

Mr Richard Allen

# Family Dental Health Centre

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 8 February 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 asked the following questions:

- 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 premises appeared to be visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- The practice had systems to help them manage risk to patients and staff.
- Staff knew how to deal with medical emergencies and appropriate medicines and life-saving equipment were available.
- Safeguarding processes were embedded, and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services they provided.
- Patient complaints were managed positively and efficiently.

# Summary of findings

## Background

Family Dental Health Centre 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, although no accessible patient toilet. Car parking spaces are available just outside the practice.

The dental team includes two dentists, one dental therapist, three dental nurses, and a practice manager. The practice has two treatment rooms.

During the inspection we spoke with the principal dentist, an associate dentist, the hygienist, practice manager, and two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Mondays to Thursdays from 9am to 5pm; and on Fridays from 9am to 1pm.

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

- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the practice's sharps procedures to ensure compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Implement a policy in relation to Gillick competency and ensure all staff are aware of their responsibilities in relation to this.

# Summary of findings

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

We asked the following question(s).

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</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 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 possibility of Legionella or other bacteria developing in water systems, in line with a risk assessment.

We noted good level of cleanliness and hygiene throughout the premises.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

Although no new staff had been employed for many years, the practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

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

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions including fire and electrical appliances.

A fire risk assessment had been carried out in line with the legal requirements, however it had failed to identify potential risk from the residential flat above the practice. The provider agreed to review the risk assessment as a result, and ensure it was completed by a person competent in fire safety management.

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 patients and staff. However, the practice did not use safer sharps as recommended in legislation, and sharps' bins had not been labelled and dated. Staff did not use single use matrix bands and we noted three matrix band injuries to staff in the practice's accident book.

Emergency equipment and medicines were available and regularly checked as described in recognised 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 completed assessments to minimise the risk that could be caused from substances that were hazardous to health.

### **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.

# Are services safe?

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

The practice had systems for appropriate and safe handling of medicines. However, we noted that the management of prescription pads did not allow for the easy identification of lost or missing scripts and the fridge's temperature where Glucagon was stored was not monitored to ensure it operated correctly.

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

The practice had implemented systems for reviewing and investigating when things went wrong.

The practice had a system for receiving and acting on national patient safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found this practice was providing effective care in accordance with the regulations.

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental professionals up to date with current evidence-based practice.

Patients could access care and treatment within an acceptable timescale for their needs.

### **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 such local stop smoking services. Staff visited local primary schools to teach oral hygiene techniques to pupils.

### **Consent to care and treatment**

Staff obtained patient consent to care and treatment in line with legislation and guidance, although the practice did not have a specific policy in relation to Gillick competence.

Staff understood their responsibilities under the Mental Capacity Act 2005.

### **Monitoring care and treatment**

The practice kept detailed dental care records in line with recognised guidance

Staff conveyed a good understanding of supporting more vulnerable members of society and some staff had undertaken training in dementia awareness.

We saw evidence the dentists justified, graded and reported on the radiographs they took. Radiography audits were completed twice a year following current guidance and legislation.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles and completed continuing professional development required for their registration with the General Dental Council.

Staffing levels had not been unduly affected by the COVID-19 pandemic, although the pool of dental nurses was small, and the practice sometimes relied on staff from its sister practice or agency staff to help cover.

### **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. Patient referrals were monitored to ensure they were dealt with in a timely way.

# 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.

We saw the practice had processes to develop staff leadership, capacity and skills. Staff within the practice had lead roles to help with the management of the service.

We found the provider was aware of some of the shortfalls we identified during our inspection and was in the process of addressing them. He had recently employed a dental compliance company to assist with the running of the practice and reworked the rota to allow the practice manager more time for governance.

### **Culture**

Staff stated they felt respected, supported and valued, citing good communication systems and teamwork as the reasons.

Staff discussed their training needs at an annual appraisal and had personal development plans in place.

### **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.

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service.

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

Staff involved patients, the public, staff and external partners to support the service.

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.

Patients' views were actively sought and used to help improve the service.

### **Continuous improvement and innovation**

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, periodontal monitoring, anti-microbial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.