout the practice and staff had completed Sepsis awareness training. We noted that the sharps risk assessment required amending as it was not reflective of the practice's equipment and processes and did not record details of all sharps in use at the practice, for example glass vials.

Emergency equipment and medicines were available and checked in accordance with national guidance. However, 1 item of emergency medicines was stored in a refrigerator. The temperature of the fridge was not being monitored or logged to demonstrate that this was being stored within the required temperature range. Aspirin was not available in the required dosage and was not dispersible.

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. Hazardous products were securely stored.

## **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**

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not carried out. However, following this inspection, we were sent evidence demonstrating that dentists had completed an audit.

NHS prescriptions were securely stored. A log was kept of all prescriptions on the premises.

## **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. This included regular information updates from the Chief Dental Officer, NHS England, and newsletters from the Local Dental Committee.

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. Oral health and gum disease support was provided by 2 dental therapists and 1 dental hygienist.

Patient records included details of advice given in relation to diet, oral hygiene instructions and guidance on the effects alcohol consumption on oral health. Dentists discussed the effects of smoking on oral health with patients as necessary and directed patients to local stop smoking services when appropriate.

The practice sold dental sundries to support patients with their oral hygiene such as interdental brushes, mouthwash, floss and toothbrushes.

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

Staff obtained patients' consent to care and treatment in line with legislation and guidance. Dentists spoken with understood their responsibilities under the Mental Capacity Act 2005. Consent policies gave information regarding mental capacity and Gillick Competence. Information regarding NHS and private fees was on display for patients in the waiting area.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice did not carry out radiography audits at the required frequency. We were assured that future audits would be completed six-monthly rather than annually.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. Staff told us patients were given sufficient appointment time, they had time to do their duties and did not feel rushed. Clinicians, including dental hygienists and therapists worked with chairside support.

Newly appointed staff had a structured induction. Staff said that the induction process gave them all of the information they needed and included shadowing another member of staff, training and familiarising themselves with the practice's policies and procedures. We were told that staff received guidance and support whenever needed.

# Are services effective?

(for example, treatment is effective)

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. Staff were observed to be kind, friendly and helpful to patients over the telephone and in person at the practice.

On the day of inspection, we reviewed patient feedback. These reflected a high level of satisfaction with the services of the dental practice.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality. Systems were in place to ensure patient information was kept securely and confidentiality was maintained. The waiting and reception area was open plan, staff told us that private conversations would be held in a separate room if required.

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. They stored paper records securely.

### **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 dentist explained the methods they used to help patients understand their treatment options. These included photographs, 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 dentist was informed if a patient was nervous, reception staff said that reassurance was given to anxious patients, and they chatted to them to make them feel at ease.

The practice had made reasonable adjustments, including a fixed internal ramp at the rear of the property for those patients who required disabled access to the ground floor treatment room, reception, waiting area and patient toilet. The practice did not have a hearing induction loop for those patients who were hard of hearing and used a hearing aid. We discussed the alternative methods used by staff to effectively communicate with these patients. Staff did not have access to translation services, we were told that staff spoke Danish, Swiss, Persian, and Spanish and an online translation app would be used if required. Information could be made available in large print or other languages as required. A magnifier was available for patients with visual difficulties.

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 patient information leaflet.

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. Patients had enough time during their appointment and did not feel rushed.

The practice's information leaflet and 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; appointment slots were available each day to see patients with a dental emergency. When these were full staff would speak with a dentist to identify the urgency of the appointment. 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. The practice manager was the complaint lead. Staff said that they would refer any complaints to the practice manager who would investigate and respond to all complaints, meeting with complainants if requested. 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 and provider 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 were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions.

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

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

### **Culture**

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

Staff commented on effective teamworking, and supportive leadership within the practice. They stated they felt respected, supported and valued and were proud to work in the practice.

Staff discussed their training needs during annual appraisals, 1 to 1 meetings were also held with trainee dental nurses. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had a compliance system in place. The practice manager used this system to set the training requirements and courses for staff and monitored to ensure staff training was up-to-date and updated at the required intervals.

### **Governance and management**

Staff had clear responsibilities, roles and systems of accountability to support good governance and management. The practice used a dental compliance system to assist with compliance activities and staff training. This included a matrix to store details of training undertaken and required and a provision of policies, forms, and checklists.

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.

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

### **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. The Friends and Family Test was available in the waiting room for patients to complete. Patients were also given a satisfaction survey to complete. The results of surveys were discussed with staff during practice meetings and informal daily huddles. The practice had scored 4.2 stars out of 5 from 17 online reviews. Some of the positive comments included "superb practice," "best practice have been to," and "reassuring."

# Are services well-led?

Feedback from staff was obtained 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 where appropriate.

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

## **Continuous improvement and innovation**

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. We noted that radiograph audits were not being completed at the required frequency and antimicrobial prescribing audits had not been completed at the time of inspection. Following this inspection, we received evidence of completed antimicrobial prescribing audits for each dentist.