

Miss Raluca Diana Ion

# King Street Dental Practice

## Inspection report

88 King Street  
Newcastle  
ST5 1JB  
Tel:

Date of inspection visit: 22 August 2023  
Date of publication: 11/09/2023

### Overall summary

We carried out this announced comprehensive inspection on 22 August 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. Not all appropriate life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- 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.
- Staff provided preventive care and supported patients to ensure better oral health.

# Summary of findings

- 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.
- There was effective leadership, however there was scope for improvement with the clinical audits, fire and legionella management.

## Background

King Street Dental Practice is in Newcastle, Staffordshire and provides private dental care and treatment for adults and children.

The practice is accessed by steps meaning it is not accessible for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes 4 dentists, 4 dental nurses, 1 dental hygienist, 1 practice manager and 1 receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with 2 dentists, 3 dental nurses, the dental hygienist, the receptionist 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 from 8am to 6.30pm.

Tuesday, Wednesday and Thursday from 8am to 5.30pm.

Friday from 8am to 7pm.

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 Legionella risk assessment carried out in August 2023, 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.'
- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Take action to ensure audits of radiography, record keeping and antimicrobial prescribing are clinician specific. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated. Audits should also be dated and signed by the auditor.

# 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. Safeguarding training had been carried out by staff to an appropriate level for their role.

The practice had infection control procedures which reflected published guidance. However, we found the decontamination room work surfaces required re-sealing and some of the drawers were damaged.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems. A risk assessment was carried out a few days before our inspection which highlighted areas that required addressing to mitigate risks and an action plan was submitted following our inspection.

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. Records for recently employed staff we reviewed showed that appropriate checks had been undertaken prior to staff commencing their employment.

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 a few days before our inspection in line with the legal requirements. The report highlighted areas that required addressing to mitigate risks and an action plan was submitted following our 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**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and lone working. We viewed risk assessments which covered a range of potential hazards in the practice and detailed control measures that had been put in place to reduce any risks.

Emergency medicines and most emergency equipment were available and checked in accordance with national guidance. The oropharyngeal airway (sizes 4) was missing however, this had been ordered. The oxygen face mask with reservoir and tubing for both adult and child, needles of size 23 gauge and 25mm length and 1ml syringes were missing. Immediately during our inspection, all these items were ordered.

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. Safety data information was available for all materials used.

### **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. The fridge storing the Glucagon injection (an emergency medicine used to treat severe hypoglycaemia (low blood sugar)) was found to be above the recommended temperature of 8 degrees Celsius. Antimicrobial prescribing audits were carried out however, we found these were not clinician specific. We were assured by the practice manager that this would be rectified.

## **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 which were shared with staff when appropriate.

# 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.

Oral health care products were on sale for patients, such as manual toothbrushes, electric toothbrushes, dental floss and interdental brushes.

The practice was dedicated to supporting the local community by providing preventive oral hygiene advice in local schools and nurseries. These visits were carried out by the dentists and dental nurses where they discussed oral health care and diet with children. Sample toothbrushes and goodie bags were provided for the children.

### **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. Treatment plans were issued to patients explaining treatment options and costs.

### **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 however, these were not clinician specific and not of a sufficient sample size as stated in 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.

# 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 described to us some of the ways they enabled nervous patients to access their treatments and the additional measures they implemented to support them, for example, arranging appointments during quieter times of the day. Staff were observed to be friendly, caring and helpful to patients when speaking with them in person and over the telephone.

Patient feedback we reviewed indicated staff were compassionate and understanding when they were in pain, distress or discomfort. They also mentioned the friendliness and professionalism of staff.

Staff had 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 confidentiality. There were areas where staff could have discussions with patients away from the reception area or waiting area either via telephone calls or face to face.

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.

### **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 pictures, 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 was not able to make reasonable adjustments for patients with access requirements related to their mobility, due to the location of the building. However, staff had carried out a disability access audit to continually improve where possible. There was a hearing loop and reading glasses available at reception to assist patients who required them.

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

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Staff took part in an emergency on-call arrangement and saw patients if required out of hours.

Patients who needed an urgent appointment were offered one in a timely manner. 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 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.

The provider and practice manager were committed to safety and improvements for patients and staff. Staff worked together in such a way that where the inspection highlighted any issues or omissions, the practice team took action to address them.

Following our inspection, the provider submitted information addressing the shortfalls we identified, demonstrating the providers commitment to improving the service for both staff and patients.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities with each staff member having been delegated an area of responsibility within their capability.

### **Culture**

Staff stated they felt respected, supported and enjoyed their work. They described the principal dentist and the practice manager as approachable and understanding if they raised any concerns.

Staff discussed their training needs during annual appraisals, 1 to 1 meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. Communication systems in the practice included an instant messaging application to share key information.

### **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.

We saw there were processes for managing risks, issues and performance. However, minor shortfalls were identified with the medical emergency equipment. These were rectified at the time of our inspection.

### **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**

Patients were encouraged to complete a survey which asked them to comment on the ease of making an appointment, the waiting time, and the quality of their treatment. Staff gathered the feedback and demonstrated a commitment to acting on the feedback.

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.

### **Continuous improvement and innovation**

# Are services well-led?

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs and antimicrobial prescribing. We found these audits were carried out in the recommended time frames however, they were not clinician specific. Staff kept records of the results of these audits however, the resulting findings, action plans and improvements were not always recorded.