

Uppingham & Upperton Dental Practice Ltd

# Uppingham & Upperton Dental Practice

## Inspection report

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Date of inspection visit: 18 November 2021  
Date of publication: 27/01/2022

### Overall summary

We carried out this announced inspection on 18 November 2021 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 always ask 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:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services well-led?**

# Summary of findings

We found this practice was providing well-led care in accordance with the relevant regulations.

## Background

Uppingham and Upperton Dental Practice is in Leicester and provides NHS and private dental care and treatment for adults and children.

The provider has two locations registered with CQC, both are called Uppingham and Upperton Dental Practice. This report relates to the location also known as Upperton Dental Practice, based at 15 Upperton Road, Leicester, LE3 0BH.

The practice is on the ground floor of the building and there is level access to the practice for people who use wheelchairs and those with pushchairs. Due to parking restrictions, car parking spaces are not available at or nearby the practice.

The dental team includes one dentist, two dental nurses, a practice manager and a receptionist. The practice has one treatment room.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Uppingham and Upperton Dental Practice is the practice manager.

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

The practice is open:

Monday and Wednesday from 10.30am to 6pm

Thursday from 9am to 5pm

Friday from 9am to 12.30pm

## Our key 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. Appropriate medicines and life-saving equipment were not always 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.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.

# Summary of findings

- 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.

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

- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Implement an effective system for identifying, disposing and replenishing of out-of-date stock.
- Take action to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

# 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)**

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The principal dentist was the safeguarding lead. Safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse were in place. We noted that contact information for protection agencies in the policy did not include CQC or the police. We advised the provider of this and they submitted evidence the issue was addressed. We saw evidence that staff had received safeguarding training. Further information and guidance was available for staff in communal areas. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The provider had a system, within dental care records, to highlight vulnerable patients and patients who required other support such as with mobility or communication.

The provider also had a system to identify adults that were in other vulnerable situations, for example, those who were known to have experienced modern-day slavery or female genital mutilation.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. We saw that additional measures had been implemented to protect against the risk and spread of Covid-19. For example, staff had access to appropriate personal protective equipment (PPE) and had been tested to ensure specialist respiratory protection face masks were fitted correctly. Fallow time between patients undergoing aerosol generating procedures had been calculated to allow sufficient air exchange to maintain safety.

The provider had arrangements for cleaning, checking, sterilising instruments in line with HTM 01-05. We noted that procedures for transporting and storing dirty instruments did not always follow guidance as instruments were not kept moist when not cleaned immediately. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

We found the provider's procedures for stock control of instruments and dental materials was not always effective. We identified a container of dental materials available for use in the treatment room with an expiry date of 2018. We raised this with the provider who removed the materials and stated they would review stock control procedures.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. A legionella risk assessment had been completed two days before our inspection which had identified the practice as medium risk.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

# Are services safe?

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

There was a lead for infection control as recommended in published guidance. The lead had undertaken infection control training in line with their continuing professional development.

The provider had a Speak-Up policy which was reviewed annually. Staff felt confident they could raise concerns without fear of recrimination and had signed to say they had read and understood the policy and its application.

The dentist used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where patients could not tolerate the use of dental dam, the provider referred them to a different practice.

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. We looked at three staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that 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 electrical and gas appliances.

A fire risk assessment had been carried out in line with the legal requirements. The last assessment completed in 2019 had not identified any areas of concern. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Fire evacuation drills were completed every six months by staff. We noted that not all staff had completed fire safety training.

The practice had arrangements to ensure the safety of the X-ray equipment. We noted that the practice did not use rectangular collimators on X-ray machines which help focus and reduce scatter of radioactive material when X-rays were taken. We saw the required radiation protection information was available although X-ray equipment had not been registered with the Health and Safety Executive (HSE). Following our inspection, the provider submitted evidence this was addressed.

We saw evidence the dentist justified, graded and reported on the radiographs they took. The provider had carried out a radiography audit in February 2021. We did not see evidence of follow up or development of an action plan to address issues identified.

Clinical staff completed continuing professional development in respect of dental radiography.

## **Risks to patients**

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice had health and safety policies, procedures and risk assessments in place. We noted these were not always reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

# Are services safe?

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who presented with a dental infection and where necessary referred patients for specialist care.

Staff knew how to respond to a medical emergency. We were unable to access all training records during the inspection. Following the inspection, the provider submitted evidence that showed that the majority of staff had completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were not available as described in recognised guidance. Clear face masks, size 1-4 for self-inflating bag and pocket mask and connecting port were not present. We found staff did not keep records to make sure these were available, within their expiry date, and in working order. Following our inspection, the provider submitted evidence that the missing equipment and medicine had been ordered for the practice.

A dental nurse worked with the dentist when they treated patients in line with General Dental Council Standards for the Dental Team.

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**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, 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. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

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

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentist were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentist was following current guidelines.

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

The provider had implemented systems for reviewing and investigating when things went wrong. Risk assessments were in place in relation to safety issues. We noted not all risk assessments included a date to evidence review. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

# 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. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

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

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentist where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice. Not all records we reviewed included evidence that the dentist was routinely taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

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

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who were looked after. The dentist gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance.



# Are services effective?

(for example, treatment is effective)

The provider had quality assurance processes to encourage learning and continuous improvement. We noted that these processes were not applied consistently, and audits were not completed at recommended intervals. Action plans to address issues raised were not always developed.

## **Effective staffing**

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

Staff new to the practice received a structured three month induction programme. We were unable to review records of training and completed continual professional development (CPD), required for clinician's registration with the General Dental Council, on the day of our inspection. Information submitted by the provider following our inspection confirmed staff had completed the required CPD.

## **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.

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 in place but not always applied consistently. The information and evidence presented during the inspection process was generally clear and well documented. The provider took immediate action to rectify any issues we identified during the inspection.

### **Leadership capacity and capability**

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care.

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

### **Culture**

The practice had a culture of high-quality sustainable care.

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 and in team meetings. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

We saw the provider had systems in place to deal with staff poor performance.

The provider told us they had not received any complaints at the practice. The provider had a culture of openness, honesty and transparency in dealing with incidents and had policies and procedures to support this. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

### **Governance and management**

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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.

We saw there were clear and effective processes for managing risks, issues and performance.

# Are services well-led?

## **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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**

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

the provider used patient surveys, online feedback and comment cards to obtain patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider 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 provider had systems and processes for learning and improvement, we found these were not applied consistently. Audits were not always completed at recommended intervals and information was not always easily accessible.

The principal dentist and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

At the time of our inspection, not all staff had completed 'highly recommended' training as per General Dental Council professional standards. We were provided with evidenced that missing training was booked or completed following our inspection.