

The Dental Surgery Burnham Limited

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Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 12 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 two specialist dental advisors.

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.
- Improvements were needed to 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.
- Improvements were needed to protocols 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 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's information governance arrangements required improvement.

Background

The Dental Surgery Burnham is in Burnham Village and provides NHS and 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. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 6 dentists, 1 periodontist, 1 endodontist, 1 oral surgeon, 7 dental nurses, 3 dental hygienists, 1 practice manager and 3 receptionists.

The practice has 7 treatment rooms.

During the inspection we spoke with 4 dentists, 2 dental nurses, 1 dental hygienist, 1 receptionist and the practice manager.

We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

- Monday 8.30am to 5.30pm
- Tuesday 8.30am to 5.30pm
- Wednesday 8.30am to 5.30pm
- Thursday 8.30am to 5.30pm
- Friday 8.30am to 5.30pm
- Saturday Private appointments

We identified regulations the provider was not complying with.

They must:

Summary of findings

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider was/is not meeting are at the end of this report.

There were areas where the provider could make improvements.

They should:

- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.
- Improve the practice protocols to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.

The provider accepted the shortfalls that we raised and took immediate action on the day of our inspection to begin to address these.

Where evidence is sent that shows the relevant issues have been acted on, we have stated this in our report, but we cannot say that the practice is compliant for that key question as this would not be an accurate reflection of what was found on the day of our inspection.

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?	Requirements notice ✗

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, 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 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, including for agency or locum staff. These reflected the relevant legislation.

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.

Fire safety management required improvement. In particular:

- Fire alarm call points were not tested in sequence appropriately..
- Emergency light servicing was not carried out at appropriate intervals.
- Fire alarm servicing was not carried out at appropriate intervals.

A fire risk assessment had been carried out by someone who could not demonstrate competence in fire safety management. We have since received evidence to confirm this shortfall has been addressed.

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

Risks to patients

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

Emergency equipment and medicines were available and checked in accordance with national guidance.

Permanent staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

A visiting clinician's basic life support training was overdue. We have since received evidence to confirm this shortfall has been addressed.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Are services safe?

Control of substances to health (COSHH) applicable products were not stored securely or storage areas signed appropriately. We have since received evidence to confirm this shortfall has been addressed.

Window blinds were present at practice windows. The operating cords were not secured to the window frame in line with British Safety standards. The practice ordered clips on the day of our visit and assured us they would be fitted as soon as practicably possible.

Information to deliver safe care and treatment

- A computer in treatment room 4 did not follow the practice's information governance codes of practice and locked when not in use. We have since received evidence to confirm this shortfall has been addressed.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

The practice did not have adequate systems to monitor the referrals and ensure these were followed up and patients received care in a timely manner. We have since received evidence to confirm this shortfall has been addressed.

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.

The practice did not have a General Data Protection Regulation (GDPR) compliant accident record book. We have since received evidence to confirm this shortfall has been addressed.

EFFECTIVE:

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.

Dental implants

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

Helping patients to live healthier lives

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

involvement in local schemes

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

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.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services safe?

Monitoring care and treatment

There were inconsistencies in the information recorded within the dental care records we looked at.

We looked at a sample of dental care records for all the clinicians working at the practice and documented evidence was not always available to confirm that:

- Treatment plans were always given to patients.
- Written consent had been obtained for periodontal treatment.
- Justification and grading of radiographs had taken place.

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.

Newly appointed staff had a structured induction and permanent 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 effective?

(for example, treatment is effective)

Our findings

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

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Are services effective?

(for example, treatment is effective)

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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.

On the day of inspection, we spoke with 4 patients who all told us that staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television (CCTV) to improve security for patients and staff. Relevant protocols were not effective. In particular:

- A Data Protection Impact Assessment (DPIA) was not available.
- CCTV warning signs were not clearly visible.
- Information for patients was not available to explain the purpose of recording images.
- The name and contact details of those operating the surveillance scheme were not displayed.

We have since received evidence to confirm these shortfalls have been addressed.

Improvements were needed to ensure confidential records were stored in a secure way. These included records associated with:

- Staff recruitment
- Patient complaints
- Accidents

A window in treatment room 7 did not have a window covering to protect patients' privacy.

We have since received evidence to confirm these shortfalls have been addressed.

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 leaflet provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included for example, 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 has made reasonable adjustments to support patients with access requirements. These included:

- A hearing loop.
- Handrails and emergency call point in the patient toilet.
- Vision aids.
- Step free access.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

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

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. 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 and answerphone provided telephone numbers for patients needing emergency dental treatment when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notice section at the end of this report).

We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

We found improvements were needed to ensure the management and oversight of procedures that supported the delivery of care was effective.

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

Culture

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

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

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 permanent staff training was up-to-date and reviewed at the required intervals.

Governance and management

The provider had overall responsibility for the clinical leadership of the practice. The practice manager was responsible for ensuring the practice met the required standards.

The provider had a system of clinical governance in place which included policies, protocols and procedures. These were accessible to all members of staff, but systems were not routinely followed.

The management of fire safety, record keeping, and privacy protocols required improvement.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice's information governance arrangements required improvement.

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 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.

Continuous improvement

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, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17</p> <p>Good Governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>Fire Safety</p> <ul style="list-style-type: none">• A fire risk assessment had been carried out by someone who could not demonstrate competence in fire safety management.• The fire alarm was not serviced at appropriate intervals.• Emergency lighting was not serviced at appropriate intervals. <p>Control of Substances Hazardous to Health (COSHH)</p> <ul style="list-style-type: none">• COSHH applicable products were not stored securely.• COSHH applicable products storage was not signed appropriately. <p>Staff Training</p> <p>We looked at 23 staff training files. Evidence presented to us confirmed that:</p>

Requirement notices

- 22 out of 23 staff carried basic life support training in the previous 12 months.

Closed Circuit Television (CCTV)

- A Data Protection Impact Assessment (DPIA) was not available.
- CCTV warning signs were not clearly visible.
- Information for patients was not available to explain the purpose of recording images.
- The name and contact details of those operating the surveillance scheme were not displayed.

Data Protection

Improvements were needed to ensure records were stored appropriately. These included records associated with:

- Staff recruitment
- Patient complaints
- Accidents
- The computer screen in treatment room 4 did not automatically lock when left unattended.

Privacy and Dignity

- A window in treatment room 7 did not have a window covering to protect patients' privacy.