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Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 23 March 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment.

We usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it caring?
- 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 to be visibly 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 help them manage risk to patients and staff.

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.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- There was clinical leadership at the practice
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The dental clinic had information governance arrangements.

Background

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes two dentists a dental nurse, a dental hygienist, and a receptionist. The practice has three treatment rooms.

During the inspection we spoke with two dentists, a dental nurse, a dental hygienist, and a receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

9.00am to 5.30 om Monday - Friday

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

- Take action to ensure the service takes into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.
- Take action to ensure a disability access audit is undertaken and that audits of infection prevention and control are undertaken at regular intervals to improve the quality of the service.
- Take action to ensure the suitability of the premises and ensure all areas are fit for the purpose for which they are being used.
- Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No action	✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with 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.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had had checks in place and procedure to help them employ suitable staff in accordance with guidance.

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

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. However, we noted that some improvements were required. There was no evidence to show that the gas boiler had been serviced. When we raised this with the provider, they made immediate arrangements to have the boiler serviced. During the inspection they showed us confirmation that an appointment had been booked to service the boiler and carry out safety checks. The provider told us they would ensure the gas check was carried out annually in the future. The provider did not have an electrical safety check in place. They showed us evidence that this had been ordered and they were awaiting an electrician to come and install a new consumer unit and issue a safety certificate.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw 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.

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

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements. The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. However, there was no system in place to log referrals that were made.

Safe and appropriate use of medicines

Are services safe?

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 implemented systems for reviewing and investigating when things went wrong. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

Helping patients to live healthier lives

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

Consent to care and treatment

Staff generally obtained patients' consent to care and treatment in line with guidance. However, dental care records we looked at showed there was some inconsistency in staff recording patient's consent to care and treatment. For example, the fact that consent had been obtained had not always been documented in the record. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

Monitoring care and treatment

The practice kept dental care records that were generally in line with recognised guidance. However, there was some missing information recorded within the dental care records we looked at. For example, some of the records did not contain the details of soft tissue assessments. We spoke to the provider about this and they told us they would make improvements to the dental records.

We saw evidence to confirm that the dentist justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice demonstrated a transparent and open culture in relation to people's safety.

There was clinical leadership at the practice.

The information and evidence presented during the inspection process was clear and well documented. We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

The practice 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 meetings with managers. 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

The practice had some system for clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. At the time of the inspection there was no recruitment or consent policy in place. The provider told us they would draft these policies and following the inspection they sent us evidence of this.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

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

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. However, infection control audits were undertaken yearly, and not on a six monthly basis in line with guidance.

The provider told us they had considered the needs of disabled people but had not documented this by carrying out a disability access audit. The provider told us they would carry out a disability access audit and conduct infection control audits every six monthly in line with guidance in the future. Following the inspection that provider sent us evidence that they had undertaken a disability access audit.