

Aishwaryam Ltd

# Dental Practice

## Inspection report

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Date of inspection visit: 26/04/2022  
Date of publication: 20/05/2022

### Overall summary

We carried out this announced focused inspection on 26 April 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.

To get to the heart of patients' experiences of care and treatment, 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 was visibly clean and well-maintained.
- The practice had infection control procedures in place which took account of published guidance.
- Systems to ensure appropriate medical emergency life-saving equipment was available could be improved.
- The practice had systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Action was required to ensure a fixed electrical installation inspection had been completed.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Improvements could be made to ensure dental care records accurately reflect the quality of the X-rays taken.

# Summary of findings

- Patients were treated with dignity and respect and staff 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.
- There was an effective management and leadership structure; the provider responded proactively and immediately to the areas we identified for further action.
- Systems to ensure a culture of effective continuous improvement could be improved.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The dental clinic had information governance arrangements.

## Background

Dental Practice is in Waltham, Grimsby and provides NHS and a small amount of 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 available near the practice on local side roads.

The dental team includes one dentist, three dental nurses, (one of whom is a trainee), two receptionists and a practice manager. The practice has two treatment rooms.

During the inspection we spoke with the dentist, one dental nurse and a receptionist. The practice manager was available remotely. We looked at practice policies and procedures and other records about how the service is managed.

Throughout the inspection day, we identified several areas where further clarification was needed. The practice manager ensured this was achieved where possible during the inspection day, immediately afterwards or within 24 hours of our visit.

The practice is open:

Monday to Friday 9:30am – 5:30pm

There were areas where the provider could make improvements.

- Take action to ensure all areas of the premises are fit for the purpose for which they are being used. In particular, ensure a fixed electrical installation inspection has been carried out.
- 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).
- Take action to ensure clinicians record in the patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- Take action to ensure audits of antimicrobials, radiography and infection prevention and control are accurate and are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.

# 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 took account of current guidance. We found some minor deviations from the guidance, including, no thermometer in place to ensure when staff manually clean dental instruments the water temperature does not exceed the recommended temperature. The brush handle used to clean dental instruments during manual cleaning was not a suitable length to protect staff from sharps injury. The provider sent us evidence after the inspection to confirm these concerns had been addressed.

Records for the dental instrument disinfectant did not contain enough information to demonstrate whether one of the recommended tests was being completed. The provider sent us evidence to show they had addressed this with a more effective recording system.

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 a cleaning schedule in place to ensure the practice was kept clean.

The practice 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.

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. The practice ensured the facilities were maintained in accordance with regulations, however, we found the fixed electrical installation certification for the building was out of date. The provider assured us the responsible person for the premises would be reminded to rectify this without delay.

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

The practice had arrangements to ensure the safety of the X-ray equipment and we saw 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. These systems included sharps safety, sepsis awareness and lone working.

Emergency medicines were checked in accordance with national guidance.

A single adult face mask was available for emergencies on the day of inspection. We found there were no size 0-4 face masks. We also noted there was a missing size 0 oropharyngeal airway. We raised this on the day of inspection, and these were ordered immediately.

# Are services safe?

Staff knew how to respond to medical emergencies and all staff 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. We noted risk had not been assessed for a staff member who was undergoing a course of Hepatitis B vaccinations. Evidence was sent after the inspection day to confirm this had now been assessed.

## **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.

## **Safe and appropriate use of medicines**

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

## **Track record on safety, and lessons learned and improvements**

The practice had implemented systems for reviewing and investigating 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.

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.

### **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 detailed dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We reviewed how the dentist justified, graded and reported on the X-rays they took. We found improvements could be made to ensure the grading on the quality of the X-rays taken were in line with up-to-date guidance. The six-monthly radiography audit did not accurately reflect the quality of the radiographs being taken.

### **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 dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. Referrals were managed by the reception team, however, there was no system for tracking the progress of all referrals.

# 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 a management and leadership structure in place.

Staff worked together to ensure any issues or omissions identified during the inspection were acted upon immediately or evidence was submitted after the inspection to give assurance they were being addressed.

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

### **Culture**

The practice could show how they ensured high-quality sustainable services and demonstrated improvement 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.

The practice had 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 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 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 these in protecting patients' personal information.

### **Engagement with patients, the public, staff and external partners**

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff 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.

Staff told us the practice engaged with a local charity organisation who would assist less able patients with transport arrangements to gain access to the practice.

### **Continuous improvement and innovation**

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

# Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included auditing. We discussed with the practice how improvements could be made to ensure audits accurately reflected processes in place at the practice, for example, infection prevention and control audits did not fully reflect our findings. The radiographic audits observed on the day of the inspection did not accurately reflect the dental care records we reviewed. Antimicrobial prescribing audits were not currently being completed. The provider sent evidence after the inspection day to confirm action had been taken to address and improve the quality assurance processes.