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Mayfield Dental Centre

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 13 December 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. The majority of appropriate medicines and 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.

Summary of findings

- 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.
- 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

Mayfield Dental Centre is part of South Cliff Dental Group, a dental group provider.

Mayfield Dental Centre is in Mayfield, East Sussex and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 dentist, 2 trainee dental nurses, 1 dental hygienist, 1 dental therapist, 1 practice manager and 2 receptionists. The practice has 2 treatment rooms.

During the inspection we spoke with 2 trainee dental nurses, 1 dental therapist, 1 dental hygienist, 1 receptionist, the practice manager, the group's compliance manager and the one of the partners. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday and occasional Saturdays from 8:30am to 5:30pm.

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

- Improve systems and processes to ensure that all clinical staff have adequate immunity from vaccine preventable infectious diseases.
- Improve systems and processes for managing the risks associated with Legionella 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.' In particular, ensuring appropriate action is taken if the monthly hot water checks do not reach the desired temperature.
- 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 the clinicians carry out patient assessments and ensure they are in compliance with current legislation and take into account relevant nationally recognised evidence-based guidance.

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.

The practice had infection control procedures which reflected 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. Staff showed us logs of hot and cold water temperatures. The hot water temperatures were often below the required 55° degrees. There was no evidence this had been escalated. We were assured that staff awareness of how to escalate any water temperatures that fell outside of the required temperatures would be addressed.

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.

We noted risk assessments had been carried out for staff who had not met the recommended Hepatitis B surface antibody (anti-HBs) levels. However, there was no evidence to show they had received one additional dose of vaccine, or taken further action. We discussed the importance of obtaining these immunity levels for staff and were assured this would be improved.

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

The practice employed trainee dental nurses. However, the trainee dental nurses were unsure of who their named GDC supervisor was. The GDC states when appointing a trainee, the employer must identify a supervising GDC registrant and ensure they carry out the necessary supervision in accordance with the 'Guidance for employers, supervising registrants and educational course providers.' We were assured this would be improved.

Patient Group Directions (PGD) were available for dental hygienists and therapists. However, these had not been signed by the dental therapist and hygienist. We were assured this would be addressed. A PGD is a written instruction from a dentist (or other approved prescriber) that allows dental hygienists and therapists to sell, supply or administer named medicines without the need for a patient-specific prescription.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions.

The practice ensured the majority of the facilities were maintained in accordance with regulations, however, emergency lighting was not in place. The provider explained the practice was a listed building so was not able to install emergency lighting. However, interim measures were put in place immediately and a risk assessment was carried out.

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

Are services safe?

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.

The majority of emergency equipment and medicines were available and checked in accordance with national guidance. However, the glucagon injection, the medicine used to treat hypoglycaemia (low blood sugar levels), was not stored according to manufacturer's instructions. On the day of inspection, the fridge temperature was below the recommended temperature to store this medicine. In November, several temperatures recorded were outside of the recommended range. We were assured this would be addressed. Following the inspection, we saw evidence that the glucagon injection had been ordered in case the efficacy of this had deteriorated.

An oxygen face mask with reservoir and tubing was not available. However, we saw evidence this had been ordered.

Staff knew how to respond to a medical emergency.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Patient care records were, legible, kept securely and complied with General Data Protection Regulation requirements. Improvements were needed to ensure patient care records are in line with recognised guidance, including costs.

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. 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.

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.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance. However, we noted clinicians were not recording risk assessments (perio/caries/cancer/tooth wear) consistently. Costs were not always clearly documented in patient's notes. Clinicians had recorded the local anaesthetic batch number and expiry date; however, dosage was not always recorded. We were assured these would be addressed.

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.

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.

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. However, data protection audits had not been carried out. We were assured this would be addressed.

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 provided patients with information about the range of treatments available at the practice.

Clinical staff explained the methods used to help patients understand their treatment options. These included 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 had made reasonable adjustments, including a ramp for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

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.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. 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. As a result of patient complaints, the practice had installed a new telephone system that allowed the team to audit the calls and follow up any missed calls. This ensured patient calls were returned in a timely manner.

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 with emphasis on people's safety and continually striving to improve. It was evident learning from inspections carried out at the group's other locations had been implemented at this practice.

The provider had overhauled their clinical governance system. We were shown this system and staff were aware of how it worked. Senior leaders told us this system would enable them to have improved oversight of the governance arrangements at the practice.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions. Where issues were identified, they were addressed on the inspection day or we were assured these would be addressed.

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

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 were proud to work in the practice.

Staff discussed their training needs during informal discussions.

Practice meetings had not been carried out. However, we saw a meeting had been scheduled for the upcoming week.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. Staff training was recorded on an online compliance system which enabled managers and senior leaders to monitor what training staff had completed.

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 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.

Are services well-led?

Feedback from staff was obtained through 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

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 and the resulting action plans and improvements.