Mr. Peter Roger Collins

Beaconsfield Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on Thursday 18 June 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

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

Are services well-led?

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

Beaconsfield Dental Practice provides a wide range of dental treatments on a private basis for patients of all ages. A small contract for the provision of NHS dental care to patients under the age of 18 is in place. The practice was open from 8:30am to 5pm Monday to Friday each week with appointments available from 8:30am to 1pm and from 2pm to 4:45 pm. The provider, Mr Peter Roger Collins shared the practice facilities with another dentist who was separately registered with CQC. Staff and facilities were shared and patients could register with either of the dentists.

Mr Peter Collins is registered as an individual and has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We spoke with four patients and reviewed 22 comment cards completed in the two weeks prior to our inspection. All of the comments we received from patients were positive. Patients told us they were pleased with the service they received and were given information they understood in regards to their treatment and treatment options. They also told us that the dentist and staff were professional, polite and helpful and they were treated with respect, care and compassion.

Our key findings were:

- Patients we spoke with and those who completed comment cards told us they were treated with care and staff were professional and friendly. We observed positive interaction between staff and patients during the inspection.

Summary of findings

- Patients were able to access both routine and emergency appointments and there were clear instructions on how to access out of hours emergency dental treatment.
- Staff were supported in receiving training appropriate to their role and to keep up to date with developments and best practice in dental care.
- Care and treatment was based on thorough examinations and patients told us they understood their care and treatment and received treatment plans upon which to base their decisions to proceed with or decline treatment.

There was an area where the provider could make improvements and they should:

- Ensure materials used for treatments that are rarely undertaken are checked and are within expiry date.

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?

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

There were systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies. The practice should ensure materials that were used infrequently were checked to ensure they were within expiry date. There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely.

Are services effective?

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

Patients were given information they understood to make decisions about their dental care and treatment. Advice, and appropriate treatment, was given to support patients maintaining their oral health. Referrals to other services were made when required and these were carried out in a timely manner. Detailed clinical records were maintained for all patients and patients were given detailed treatment plans. Staff received training relevant to their roles and responsibilities.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Patients' privacy and dignity was maintained. The four patients we spoke with and 22 comment cards we reviewed told us the staff were caring and compassionate. Arrangements were made to support patients who were nervous and longer appointments were available to help support them during treatment. Patients confirmed that they received both a detailed verbal description and a treatment plan when a course of treatment was proposed.

Are services responsive to people's needs?

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

The practice was accessible to patients with mobility difficulties and a range of appointment times were available. Patients confirmed that they were able to access urgent appointments when in pain and the practice provided information on how to access emergency dental treatment when the practice was closed. There was a procedure in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients.

Are services well-led?

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

Staff received induction training and were given opportunities to maintain their professional development. The dentist and senior dental nurse held lead responsibilities for different aspects of management and governance and staff were aware of who to go to if they had any concerns or ideas on improving services. Staff told us they were well supported to undertake their responsibilities. Management records, including those relating to health and safety, were maintained in an up to date manner and were available to staff if they needed to access them.

Beaconsfield Dental Practice

Detailed findings

Background to this inspection

We inspected Beaconsfield Dental Practice on 18 June 2015. The inspection was a comprehensive inspection. The practice had been inspected before in 2011 and no concerns were identified at that time. The inspection was carried out by a CQC Inspector and a Specialist Dental Nurse Advisor.

We contacted NHS England area team and Healthwatch Buckinghamshire regarding our inspection of the practice. We did not receive any information of concern from them.

During our inspection we looked at the practice premises to see whether they were accessible to patients and kept clean and tidy. We reviewed documents relating to the management of the practice and observed patients as they arrived for their appointments. We spoke with four patients and reviewed the comments from 22 patients who completed CQC comment cards in the two weeks prior to the inspection. We also spoke with the dentist, the associate dentist and four members of staff.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a system for reporting accidents. These would be entered in the accident book. We saw that an incident of a needle stick injury had been recorded. There was a needle stick injury protocol and we saw that this had been followed in the case of the recorded incident. However, there was no formal procedure for reporting incidents that had not resulted in an injury. We were told that no such incidents had occurred in the last three years. The practice should introduce a protocol for reporting and recording incidents that did not result in injury.

Reliable safety systems and processes (including safeguarding)

The practice had up to date Child Protection and Vulnerable Adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse and staff we spoke with were able to describe the types of abuse they might witness during the course of their duties. The policies were available to staff and staff knew where to locate them. Staff had access to contact details for the local authority's child protection and adult safeguarding teams. We saw records that staff had received training on safeguarding via eLearning. A dentist was the lead for safeguarding and we saw that they had received additional training to enable them to carry out this role.

Computer records were password protected to protect personal data.

The dentist used rubber dams (a rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth) when undertaking root canal treatments. This ensured the treatment was carried out using up to date guidelines and increased the safety of the procedure for the patient.

Medical emergencies

The practice had arrangements in place to deal with most medical emergencies. All staff had attended training for cardiopulmonary resuscitation (CPR). We checked the medical emergency drugs kit and found all contents were in date and in accordance with national guidelines. We saw evidence to show all emergency drugs were regularly checked and kept up to date. Medical emergency oxygen was available and we saw that the cylinder was regularly checked. There was a protocol in place to ensure correct maintenance of this piece of equipment. The practice had an Automated External Defibrillator (AED). An AED is a portable electronic device that diagnoses life threatening irregularities of the heart and is able to deliver a shock to attempt to correct the irregularity. The AED was working and we saw that it was regularly checked and the results of the check recorded.

Staff recruitment

The practice had a recruitment policy that included the requirement to obtain references, check

qualifications and experience, and be registered with an appropriate professional body and to obtain proof of identity. Checks were also made with the Disclosure and Barring Service to ensure staff were safe to work with children and vulnerable adults. We looked at six staff files and found they contained the relevant documentation for all staff recruited since the practice became subject to regulation. We were able to confirm that all staff had undertaken criminal records checks and that dentists and dental nurses working at the practice were all registered correctly with their professional body and had the necessary qualifications, skills and experience to work there.

The certificates we saw in staff files evidenced the qualifications and experience of the dentists, self-employed dental hygienists and the dental nurses.

Monitoring health & safety and responding to risks

A health and safety policy with supporting risk assessments was in place at the practice. Staff knew where to locate the policy if they needed it. The policy described risks and the actions identified to mitigate risk. We saw that when the practice identified a risk to the local community from drivers exiting the practice car park they had taken action to reduce the risk by requesting drivers to take extra care and drive slowly when leaving the car park.

There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control, a legionella disease risk assessment, fire evacuation procedures and risks associated with hepatitis B. Processes were in place to

monitor and reduce these risks so that staff and patients were safe. For example we saw records confirming that all staff had received their course of immunisations for hepatitis B.

Staff induction included briefing on health and safety procedures including what to do if there was a fire in the practice. New staff were required to familiarise themselves with the practice health and safety guidance.

Infection control

The practice had an infection control policy. We reviewed the cleaning standards in all the consulting rooms and general areas and found the practice clean and tidy. Practice staff undertook the cleaning and there was a checklist for them to follow. Twelve of the patients who completed comment cards complimented the standards of cleanliness achieved within the practice.

Clinical waste leaving the practice was in colour coded bags or in the appropriate containers required by legislation. The clinical waste was held securely in a locked container awaiting collection. There was a contract in place for the disposal of all clinical waste and dental products including amalgam (the material used for some fillings). Records of collection of clinical waste by the approved contractor were signed and retained appropriately.

We observed a member of staff cleaning the work area in a consulting room between treatments. The process followed current guidance for the cleaning and decontamination of dental practices and appropriate personal protective equipment (PPE) was worn throughout the procedure. Dental lines that carry water to the dental chair units were flushed through in accordance with best practice and a chemical application to reduce the risk of bacteria growing in the lines was appropriately applied.

Dental instruments were cleaned and decontaminated in a dedicated decontamination room. This was laid out appropriately with clear separation of the dirty instruments entering the room and the clean sterile instruments coming out of the autoclave (an autoclave is a piece of equipment that treats instruments at high temperature to ensure any bacteria are killed). A member of staff demonstrated the process for cleaning and sterilising instruments and the process followed current guidance and appropriate PPE was worn throughout the procedure. The equipment used for cleaning and sterilising was maintained and serviced as set out by the manufacturers.

Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was clear that the equipment was in working order and being effectively maintained. We looked at the dental instruments which had been taken through the decontamination process and were ready for use in the dental consulting rooms. These were all held in sterile pouches and were within their use by date.

We found hand washing guidance displayed above the wash hand basins in all consulting rooms, the decontamination room and toilets. There was an adequate supply of hand washing soap and paper towels adjacent to all hand wash hand basins.

The practice was designed in a way that meant cold and hot water was not stored in tanks. It had therefore been identified as a low risk environment for legionella (legionella is a bacteria found in the environment which can contaminate water systems in buildings). There were records of water tests being undertaken by approved contractors.

Equipment and medicines

Records we reviewed showed the practice had a programme for servicing equipment. There were service records for pressure vessels, autoclaves and other items of dental equipment. Equipment was maintained in accordance with manufacturers' guidance and legal requirements and was safe for use. On the day of inspection we saw one of the x-ray machines was being replaced with an up to date model which showed us the practice replaced equipment as and when necessary.

We checked medicines held for use in an emergency and for day to day treatment all were within their expiry dates and there was a system in place for monitoring the expiry dates and ensuring medicines were held safely and securely. Any medicine prescribed was supported by a prescription and an entry in the patient's record.

We found some materials for use in specific procedures had passed their use by date. For example, a modelling resin for making impressions of the shape of teeth was out of date. We advised the member of staff responsible for monitoring and ordering equipment and materials of our findings. The materials were immediately removed from use and arrangements made to order replacements.

Are services safe?

Radiography (X-rays)

The practice maintained a comprehensive radiation protection folder. A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. The folder contained details of those qualified staff and evidence of their training. All staff working at the practice had been required to sign to indicate that they understood the correct procedures and the local rules relating to the use of X-ray equipment. This kept staff and patients safe from unnecessary radiation exposure. X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with the local rules that were relevant to the practice and equipment. Each piece of X-ray equipment had their own individual local rules relating to their location. We viewed documentation that demonstrated that the X-ray equipment was serviced and calibrated at the recommended intervals.

The dentist entered the rating of the quality of the X-rays taken in the patient's record. However, the practice did not use the data collected to audit their overall achievement in relation to the standards of x-rays taken. We noted that the practice followed a policy of keeping exposure to x-rays to a minimum. There was evidence that if a new patient had received an x-ray in the year before their joining the list of Beaconsfield Dental Practice their previous dentist was contacted to obtain the last set of x-rays. The justification for taking x-rays was based on full dental examination therefore, the dentist did not set a rigid x-ray repeat timescale for all patients.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients completed a full medical history and asked if there were any changes to medical conditions or medicines taken before any course of treatment was undertaken. The four records we reviewed showed medical history had been checked.

The practice used current guidelines when making decisions on treatment and clinical risk. For example the requirement to take x-rays and the frequency of recall was based upon a full oral examination. Each time the patient received a dental check their records were updated and decisions about their future treatment and check-up regime were noted.

The patient records we reviewed and comments we received on CQC comment cards showed us that oral health and preventative measures were discussed with patients. Appointments with the dental hygienist were offered when appropriate and patients were given the option of taking up the offer. Products such as toothbrushes and high fluoride toothpaste were available for patients to purchase at the practice.

Health promotion & prevention

There were health promotion leaflets available in the practice to support patients to look after their oral health. These included information about good oral hygiene. The dentist told us they offered oral health advice to patients and this was confirmed by some patients who completed comment cards. Referral to the dental hygienist was available and made when appropriate. Patients were given the option to see the hygienist.

Staffing

The principal dentist employed an associate dentist and shared the premises and staff with another dentist registered with the CQC. There were five dental nurses employed which provided a dental nurse to work with the dentist at all times.

Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continual professional development (CPD) to regularly update their skills. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Records showed details of the number of hours they had undertaken and training certificates were also in place. This showed the provider ensured all relevant training was attended so that staff were working within their sphere of competency. Training certificates we saw also evidenced that staff attended off site training as a team for example training in basic life support. This demonstrated that the provider was supporting the staff to deliver care and treatment safely and to an appropriate standard.

We spoke with members of staff who confirmed they had their learning needs identified and they were encouraged to maintain their professional expertise by attendance at training courses.

Working with other services

We discussed with the dentist how they referred patients to other services. Referral letters and responses were held in the patients' records. These ensured patients were seen by appropriate specialists. We spoke with the Orthodontist who visited the practice who confirmed they received appropriate referrals from the dentist.

Consent to care and treatment

We looked at the records of four patients. We saw evidence that patients were presented with treatment options and treatment plans. Patients were not always required to give written consent to their treatment plan. Verbal consent was sought and recorded when the patient returned to take up the treatment plan offered. The two dentists we spoke with were aware of the implications of the Mental Capacity Act 2005 (MCA). MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The dentists were also aware of and understood the use of Gillick competency in young persons. Gillick competence is used to decide whether a child (16 years or younger) is able to consent to their own medical treatment without the need for parental permission or knowledge.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed staff greeting patients on arrival at the practice and dealing with booking appointments. We saw that patients were treated very professionally. We observed staff handling patient telephone calls. They were polite and professional with patients and offered options for the date and time of appointment. Some of the patients who completed comment cards said they were always treated with kindness and respect. We spoke with four patients and received 22 completed CQC comment cards. All patients described the service as good or excellent. The principal dentist and associate dentist we spoke with told us any patients who were nervous about dental treatment were given extra time and their treatment was explained so that they knew what to expect.

A data protection and confidentiality policy was in place and staff signed confidentiality agreements linked to their contract of employment. The policy covered disclosure of patient information and their conditions and the secure handling of patient information. Patient records were held securely in lockable filing cabinets. These cabinets were locked every evening and the keys held securely.

We saw that consultation room doors were closed during consultation and treatment and conversations could not be heard from outside. Our observations of the reception area found that staff were careful not to discuss patient details when others could overhear. If a patient requested to speak with staff in private they could be taken to another room within the practice away from the reception desk.

More than 40% of the comments we received were from patients who had been visiting the practice for over 10 years and these informed us that other family members were registered at the practice because they received a good service.

Involvement in decisions about care and treatment

The principal and associate dentists we spoke with told us how they took time to explain treatment to patients and we saw written information was available on specific treatments. For example, implants and cosmetic treatments. When a course of treatment was proposed patients were given a treatment plan which set out the details, and costs, of the treatment. The patient was given a copy of the plan and a second copy was retained in their records.

Twelve patients who completed CQC comment cards referred to receiving good explanations of their treatment and confirmed they always had a written treatment plan which they understood. Parents who completed comment cards told us that the dentists described treatment to younger patients in a way they understood and treated younger children in an age appropriate manner.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information on the range of treatments available from the practice was available in both the practice leaflet and on the website. The treatments were also displayed in the reception area and the costs for private treatment were detailed alongside the treatments.

The practice provided continuity of care to their patients by ensuring they saw the same dentist each time they attended. When this was not possible they were able to see one of the other dentists.

Patients new to the practice were required to complete a patient questionnaire so that the practice could conduct an initial assessment and respond to their needs. This included a medical history form. The dentists undertook a full examination when patients attended for their first appointment and this was documented in the patient record. Decisions relating to the frequency of recall and the need for x-rays were based upon the findings of the initial assessment and then documented in the patient's records.

Tackling inequity and promoting equality

The practice was accessible to patients in wheelchairs and those with walking difficulties. We saw that a dedicated entrance was available for this group of patients which avoided accessing the practice via steps. Staff were aware of patients with mobility difficulties and there was a system in place for patients requiring assistance with access to call the reception to alert a member of staff to greet them and support their entrance to the practice if they so needed. All consulting rooms were on the ground floor and the doors to each room were wide enough to enable wheelchair access.

The practice did not have access to online or telephone translation services. Both the dentists and the staff we spoke with told us that the majority of patients had English as their first language and that the need for translation was very rare. The few patients that required assistance with translation were able to bring a relative or friend to support them.

Patients who were nervous about dental treatment could bring a friend or relative to accompany them during treatment. We received comments from patients that told us appointments were available outside of school hours.

Access to the service

The practice was open from 8:30am to 1pm and from 2pm to 5pm every weekday. Appointments were available between these times. Patients who completed comment cards told us they did not experience any problems obtaining either routine or urgent appointments. We looked at the appointments system in use and saw that time was blocked out each day to accommodate patients in urgent need of dental treatment. The practice opening hours were displayed near the main entrance and detailed on the practice website.

The principal dentist worked in conjunction with the second dentist who practiced at the same location and the associate dentist to provide an out of hours on call service. The details of how and who to contact outside of surgery hours were available on a recorded message that patients accessed if they called the practice after 5pm and at weekends.

Concerns & complaints

The practice had a system for dealing with complaints. Information on how to lodge a complaint was held at reception and there was written information available. The complaints procedure set out who would deal with a complaint and timescales for investigation and response. It also detailed who to contact if the patient was unhappy with the outcome of the complaint investigation.

We reviewed the three complaints the practice had received in the last twelve months. These had been investigated and responded to in accordance with the practice procedure and when an apology was due it had been made

Are services well-led?

Our findings

Governance arrangements

The practice was run by the principal dentist who was ultimately responsible for managing the clinical and administrative functions of the practice. Because the practice was a single handed dentist a formal management structure was not felt necessary. The dentist was assisted in the day to day management of the practice by the senior dental nurse who also acted as the practice manager.

The dentist and senior nurse had policies and procedures in place to govern the practice and we saw that these covered a wide range of topics. For example, control of infection, health and safety and training and development.

We noted that management policies were kept under review and had been updated in the last year. Staff were aware of where policies and procedures were held and we saw that these were easily accessible if the dentist or senior dental nurse were absent from the practice.

Leadership, openness and transparency

The practice had a statement of purpose. There was a strong ethos of providing safe personal treatment and we saw that staff were committed to the ethos. Communication in the team was managed informally without a formal team meeting structure because the principal dentist was able to work closely with all team members. Staff took breaks together and were able to discuss any concerns or ideas with the dentist and senior dental nurse at any time. Staff we spoke with told us they were encouraged to put forward ideas and they told us they were well supported to carry out their roles and responsibilities. Staff had job descriptions and were clear on the duties that were expected of them.

Staff we spoke with told us the practice had a 'no blame' culture and that they would have no hesitation in bringing any errors or near misses to the attention of the dentist. None of the staff we spoke with recalled any instances of poor practice that they had needed to report.

Management lead through learning and improvement

Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). Training was completed through a variety of media and sources. Staff were given time to attend local training seminars and sourced other training opportunities online or through professional journals.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had conducted a patient survey in 2014. The results of the survey were extremely positive and did not identify any areas of service which the practice needed to follow up on. Surveys were not carried out every year. However, patients were encouraged to give personal feedback on the service they received. There were some examples of compliments received at the practice for example relating to the efficiency of the dentists in referring patients to hospital when they suspected oral cancer.