

Mr David Surtees

Dentists@146

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 17 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.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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.
- The practice had infection control procedures which reflected published guidance. Some improvements could be made to ensure adherence to published guidance.

Summary of findings

- The practice had some systems to help them manage risk to patients and staff. Improvements should be made to the system, to ensure any recommendations from the fire risk assessments or electrical installation condition report are actioned. Stock control protocols were needed as part of the management of medicines.
- 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 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

Dentists@146 is in Whitley Bay in Tyne and Wear and provides private dental care and treatment for adults and children.

There is step free access to the practice 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 2 dentists, 5 dental nurses, a dental hygienist and a practice manager. The practice has 4 treatment rooms.

During the inspection we spoke with both dentists, 1 dental nurse and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 9am to 1pm and from 2pm to 6pm

Friday from 9am to 1pm and from 2pm to 5pm.

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

- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.
- Improve the practice's protocols for medicines management and ensure all medicines are stored and dispensed of safely and securely.
- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular ensure gas safety checks are undertaken at the correct intervals and any electrical installation remedial work required is carried out.

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.

Overall, the practice had infection control procedures which reflected published guidance. We noted there was no air extraction or ventilation mechanism in the decontamination room; however, we saw evidence a unit had been purchased and was ready for installation. We discussed the importance of ensuring data from the sterilization process was reviewed regularly. The practice manager confirmed this would be re-introduced.

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, 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 suction motors.

Overall, the practice ensured the facilities were maintained in accordance with regulations; however an Electrical Installation Condition Report, carried out in November 2022, was deemed unsatisfactory and at the time of the inspection the remedial actions had not been undertaken. We received confirmation, immediately after the inspection that this was scheduled to be carried out. We saw records to demonstrate the boiler had been serviced but a recent gas safety assessment had not been undertaken; this was scheduled immediately after the inspection.

A fire safety risk assessment was carried out in 2018, in line with the legal requirements. Recommendations were made in the assessment report; however there was no evidence these had all been addressed. We received confirmation immediately after the inspection that a new fire risk assessment was scheduled and any recommendations would be actioned.

The practice had the required radiation protection information available. We were shown records that demonstrated the routine testing of the X-ray equipment was undertaken at the required intervals. We saw 1 unit had recommended remedial actions and were told this unit had subsequently been de-commissioned. Annual electrical and mechanical testing of the equipment was carried out in March 2021 and scheduled immediately after the inspection.

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.

Emergency equipment and medicines were available and checked in accordance with national guidance. We noted the medicine used to treat low blood-sugar was stored at room temperature and the date had not been adjusted according to guidance, this was rectified on the day of the inspection.

Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Staff involved in the treatment of patients under conscious sedation carried out immediate life support (ILS) training (or basic life support training plus patient assessment, airway management techniques and automated external defibrillator training). However, we noted training was not up-to-date for all staff members. We were sent confirmation immediately after the inspection that online training would be carried out and hands-on training was scheduled for May 2023.

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. On the day of the inspection robust stock control systems were not in place for medicines which were held on site, to ensure they can be accounted for. The provider confirmed these had been introduced immediately after the inspection. We also discussed the importance of ensuring all relevant patient and practice information was recorded on any medication dispensed.

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.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability. We discussed the importance of ensuring all ILS and sedation training was carried out at the recommended interval and records maintained to demonstrate it had been undertaken.

The practice undertook suitable risk assessments before providing dental care in domiciliary settings such as care homes or in people's residence.

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 could be made 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.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

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. We discussed the importance of ensuring computers were not left accessible when left unattended. 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 practice's website and information leaflet 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 level access and ground floor surgeries for patients with access requirements. 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.

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 continually striving to improve.

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

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 stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. Improvements could be made to the monitoring of staff training to ensure that it was up-to-date and undertaken at the required intervals, for example, in relation to ILS training.

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, fire safety and the maintenance of the facilities.

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

Are services well-led?

The practice had systems and processes for learning, quality assurance, continuous improvement and If applicable; innovation. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Improvements could be made to the auditing protocols to ensure outcomes and any action plans are created to drive further improvement.