

Old Bank House Dental Surgery Limited

Old Bank House Dental Surgery

Inspection report

16-18 Lake Street
Leighton Buzzard
LU7 1RT
Tel: 01525381391

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Overall summary

We carried out this announced comprehensive inspection on 24 April 2023 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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 appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, 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 practice had information governance arrangements.

Background

The provider has 1 practice, and this report is about Old Bank House Dental Surgery.

Old Bank House Dental Surgery is in Leighton Buzzard and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs at the rear of the surgery. Car parking is available near the practice. The practice has dedicated car parking for disabled people available in the staff car park.

The dental team includes 4 dentists, 5 dental nurses and 2 receptionists. The practice has 4 treatment rooms.

During the inspection we spoke with 3 dentists, 2 dental nurses, 1 receptionist and the practice compliance advisor. We looked at practice policies, procedures, and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 8am to 5pm.

Friday from 8am to 3pm.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|--------------------|
| Are services safe? | No action ✓ |
| Are services effective? | No action ✓ |
| Are services caring? | No action ✓ |
| Are services responsive to people's needs? | 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 robust safeguarding processes and staff had in depth knowledge of their responsibilities for safeguarding vulnerable adults and children. We saw that staff had completed training to a level appropriate for their role and that information and guidance on how to raise a safeguarding alert was displayed around the service.

The practice had completed a safeguarding audit which included reviewing policies, contact numbers, referral pathways and historic safeguarding concerns. The purpose of the audit was to identify if any learning was required and ensure processes were up to date.

The practice had infection control procedures which reflected 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.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. Staff files we reviewed showed that appropriate pre-employment checks had been undertaken to ensure staff were suitable to work at the practice.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

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

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT), and wall mounted X-ray equipment.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness.

Emergency equipment and medicines were available and checked in accordance with national 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 risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Are services safe?

Patient care records were complete, 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. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate 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. A range of clinical audits was completed to ensure patients received effective and safe care.

We saw the provision of dental implants was in accordance with national guidance.

The practice had access to digital X-rays and cone-beam computed tomography (CBCT), 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. The practice had a range of dental health information leaflets that were available to patients in the waiting room. The practice sold a range of oral health equipment including interdental brushes, mouthwash, and dental floss.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005. The clinical team completed mental capacity assessment forms. These were reviewed at each appointment and included information on how best to communicate with the patient, any additional support required, including considerations on when to refer to the safeguarding teams if required.

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 patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff told us they felt they had enough time and support to complete their duties.

Newly appointed staff had a structured induction. The provider had dedicated learning time for all staff members throughout the year to ensure clinical staff completed continuing professional development required for their registration with the General Dental Council. Staff were encouraged to continue their learning and development. Staff told us of examples of where the provider had supported them financially with courses to enhance their learning.

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

Staff were aware of their responsibility to respect people's diversity and human rights. We saw staff treated patients respectfully and were friendly and polite towards them at the reception desk and over the telephone. We found that staff at the practice were caring and responsive to patient's needs.

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

Many of the practice team members were long standing and had worked at the practice for over 25 years. The practice team stated they felt part of the local community and were committed to providing the best care and support to their patients.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The waiting area was separate from the reception desk, allowing for greater privacy. There were window blinds in place in treatment rooms to prevent passers-by looking in and enhance patient privacy.

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 and gave patients clear information to help them make informed choices about their treatment.

The practice's website and information in the waiting room provided patients with guidance on the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included photographs, study models, videos, X-ray images and an intra-oral camera.

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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including providing a ramp for patients with access requirements and an accessible toilet. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. Information on the practice's disabled facilities was included on the practice website.

Timely access to services

The practice displayed its opening hours and provided information on their website.

At the time of inspection, the next available appointment for an examination was the following day and for treatment was within the week.

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. This included providing longer appointments for patients with additional needs.

The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients with the most urgent needs had their care and treatment prioritised and several emergency appointments were available each day.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. We noted that no formal complaints had been received in the past 12 months. Where issues were raised informally these were reviewed and any learning discussed with staff. The provider told us they welcomed these as a chance to develop 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 practice demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on peoples' safety and continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions.

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

The practice had invested in a compliance package which included a compliance advisor visiting the practice on a regular basis.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities. Staff told us they felt supported by the leadership team and demonstrated a commitment to the ethos of the service.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Many of the practice team were long standing and felt happy, respected, supported, and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals, 1 to 1 meetings and during clinical supervision. 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 governance system 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 protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through meetings, appraisals, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

The practice had implemented a staff welfare policy which included efforts from the provider to reduce stress to staff.

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, infection prevention and control, hand hygiene, safeguarding and a business impact audit. Staff kept records of the results of these audits and the resulting action plans and improvements.

The practice paid for staff's membership to an accredited on-line dental training provider and ensured dedicated learning time was available throughout the year.