

Nirav Thakker Dental Limited

Pateley Bridge Dental Practice

Inspection report

5 Parkside
Low Wath Road, Pateley Bridge
Harrogate
HG3 5HL
Tel:

Date of inspection visit: 27 June 2022
Date of publication: 18/07/2022

Overall summary

We carried out this announced focused inspection on 27 June 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:

- 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. Appropriate medicines and life-saving equipment were available. The staff awareness of sepsis and the oversight of prescriptions could be improved.
- The provider had systems to help them manage risk to patients and staff. We noted that required testing for the ultrasonic was not in place.

Summary of findings

- 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 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 provider had effective leadership and a culture of continuous 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 had information governance arrangements.

Background

Pateley Bridge Dental Practice is in Pateley Bridge and provides dental care and treatment for adults and children.

There is level access to the practice via a platform lift for people who use wheelchairs and those with pushchairs. Car parking spaces are available outside the practice.

The dental team includes two dentists, two dental nurses, one dental hygienist and two receptionists. The practice has two treatment rooms.

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

The practice is open:

Monday, Tuesday and Thursday 9am to 5pm, Wednesday 10am to 6.30pm and Friday 9am to 4pm.

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

- Take action to ensure staff have received training in the recognition, diagnosis and early management of sepsis in line with National Institute for Health and Care Excellence guidance.
- Improve the process for tracking and monitoring the use of NHS prescription pads and the auditing of antimicrobial prescribing.

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 practice had infection control procedures which reflected 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 practice had policies 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, registered with the General Dental Council and had professional indemnity cover.

The practice checked equipment was safe to use and maintained and serviced according to manufacturers' instructions. We saw that 3 monthly foil and soil testing was not in place for the ultrasonic machine. The provider told us that this would be put in place with immediate effect.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety. We highlighted that staff would benefit from receiving sepsis awareness training and sepsis recognition resources to refer to.

Emergency equipment and medicines were available and checked as described in recognised guidance.

Staff knew how to respond to a medical emergency and had completed training on site 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 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.

Safe and appropriate use of medicines

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

Are services safe?

We noted an active log of NHS prescriptions was not maintained. We discussed the importance of this in relation to the security of individual prescriptions and were assured it would be done.

Antimicrobial prescribing audits were not being completed. The College of General Dentistry guidelines identify these should be completed regularly.

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.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

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 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.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff discussed their training needs during annual appraisals. 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 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 processes for managing risks, issues and performance. We highlighted where improvements could be made in relation to fire and water systems management and staff recruitment.

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 and 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. These included audits of dental care records, disability access, x-ray and prescribing audits.