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# Newlands Dental Surgery

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 11 October 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 always ask the following five 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 was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance. Systems to ensure decontamination processes were in line with recommended guidance were mostly in place.
- Staff knew how to deal with medical emergencies. Checks of the medical emergency medicines and equipment were not completed at intervals in accordance with published guidance.
- 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.

# Summary of findings

- The practice had staff recruitment procedures. Staff had worked at the practice for over 20 years. There were no records available to confirm staff vaccines and immunity to Hepatitis B.
- 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 and a culture of continuous improvement. However, we found shortfalls with the frequency in which radiography audits were undertaken.
- 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

Newlands Dental Surgery is in Witham, Essex and provides private dental care and treatment for adults and children.

The entrance to the practice and the reception are on one level, with wheelchair access to the treatment room and an accessible toilet provided by a ramp. Car parking spaces, including dedicated parking for disabled people, are available in pay and display car parks near the practice. The practice is located in a listed building and the practice has made reasonable adjustments to support patients with additional needs.

The dental team includes 1 dentist and 2 dental nurses. The practice has 1 treatment room.

During the inspection we spoke with 1 dentist and 2 dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Tuesday, Wednesday and Friday from 8am to 4pm.

The practice may open some Saturday mornings where required.

Practice opening hours may differ due to demand.

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

- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Take action to ensure audits of radiography are undertaken at regular intervals to improve the quality of the service. In addition, implement audits for 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.
- Improve the practice's infection control procedures and protocols 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'.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

|   |                    |
|---|--------------------|
| <b>Are services safe?</b>                         | <b>No action</b> ✓ |
| <b>Are services effective?</b>                    | <b>No action</b> ✓ |
| <b>Are services caring?</b>                       | <b>No action</b> ✓ |
| <b>Are services responsive to people's needs?</b> | <b>No action</b> ✓ |
| <b>Are services well-led?</b>                     | <b>No action</b> ✓ |

# 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, however decontamination processes did not reflect published guidance. Staff told us they did not use the thermometer to ensure water temperatures for cleaning were at the correct temperatures. The practice were using non vacuum test strips on a vacuum cycle of the autoclave. Instruments were not bagged prior to being sterilized on a vacuum cycle. We found staff were not using pre-enzymatic solution to aid in the cleaning and decontamination of dental devices and equipment. Heavy duty gloves were available, but staff did not always use them and there was no log of their use. There were no systems in place to ensure laboratory work was disinfected on return to the practice and used instruments were not soaked in line with guidance if there was a delay in decontaminating them.

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. We noted staff had been with the practice for over 20 years. However, there were no records of staff vaccines or staff immunity to Hepatitis B.

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

The practice ensured that most 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.

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. Following the inspection, the provider confirmed staff would undertake sepsis training.

Emergency equipment and medicines were available. We found checks were undertaken, but not as frequently as recommended in national guidance. We saw that temperatures of the clinical fridge were recorded, however these were as a monthly reading and not daily as recommended. We discussed the frequency of these checks with the practice team who confirmed these would be undertaken as recommended in national guidance.

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

# Are services safe?

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, 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. We found antimicrobial prescribing audits had not been carried out.

## **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.

The practice had access to digital X-rays to enhance the delivery of care.

Comments received from patients reflected high 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.

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**

There were inconsistencies in the information recorded within the dental care records we looked at. For example, discussions of treatment options, diagnosis and costs were not always recorded.

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 on the radiographs they took. The practice carried out radiography audits, however these were carried out annually and not six-monthly as recommended in current guidance and legislation. There was scope to ensure radiograph audits included oversight of evaluation and grading of X-rays.

### **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**

We saw staff treated patients respectfully and were friendly and polite towards them at the reception desk and over the telephone.

Information about the practice and treatments was available for patients to read. Feedback from patients was wholly positive. On the day of inspection, patients we spoke to and patient feedback we looked at told us they were very happy with the care and treatment they received. They told us they were able to get an appointment when they needed to be seen and they were treated with kindness and respect by the staff.

Patients said staff were compassionate and understanding and were kind and helpful when they were in pain, distress or discomfort.

### **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.

Staff 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 dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, study models and 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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities. We noted a fully accessible toilet with grip rails and an alarm system. There was a portable ramp to ensure patients who were wheelchair users could access the toilet and the treatment room which had a set of short stairs to gain entrance. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

### **Timely access to services**

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.

### **Listening and learning from concerns and complaints**

The practice responded to concerns and complaints appropriately and discussed outcomes with staff 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 and 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 immediate action to resolve these.

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

### **Culture**

The practice 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 one to one meetings, clinical supervision and daily ad hoc 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 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 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 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.

### **Continuous improvement and innovation**

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

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. However, there was scope to ensure audits such as radiographs were undertaken in line with recommended guidance and at the recommended frequency and that antimicrobial prescribing audits were undertaken.