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Park House Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 25 January 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 provider 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 practice appeared to be visibly clean and well-maintained.

The provider had infection control procedures which reflected published guidance.

Staff knew how to deal with emergencies. Improvements have taken place to ensure appropriate medicines and life-saving equipment were available.

The provider had systems to help them manage risk to patients and staff.

The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

The provider had staff recruitment procedures which reflected current legislation.

The clinical staff provided patients' care and treatment in line with current guidelines.

Staff treated patients with dignity and respect and 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.

The provider had effective leadership and a culture of improvement.

Staff felt involved and supported and worked as a team.

The provider asked staff and patients for feedback about the services they provided.

The provider dealt with complaints positively and efficiently.

The provider had information governance arrangements.

Background

Parkhouse Dental Practice is in Crediton and provides NHS and private dental care and treatment for adults and children.

There is one ground floor treatment room. People with limited mobility or wheelchair users can access the practice via the rear of the building, avoiding the steps to the front of the property. Car parking spaces are available near the practice.

The dental team consists of one dentist and one dental nurse.

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

The practice is open: Monday to Friday 9am – 5pm.

There was an area where the provider could make improvements. They should:

- Improve the practice protocols regarding patient dental care records to check that necessary information is recorded.

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 provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The provider had infection control procedures which reflected published guidance. The provider had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The provider had procedures to reduce the possibility of Legionella or other bacteria developing in water systems, in line with a risk assessment.

The provider 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 provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum 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, electrical and gas appliances. We noted there was excessive clutter in one of the spare rooms on the first floor of the premises, which was a fire hazard. We brought this to the attention of the provider.

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 provider had implemented systems to assess, monitor and manage risks to patient safety. Including: sharps safety and sepsis awareness.

Emergency equipment and medicines were available and checked as described in recognised guidance, except for aspirin, which was not in the recommended dispersible form. In addition, one of the self-inflating resuscitation bags for use in emergencies was designed for infants, rather than the recommended children. We brought this to the attention of the provider, who made arrangements to replace the items.

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

The provider had risk assessments to minimise the risk that can 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.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

Are services safe?

The provider had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out annually.

Track record on safety, and lessons learned and improvements

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

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. Both the dentist and dental nurse were qualified to provide oral health advice.

Consent to care and treatment

Staff obtained 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 dental care records. Improvements could be made as records were not always detailed to include updated medical histories, Basic Periodontal Examination scores and extra oral examinations.

Staff conveyed a good understanding of supporting more vulnerable members of society, such as patients with mental health concerns.

We saw evidence the dentist justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

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

There was an emphasis on continually striving to improve.

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

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at an annual appraisal or in one-to-one meetings. They also discussed learning needs, general wellbeing and aims for future professional development. The provider 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 provider 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.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The provider 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

The provider gathered feedback from patients through 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 provider had systems and processes for learning and continuous improvement.

The provider had quality assurance processes. These included audits of dental care records, disability access, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.