

# Beechwood Dental Care Limited

# Beechwood Smile Centre

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 22 October 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.

#### **Background**

Beechwood Smile Centre is located in the London Borough of Sutton. The practice had five treatment rooms across two floors, plus a waiting room/reception, administrative rooms, a decontamination room and toilet facility. The practice provides private and NHS treatment to both adults and children and offers routine both examinations and treatment six days per week. The practice was open Monday to Friday from 8:30 am until 5:30 pm and from 8:30 am until 1:00pm on Saturdays.

The practice provider is a limited company run by one of the dentists at the practice. The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We carried out an announced comprehensive inspection on 22 October 2015 as part of our planned inspection of dental practices. The inspection took place over one day and was carried out by a lead inspector and a dental specialist adviser.

# Summary of findings

18 people provided feedback about the service, and we spoke to three patients on the day of the inspection. Patients we spoke with, and those who completed comment cards, were positive about the care they received from the practice.

## **Our key findings were:**

- Equipment was in place for staff to undertake their duties, and equipment was well maintained.
- Safe systems and processes were in place, including leads for safeguarding and infection control.
- Staff recruitment policies were in place and relevant checks were completed. New staff had been provided with a thorough induction into the practice.
- The practice had ensured that risk assessments were in place and that they were regularly reviewed.
- Patients were provided with health promotion advice to promote good oral care.
- All feedback that we received from patients was positive; they reported that it was a caring and effective service.
- Governance systems were in place at the practice including a developed system of audit.

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

- Review availability of interpreter services available to patients who do not speak English as a first language.

# 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.

The practice had reliable safety systems in place including those for learning from clinical incidents, although these had not been required. Medicines were stored appropriately. Recruitment checks on new starters at the practice were full and thorough to ensure that they were fit to work in a clinical setting.

There were also appropriate protocols and systems in place for safeguarding, health and safety and all aspects of infection control. Suitable clinical equipment was in place, but we noted that some single use equipment had been cleaned and re-used.

### **Are services effective?**

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

The practice monitored patients' oral health and gave appropriate oral health promotion advice. The practice provided examples of how patients were offered a choice of treatment options and that the final decision was left to the patient.

The practice followed relevant guidelines including such as those from the National Institute for Health and Care Excellence (NICE). Dental care records were full and included detailed histories, records of discussions and treatment plans. Consents where required were documented appropriately.

All staff were trained in mandatory areas and the practice manager kept detailed personnel files including training logs.

### **Are services caring?**

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

Patients reported that the level of care provided was of a high standard and that they felt that the staff treated them with dignity and respect. Staff explained how they ensured patients understood treatment options. They also showed how they ensured that patients were able to make an informed decision, which included clear pricing.

### **Are services responsive to people's needs?**

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

Patients were given appropriate access to appointments. The way in which appointments were scheduled allowed the practice to normally accommodate emergency appointments, but if they were not able to assist they provided patients with a list of alternative providers in the area. The practice building allowed access to all patients including wheelchair users. There was no interpreter service available at the practice, although one had never been required.

There was a clear complaints procedure and information about how to make a complaint was displayed in the waiting area.

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

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

# Summary of findings

The practice had appropriate governance arrangements. Risk assessments had been carried out and there were clear policies and procedures. All of the staff that we spoke with knew how to access policies and procedures, and management lines were clear.

Staff said that they felt involved in the practice and they said that they felt managerial staff and dentists were approachable. Staff were allowed time for personal development and had received appraisals.

# Beechwood Smile Centre

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 22 October 2015. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dentist specialist advisor.

During our inspection visit, we reviewed policy documents and staff records. We spoke with six members of staff, including the management team. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed the dental nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

We reviewed comment cards completed by patients and reviews posted on the NHS Choices website. Patients gave universally positive feedback about their experience at the practice.

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

There were systems in place for learning from incidents. There was a policy in place for the management of serious incidents which were recorded on a register. Although the practice had not had to manage any clinical errors in the last year there were clear and defined policies relating to how these would be managed. All staff were aware of how to report incidents. There were formal all staff meetings in place in the practice every two months where information was shared. No patients or staff in the practice had suffered a sharps or other injury, but systems were in place in case of that eventuality.

We noted that it was the practice's policy to apologise when things went wrong.

### Reliable safety systems and processes (including safeguarding)

The practice had systems in place for safeguarding children and vulnerable adults. The practice manager was the safeguarding lead and all staff had been trained in child protection to level two,. All practice staff were able to describe potential safeguarding issues and how these would be reported. The practice had not had to manage any issues of safeguarding, but reporting and management systems were in place

The practice proactively took medical histories from all patients each time they attended unless it was a follow up visit within a month. The practice staff were aware of national guidelines to follow in the provision of a range of clinical care. For example, the practice used rubber dam for root canal treatments. (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).

### Medical emergencies

The practice had arrangements in place to deal with medical emergencies. Staff had received the appropriate training in basic life support, and staff that we spoke with were aware of what they would need to do, and who they would need to alert in the event of an emergency.

There was a well maintained medical emergencies kit that was centrally stored and was accessible in the event of an emergency to all staff. All emergency drugs that might be

required were in place and were in date, with monthly checks carried out to ensure that this was always the case. The practice had emergency equipment such as oxygen and an automated external defibrillator (AED) in place. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

Bodily fluid and mercury spillage kits were available in the practice.

### Staff recruitment

The practice employed sufficient staff for the number of patients. The practice also contracted services to a dental hygienist and a surgeon. On review of staff recruitment files it was clear that full checks on staff were in place. This included identification, professional regulation status, references and Disclosure and Barring Service (DBS) checks. (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). There were also indemnity certificates and records with vaccination status for Hepatitis B.

### Monitoring health & safety and responding to risks

The practice had taken appropriate action to risk assess and to monitor health and safety. A health and safety policy was in place at the practice which covered accidents, emergency procedures, medicines, oxygen and first aid. This also included risks associated with Control of Substances Hazardous to Health Regulations 2002(COSHH) , and a separate file was kept for this. Actions had been taken to mitigate all risks identified. There was a first aid kit in the decontamination room and spill kits were also available.

The practice had a formal business continuity plan in place. However, at the time of the inspection no copy of this plan was kept off site.

### Infection control

The practice was based in a former house which had been altered to ensure that it was fit for purpose for undertaking the regulated activities. The practice was clean throughout.

There were two sinks in each of the consulting rooms and there was a laminated poster in both of the clinical rooms

# Are services safe?

detailing hand washing procedures. The decontamination room at the practice had four sinks, two for hand washing, one for scrubbing instruments and one for rinsing. There was an ultra sonic bath and an autoclave being used. The process of cleaning, disinfection, inspection sterilisation packing and date stamping was demonstrated by one of the dental nurses. The nurse demonstrated practice in line with national guidelines in undertaking the decontamination process. The zoning in the decontamination room was well defined. The staff that we spoke to had a clear understanding of needlestick injury protocol.

Clean instruments were stored in sealed pouches which were date stamped with the expiry date when the decontamination cycle needed to be repeated in line with HTM 01-05 guidance. However, we noted in two surgeries that some single use equipment (burs and reamers) had been cleaned and were being reused. The practice principal was unaware of this, and following the inspection confirmed that this had been addressed.

Appropriate infection control logs were in place at the practice. For decontamination procedures there was a daily checklist undertaken by the practice nurse. There was a daily log showing that water lines had been maintained, and daily tests were also being carried out on the ultra sonic bath and the autoclave. Sharp boxes were in place in all clinical rooms and were date stamped, and clinical waste was stored in line with guidelines with consignment notices retained.

A legionella risk assessment had been carried out two weeks before the inspection and had found no concerns. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

Cleaning equipment in the practice was colour coded in line with guidance. Separate equipment was used for cleaning clinical areas, toilets, and reception and staff areas. All cleaning equipment was stored in a locked cupboard.

## Equipment and medicines

Equipment in the practice was regularly serviced and appropriately maintained. The practice provided evidence that clinical equipment in the practice was serviced and calibrated on a regular basis. Portable appliance testing (PAT) had also been completed in accordance with good practice guidance. We noted that the compressor, autoclave and ultrasonic bath had all been serviced three months before the inspection.

All clinical equipment was kept separate from staff areas in the practice. All clinical equipment including that used for treatment, refrigeration and decontamination was appropriate. Refrigerator logs were in place to ensure that the correct temperature was maintained.

The practice kept a log of expiry dates and batch numbers of all medicines in the practice. Emergency medicines were available and were all in date.

## Radiography (X-rays)

The practice kept a radiation protection file to monitor the use of X-ray equipment. The file was complete and up to date, and there was a named radiation protection advisor (RPA) from an external provider. The radiation protection supervisor in the practice was the dentist who was practice principal. An inventory of all the X-ray equipment, critical examination packs of all X-ray sets used in the practice, acceptance test for new installations of X-ray sets and maintenance logs within the last three years were all in place in line with regulations.

Local rules for the use of equipment were available in both clinical rooms and staff had been trained to ensure compliance with the Ionizing Radiation (Medical Exposure) Regulations 2000 (IRMER) regulations.

All staff in the practice that took x-rays had continued training and were qualified.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

During the inspection we reviewed six dental care records, all of which were stored electronically only. All of the records that we reviewed contained medical histories that were updated on each visit, and a full assessment of the patient's oral health. Records contained other relevant information such as the reason for attendance, intra and extra oral examinations, gum condition and tooth condition.

Treatment plans were clearly documented and detailed a list of treatments advised and discussions of risks and benefits. All treatment plans were signed by the patient.

The dentists that we spoke to understood and used National Institute for Health and Care Excellence (NICE) guidance and the Delivering Better Oral Health Toolkit to determine recall intervals for patients, as well as in determining best treatment.

### Health promotion & prevention

The practice took appropriate action to promote good oral health. Dentists told us that they would discuss oral health with patients including effective brushing and dietary advice. These discussions with patients were recorded on the dental care record. Oral cancer checks and assessments of smoking and alcohol intake were also present in the records. Any advice provided following these checks was also recorded.

### Staffing

The level of staffing was appropriate for the number of patients who attended the practice. All staff at the practice had completed mandatory training, including for

safeguarding and infection control. Protected time was provided for clinical staff to undertake courses relevant to their own continuing professional development, and to maintain their registration with their professional regulator.

Staff records contained details and certificates of training that had been received. Induction information was available to new staff and this was also kept on staff files.

The practice had a system of annual appraisals in place. Staff also met with managers throughout the year and information was disseminated to staff in meetings which were minuted.

### Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. Referrals where required were made to other dental specialists. Referral letters that we saw were clear and contained any relevant information that might be required. The practice kept a record of all referrals to ensure that continuity of care was maintained.

### Consent to care and treatment

The practice ensured that consent was obtained for all care and treatment. Comprehensive treatment plans were provided which the patient had to sign for consent purposes.

The dentists at the practice had been trained in and were aware of the Mental Capacity Act (2005). The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. They were aware of their responsibilities and when they were able to act in a patient's best interest.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We observed that all staff in the practice were polite and respectful when speaking to patients. Patients were afforded appropriate privacy as both treatment rooms had doors that were closed during consultations. Conversations could not be heard from the other side of the door. The main waiting area and reception were in one room, but we noted that reception staff were careful not to discuss personal information where it might be overheard

18 people provided feedback about the service. Patients we spoke with, and those who completed comment cards, were positive about the care they received from the practice. Patients reported that staff treated them with respect and kindness. They also stated that dentists explanations were clear.

The practice used a record system that was electronic only. These records were password protected and it was noted that staff locked their computer screens when they were away from their computers.

The practice manager said that the practice was driven by making patients as comfortable as possible, and that if a patient was distressed then they would give them extra time. She said they aimed to be as reassuring as possible.

### **Involvement in decisions about care and treatment**

The practice provided clear treatment plans to their patients which detailed possible management options and indicative costs. Where treatments were complicated the practice used educational videos to explain them. . Patients reported that they were involved in their treatment planning.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice facilities were appropriate to patient needs. Patients with mobility difficulties could be consulted on the ground floor by any dentist. The appointment slots provided patients with sufficient time to consult with their dentists, and urgent and emergency appointments were available daily.

The practice actively sought feedback from patients on the care being delivered. Feedback from patients had been positive

### Tackling inequity and promoting equality

The practice had ensured that they tackled inequality and the service was available to all. The practice was based in a converted house but had been modified for purpose and so that it was accessible. For the most part the lower floor was fully wheelchair accessible, but there was insufficient room in the premises for a patient toilet with wheelchair access.

The practice manager stated that they had very few patients who did not speak English, but that some staff spoke other languages. However, there was not a formal system by which a language line could be accessed. The practice manager said that patients would be allowed to bring their own translator.

### Access to the service

The practice's opening hours were Monday to Friday from 8:30 until 5:30 and from 8:30 until 1:00pm on Saturdays. The opening hours for the practice were prominently displayed on the door to the practice, and were also listed on the practice's website which detailed the services available.

The practice manager said that where possible they would manage patients presenting with dental emergencies on the day in the practice as time was often available. He stated that if the practice were not able to treat a patient that day then they would provide patients with details of nearby practices in order that they could be seen.

### Concerns & complaints

Information about how to make a complaint was displayed in the reception area. This information was also available on the practice's website. There was an appropriate complaints procedure in place at the practice, and the code of practice which detailed who to make a complaint to as well as the time in which to expect a response was available in the reception area and on the practice website. The practice manager was the lead for management of complaints at the practice; in the past two years no formal complaints had been received.

# Are services well-led?

## Our findings

### **Governance arrangements**

There were appropriate systems for clinical governance in place at the practice. A range of clinical audits had taken place. For example the practice had audited x-rays, hand hygiene and record keeping..

The practice had daily logs of equipment checks in place, including anti-bacterial tests on the ultrasonic bath. The practices also audited any variable readings on its equipment to ensure that it was appropriately calibrated. All responsibilities for governance were clearly defined and the management structure included leads for specific areas. All staff knew which leads to contact if required.

### **Leadership, openness and transparency**

The practice staff that we spoke with said that leadership in the practice was good, and that they were clear in both their roles and the delivery of care in the practice. The staff that we spoke to said that if an issue was raised it was resolved quickly and that the partners in the practice were friendly and approachable.

The staff that we spoke with were aware of the vision and values of the practice, and that they felt that it was a supportive working environment.

### **Learning and improvement**

The practice staff met every two months to review any learning point, and to discuss day to day practice and improving the service. These meetings were minuted. The practice ensured that time was available for continuing professional development, and records of training courses undertaken were kept on staff records, although in some instances dentists training certificates were not present. The practice manager said that they had not been able to report on complaints or issues of safeguarding at meetings as they had not received any.

Following the inspection the practice manager reported that she had taken on board feedback from the inspection team and ensured that no single use equipment was re-used at the practice.

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

The practice had requested feedback from patients through comment cards and most feedback received had been positive.

Staff that we spoke with said that they would feel comfortable raising any issues with the practice partners, but that overall they had not felt the need to feedback as the practice was running well.