

SRDC Limited

Southport Road Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 5 September 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. Improvements could be made to the systems for managing the risks associated with Legionella, fire safety and the use of lasers.

Summary of findings

- 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.
- 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

Southport Road Dental Practice is in Chorley, Lancashire and provides private dental care and treatment for adults and children.

There is a ramp to provide access to the practice for people who use wheelchairs and those with pushchairs. On street parking is available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 6 dentists, 8 dental nurses 1 of whom is a trainee, 4 dental hygienists, 1 dental therapist, 1 practice manager, 1 administrative assistant and 2 receptionists. The practice has 4 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 1 receptionist, the practice manager and the administrative assistant. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Wednesday 8am to 8pm

Thursday and Friday 9am to 5.30pm

We noted innovative approaches to providing person centred care. For example, the providers had written a book which was provided to nervous patients. This aimed to address common phobias and fears, support patients to overcome these, provide information to patients about the practice, oral hygiene and self-care, and reassuring testimonials from previous patients.

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

Summary of findings

- Take action to ensure an up-to-date Legionella risk assessment is in place and any recommendations acted on, 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.'
- Take action to appoint a competent person to carry out a fire risk assessment taking into account The Regulatory Reform (Fire Safety) Order 2005.
- Improve the practice's protocols and procedures for the use of lasers, taking into consideration the guidance 'Lasers, intense light source systems and LEDs: guidance for safe use in medical, surgical, dental and aesthetic practices'.

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. Staff completed training and knew their responsibilities for safeguarding vulnerable adults and children. The safeguarding lead had completed additional training. They had used their role to create an easy read safeguarding folder as a resource for staff to refer to. This included resources to support staff to speak up if they had any concerns about any aspect of the service.

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. The risk assessment was not up to date with the water systems in the premises and there was no evidence that recommendations previously made to disconnect a water tank had been acted on. During the inspection, the manager booked for a new risk assessment to be carried out and confirmed any recommendations would be actioned.

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 tidy 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. These reflected the relevant legislation. The provider did not obtain evidence of essential checks and up to date training for the visiting implant dentist and his nurse. They confirmed these would be obtained after the inspection.

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.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective. We highlighted that the fire risk assessment had not been completed by a competent person. We discussed this with the manager who confirmed they would ensure a competent person's review of the systems in place. We saw fire detection systems and extinguishers were installed throughout the premises; these were tested and serviced appropriately. Staff completed fire safety training and carried out fire drills.

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

The practice had laser equipment. Local rules and measures were in place to ensure the safe use of this device. A laser protection advisor had not been appointed to oversee the arrangements and staff were unsure if this device required regular servicing.

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.

Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate life support training was also completed by staff providing treatment to patients under sedation.

The health and safety lead had recently compiled up to date safety data sheets for all products in use and was in the process of carrying out 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 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

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. We highlighted that stock control processes could be improved to enable staff to identify any unauthorised access to dispensable antimicrobials.

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.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

One of the dentists provided private orthodontic treatment. They carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

We saw the provision of dental implants was in accordance with national guidance.

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. 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.

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.

Patient feedback said staff were friendly and welcoming when they contacted or attended the practice. They confirmed staff were compassionate and understanding when they were in pain, distress or discomfort.

The providers had written a book which was provided to nervous patients. This aimed to address common phobias and fears, support patients to overcome these, provide information to patients about the practice, oral hygiene and self-care, and reassuring testimonials from previous patients.

The dentists also used a computer assisted anaesthesia system. This enabled single teeth to be anaesthetised more comfortably with no numbness of the surrounding lip, tongue or cheek.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

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 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. We saw conversations with patients who had contacted the practice but were too nervous to attend. The dentists responded personally to reassure them, answer any questions or concerns, and encourage them to attend for further discussion and assessment of needs.

Patients could access a virtual consultation service through the practice website where they could explain their issues and submit photographs which were responded to by the owners.

The practice had made reasonable adjustments 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. They were in the process of building new premises next door which would link to the existing premises. This would provide dedicated parking and better disabled access.

Timely access to services

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

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, 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 and patients were directed to the appropriate out of hours service.

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.

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

There was strong leadership with emphasis on peoples' safety and continually striving to improve. New premises under construction at the time of the inspection would provide more access for patients, including dedicated sedation and recovery areas, parking, and improved disability access.

Systems and processes were embedded. 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 were proud to work in the practice.

Staff discussed their training needs during annual appraisals, 1 to 1 meetings and during clinical supervision. 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 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.

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. Speak Up processes had been introduced and staff members nominated to be 'Speak Up' champions to encourage staff to raise suggestions or concerns.

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 and the resulting action plans and improvements. We shared updated audit tools with the providers to support this process.