

Stapenhill Dental Care

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Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 27 April 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. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- Monitoring of the use and issue of NHS and private prescription pads was not always effective.
- 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.
- 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. We found scope for improvement in developing action plans from audits.
- 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

Stapenhill Dental Care is in Burton on Trent and provides NHS and private dental care and treatment for adults and children.

There is a small step to access the practice. A portable ramp is available for people who use wheelchairs and those with pushchairs. As the service is next to a main road, car parking spaces are not available at the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 5 dental nurses, including 2 trainees. 1 practice manager and 1 receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 1 trainee 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 from 8am to 7.30pm.

Tuesday from 8am to 5.30pm.

Wednesday from 9am to 2pm.

Thursday from 9am to 5.30pm.

Friday from 8am to 3pm.

The practice had taken steps to improve environmental sustainability. For example, reducing printing of documents and recycling where possible.

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

Summary of findings

- Improve the security of NHS and private prescription pads in the practice and ensure there are systems in place to track and monitor their use.

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. We saw that all staff had received training to an appropriate level for their role and safeguarding information and advice was displayed prominently around the service.

The practice had infection control procedures which reflected published guidance. We found there was scope for improvement in the recording of completion of checks to ensure the effectiveness of decontamination procedures. Specifically for keeping evidence that foil tests for the ultra-sonic cleaner had been carried out. The provider offered assurances these would be retained.

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. The practice ensured the facilities were maintained in accordance with regulations. We noted that the 5 yearly electrical safety certificate gave an unsatisfactory judgement. We saw evidence that the required remedial work was scheduled to be completed following our inspection.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

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. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were available and checked in accordance with national guidance. We found the storage of Glucagon, a medicine used to treat people with very low blood sugar, did not follow current guidance. The Glucagon was stored in a medical fridge, we did not see records to confirm the temperature of the fridge was regularly monitored to ensure it remained within the recommended range. The provider submitted evidence that records would be kept.

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

Are services safe?

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Data sheets outlining the approved use and storage methods for these materials were downloaded and stored on a file accessible to all staff.

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

There was scope for improvement in the practice systems for appropriate and safe handling of medicines. We found that antibiotics were routinely prescribed over a 7, rather 5 day period as indicated in guidance. The provider acknowledged the issue and provided assurances action would be taken.

Monitoring of the issue and use of NHS and private prescription pads was not always robust. An updated log was in place but not yet embedded in practice procedures, we noted the log did not fully meet guidance as the identifying number for each prescription sheet was not recorded when they were received. This meant the practice could not always confirm if all sheets were accounted for. The provider informed us they would take immediate action to address this issue.

Antimicrobial prescribing audits were carried out.

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.

Helping patients to live healthier lives.

The practice provided preventive care and supported patients to ensure better oral health. We noted leaflets giving oral health advice along with a range of dental products to purchase were available at the service.

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 (MCA). We noted all staff had completed training in consent and MCA and had access to policies and guidance regarding consent and capacity.

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. Staff told us they felt supported throughout their induction process and found leaders to be approachable and helpful.

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.

Patient feedback we reviewed via surveys and online reviews, indicated a very high level of satisfaction with the service. We observed numerous positive interactions, in person and on the telephone, between staff and patients. Staff demonstrated a kind and caring attitude alongside an understanding of their needs and genuine interest in their wellbeing.

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. 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 dentists explained the methods they used to help patients understand their treatment options. These included for example, photographs, study models, videos, X-ray images and an intra-oral camera.

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 a low level section of the reception desk, a magnifier, ramp access, an accessible toilet and ground floor surgeries for patients with access requirements. Staff had carried out a disability access audit.

Timely access to services

The practice displayed its opening hours and provided information on their website, patient information leaflet, social media pages and on the front door.

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. We saw that multiple emergency appointments were available each day. Patients in pain and children were given priority appointments. The practice opening hours ensured people working regular office hours had the opportunity to access appointments at a convenient time.

The practice's website, information leaflet 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 with other local practices and patients were directed to the appropriate out of hours service.

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 manager, staff and provider demonstrated a transparent and open culture in relation to people's safety.

There was strong established leadership with emphasis on people's safety and continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that where the inspection identified issues, action was taken promptly to address this.

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 told us they were committed to the provider's vision for the service and proud to work in the practice.

Staff discussed their training needs during annual appraisals and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had robust and effective arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

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. We found these policies and protocols to be relevant and useful to staff and were reviewed regularly to ensure they reflected current guidance.

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.

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, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits we noted that action plans were not developed from these to help the ongoing improvement and development of the service. The provider offered assurances that these would be implemented for all future audits.