

The Dental House LLP

# Parr Dental Surgery

## Inspection report

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Date of inspection visit: 4 May 2022  
Date of publication: 26/05/2022

### Overall summary

We carried out this announced focused inspection on 4 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.

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:

Delete as appropriate:

- 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 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 help them manage risk to patients and staff. We identified some areas for further attention within the practice and these were discussed with the provider on the inspection day.
- Safeguarding processes were in place. Although staff knew their responsibilities for safeguarding vulnerable adults and children, some further training was required in relation to children not brought to oral health appointments.
- The practice had staff recruitment procedures which reflected current legislation.

# Summary of findings

- 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.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership; we identified and discussed with the provider how continuous improvement could be supported by clinical supervision and oversight.
- Staff felt involved and 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 dental clinic had information governance arrangements.

## Background

Parr Dental Surgery is in St Helens, Merseyside and provides NHS 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 are available near the practice. The practice has made adjustments to support patients with additional needs, for example by providing step free access to a ground floor treatment room and an accessible toilet on the ground floor.

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

During the inspection we spoke with the dentist and the practice manager. The area compliance manager and one of the business owner's was also available for us to speak with. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 8.30am to 5pm.

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

Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular

- That policies, including those for safeguarding and whistleblowing are accurate, up to date and contain the correct information on contacts for external bodies staff will need to contact.
- That an effective system of clinical supervision and oversight is in place, particularly for the associate dentist at the practice.
- That systems and processes for sharing medicines alerts, clinical guidance and other updates are working effectively.
- That clear signage in relation to medical gases held on the premises is in place.

# 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 policy we reviewed required updating, to remove details that were not necessary and to include accurate, up to date contacts at local area safeguarding teams which staff would need when seeking advice and making any referral.

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 practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for 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.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective. We drew that provider's attention to the requirement for signage which should be prominently placed indicating that medical gases are held at the practice, for the safety of fire crews entering the building in the event of an emergency.

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. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were available and checked in accordance with national guidance

Staff knew how to respond to a medical emergency and 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.

### **Information to deliver safe care and treatment**

Dental care records we saw were legible, were kept securely and complied with General Data Protection Regulation requirements. When reviewing patient clinical records, we observed that safety measures such as dental dam to protect

# Are services safe?

the patient's airway, or other safety measures were not routinely used. In these cases, it was not recorded in patient clinical notes whether this was due to patient refusal of safety appliances. We discussed the importance of using safety devices with the associate dentist and in cases where patients refused these measures, that this is recorded in patient records.

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. When we reviewed records, we noted that recent changes to antibiotic prescribing and dosage were not being applied. This was linked to staff not receiving and reading updates for example, National Institute for HealthCare Excellence (NICE) guidance bulletins and updates. We asked the provider to review the system for receiving and acting on alerts, updates and other notices that should be shared with all staff as part of team meetings and daily briefings.

## **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; our observation was that these could be strengthened, and that clinical supervision and oversight could better support the associate dentist, who was the only dentist working at the 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 more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

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.

### **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 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.

Systems and processes were in place but in some areas, not fully embedded.

Some information and evidence presented during the inspection process was not clear and we saw some documents needed updating.

We saw the practice had processes to support and develop staff with additional roles and responsibilities. Our inspection indicated that supervision and support of the associate dentist, who is the only dentist working at the practice, could be further developed and strengthened.

### **Culture**

The practice could show how they ensured sustainable services and a drive for improvement over time.

Staff discussed their training needs during annual appraisals and at practice meetings. 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 roles and responsibilities and systems of accountability to underpin 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. We saw there were processes for managing risks, issues and performance. We found areas that could be improved. The provider was open and responsive to our findings. Areas identified included policy updates, for example, for the safeguarding and whistleblowing policies; placement of signage indicating medical gases are held on site; improvements in clinical supervision and oversight of the associate dentist, systems for receipt, sharing and discussion of clinical updates, for example, on National Institute of Health and Care Excellence (NICE) guidance, Medicines and Healthcare Products Regulatory Agency (MHRA) alerts, and other safety alerts.

### **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 and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

### **Continuous improvement and innovation**

The practice had systems and processes for learning and improvement.

# Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control. Greater scrutiny of audit would have identified some of the areas we have highlighted in our inspection, as areas that could be further developed and strengthened.