

Ross Campbell Dental Practice Limited

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Inspection report

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Overall summary

We carried out this announced focused inspection on 31 May 2022 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 adviser.

We usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- 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 to be visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Complaints were dealt with positively and efficiently

Summary of findings

- Staff felt involved, supported and worked well as a team.
- The practice had appropriate information governance arrangements in place.

Background

Ross Campbell Dental Practice provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking is not available on site, but there are plenty of public car parks nearby. The practice has made some adjustments to support patients with additional needs but does not have a fully accessible toilet.

The dental team includes one dentist, one therapist, a practice manager, three dental nurses and a receptionist. The practice has two treatment rooms.

During the inspection we spoke with the practice manager, the dentist, three dental nurses and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Mondays to Fridays from 8.30am to 5.30pm.

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

- Implement a system to ensure that all staff receive regular appraisal of their performance.
- 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.
- 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.
- Improve the practice protocols regarding auditing patient dental care records and anti-microbial prescribing to check that necessary information is recorded consistently.
- Take action to ensure that five yearly fixed wire testing is undertaken.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action ✓
Are services effective?	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.

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with 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.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the premises were kept clean.

The practice had recently introduced an updated recruitment policy and procedure to help them employ suitable staff.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions, although we noted that five yearly fixed wire testing had not been undertaken.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. However, we noted a large mirror in one treatment room where dental lasers were used. The provider assured us he would seek advice and assurance from their laser protection advisor about the safety of this.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety.

Most recommended emergency equipment and medicines were available and checked in accordance with national guidance. However, we noted the practice did not have the correct size of needles for administering adrenalin, paediatric pads for the automated external defibrillator or a paediatric oxygen mask. We found that the oxygen cylinders, some items in the practice's first aid kit, and the bodily fluid spillage kit had become out of date.

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

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was satisfactory. The practice manager informed us that they had just arranged additional fire safety training for staff.

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

Dental care records we saw were complete, legible, were 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.

Are services safe?

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines and a stock control system had recently been implemented to help identify any missing or lost medicines. Glucagon was kept in the practice's fridge, but the fridge's temperature was not monitored to ensure it operated effectively. The practice did not effectively monitor its antibiotic prescribing to ensure clinicians were following national guidance.

Patients could access the dental hygienist directly and patient group directions were in place for the administration of local anaesthetics.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating when things went wrong. As a result of a staff member falling down the stairs the practice had introduced different shoes for staff to wear.

The practice had recently introduced a system for receiving and acting on national patient 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.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff 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 dental care records in line with recognised guidance, although regular audits were not undertaken to ensure clinicians were recording all necessary information. We noted inconsistency in the recording in relation to extra oral examinations, patient cancer risk levels, and alcohol and smoking intake.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia and hearing impairments.

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 and legislation, although these were not clinician specific.

Effective staffing

The practice had a well-established and loyal staff team and we found they 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 dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. There was a system in place to monitor and track referrals to ensure their timely management.

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 demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership and emphasis on continually striving to improve. Staff took immediate action to address some of the minor shortfalls we identified during our pre-inspection telephone call, demonstrating a commitment to improve the service.

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

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

Culture

Staff stated they felt respected, supported and valued, citing good management and communication as the reason. They told us senior staff were very understating of their personal home commitments which impacted their work, and accommodated change if needed.

The practice paid for staff's training, indemnity and General Dental Council registration, something which they told us they greatly appreciated.

Governance and management

Staff had clear responsibilities roles and systems of accountability to support good governance and management. The practice was a member of a nationally accredited quality assurance scheme.

There were regular practice meetings which all staff attended, and the practice had set up additional communication methods as a result of the Covid-19 pandemic to keep staff informed and involved.

The practice had a system of clinical governance in place 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.

COMPLAINTS

Information about how patients could raise their concerns was available in the waiting area and paperwork we viewed in relation to two recent complaints demonstrated they had been managed in a timely and empathetic way.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice commissioned an external organisation to undertake its patient satisfaction surveys and we noted that patient feedback was a standing agenda item at the practice meetings.

Although staff told us they received good support and feedback, they did not receive a formal annual appraisal of their working practices.

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation. The dentist had undertaken a wide range of training and was a member of a local dental study group. The practice paid for staff's membership to an accredited training provider to help them keep their professional development up to date.

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. The practice would also benefit from undertaking further audits in relation to dental care records and antimicrobial prescribing.