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Ford Road Dental Surgery

Inspection report

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Overall summary

We carried out this announced inspection on 17 December 2021 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 provider 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.

As part of this inspection we asked the following questions:

- 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:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found this practice was providing effective care in accordance with the relevant regulations.

Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations.

Summary of findings

Background

Ford Road Dental Surgery is in Clacton on Sea, Essex and provides NHS and 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 spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes five dentists, six dental nurses including two trainee dental nurses, two dental hygienists, two student hygienists, one practice manager, two receptionists and one housekeeper. The practice has five treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

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

The practice is open: Monday to Thursday from 8am to 5pm and Friday from 8.30am to 2.30pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance. However, infection control audits were not undertaken. Action was taken to implement these immediately following the inspection.
- Staff knew how to deal with emergencies. Not all appropriate medicines and life-saving equipment were available. The practice took immediate action to rectify this.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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

- Take action to ensure audits of infection prevention and control are undertaken at regular intervals to improve the quality of the service and prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

- Implement an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council. 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 processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

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)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice team undertook daily treatment room infection prevention and control checks. However, bi-annual infection prevention and control audits were not completed. We discussed this with the practice manager and following the inspection we were assured these would be undertaken.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

Are services safe?

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Staff confirmed they had not undertaken a recent fire drill but were all aware of the procedures should there need to be an evacuation of the premises.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

The practice had a cone beam computed tomography X-ray machine. Staff had received training in the use of it and appropriate safeguards were in place for patients and staff.

Risks to patients

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

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Not all staff had completed sepsis awareness training. Following the inspection, the practice manager confirmed Sepsis training had been prioritised for all staff. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who presented with a dental infection and where necessary referred patients for specialist care.

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

Emergency equipment and medicines were available. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. However, we noted these checks were not fully effective as we found bandages, plasters and disinfectant had passed their expiry date in the first aid and spills kit. We noted the full complement of clear face masks were not available. We noted that the glucagon was stored in the clinical

Are services safe?

fridge and the temperature of the fridge was monitored daily, however, the records evidenced that the temperature had dropped below the recommended range on at least two occasions. We discussed these concerns with the practice manager. Immediate action was taken to rectify these issues and replace missing items. They also confirmed that where action was required following the recording of fridge temperatures, the practice was updating their recording procedures to ensure actions were taken where required.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had product safety data sheets for substances that are hazardous to health, however the practice had not completed risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Following the inspection, the practice manager confirmed this would be actioned.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. However, we noted some variation of detail across the clinicians with regards to completing dental care records and ensuring all records contained comprehensive patient dental care information. Dental care records we saw were legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of emergency medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were not undertaken. The practice manager confirmed these would be completed.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services safe?

The practice reviewed regular Coronavirus (Covid-19) advisory information and alerts. Information was provided to staff and displayed for patients to enable staff to act on any suspected Covid-19 cases. Patients and visitors were requested to wear face coverings and use antibacterial hand gels on entering the premises.

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 clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, treatment rooms on the ground floor and an accessible toilet with handrails. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. There was access to translation services and the clinicians spoke a range of languages. Appointments were available from 8am Monday to Thursday for those patients unable to attend during 9am to 5pm opening hours. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We were told the practice ensured access to appointments each day for patients in pain who required urgent access.

Comments received from patients reflected high patient satisfaction with the quality of their dental treatment and the staff who delivered it.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 containing information about the patients' current dental needs, past treatment and medical histories. However, we noted variation of detail with regards to recording patient dental care information such as staging and grading periodontal disease and risk assessments. Patients past medical history and discussions with patients regarding treatment options were not fully or consistently documented. We discussed with the practice manager and the provider ensuring all patients dental care records were recorded in line with recommended guidance. Immediately, following the inspection the practice manager confirmed they were reviewing their dental care records processes and auditing.

The dentists assessed patients' treatment needs in line with recognised guidance. The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the 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.

The practice was a referral clinic for Cone Beam Computed Tomography (CBCT), a special type of x-ray equipment used when regular dental or facial x-rays are not sufficient. This technology produces three dimensional (3-D) images of the teeth, soft tissues, nerve pathways and bone in a single scan. We saw staff monitored and ensured the dentists were aware of all incoming referrals daily. Staff monitored referrals through an electronic referral and tracking system to ensure they were responded to promptly.

Are services well-led?

Our findings

We found this practice was providing well-led care in accordance with the relevant regulations.

The practice team demonstrated a transparent and open culture in relation to people's safety. There was emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that where the inspection highlighted any issues or omissions, the practice took swift action to rectify these. The information and evidence presented both before and during the inspection process was clear and well documented. Staff could show how they provided high-quality sustainable services and demonstrated improvements over time.

Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care.

Leaders were generally knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued.

Staff discussed their training needs at one to one meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. The practice manager described the practice plan to restart staff appraisals moving forward. We saw evidence of historic completed appraisals in the staff folders.

The staff focused on the needs of patients. For example, through the provision of implants and general dentistry. The practice aimed to provide regular care at appropriate intervals for patients. Emergency and urgent appointment slots were available for patients each day. This was supported by the practice CBCT referral system for local patients and the ability to refer patients for additional services if required. We were given examples of how the practice team had supported patients who were isolating by delivering prescriptions to them during lockdowns.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider 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.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example, surveys, audits and external body reviews were used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

The provider used patient surveys, comment cards and encouraged verbal comments to obtain patients' views about the service. Staff involved patients, the public, staff and external partners to support the service. For example: through sending patients email invitations to feedback their experiences of the practice and by encouraging verbal comments and social media feedback. We noted wholly positive feedback from patients to these invitations on the practice website and on social media pages. The practice team told us they were always open to patients' ideas and suggestions.

Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. We saw examples of suggestions from staff the practice had acted on. For example, staff provided input into the patient pathway through the practice prior to them reopening following the first lockdown.

The practice team gathered feedback through regular team meetings, social media sites, daily ad hoc meetings and informal discussions.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and radiographs. Staff kept records of the results of these audits and the resulting action plans and improvements.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development. The practice paid for and provided online and face to face training for staff. The practice facilitated placements for student hygienists to support patient care.