

Beech House Dental Surgery

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Inspection report

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Overall summary

We conducted this announced comprehensive inspection on 24 May 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.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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 effective leadership and a culture of continuous improvement.

Summary of findings

- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The practice did not undertake adequate Disclosure and Barring Service (DBS) checks for newly employed staff.
- Antibiotic medicines were not prescribed in accordance with national guidelines.

Background

Beech House Dental Surgery provides both NHS and private dental care and treatment for adults and children. In addition to general dentistry, the practice also offers dental implant treatments to patients. The practice is part of the Smile Clinic Group that has 14 locations nationally.

The practice has made reasonable adjustments to support patients with access requirements including ramp access at the rear of the building and ground floor treatment rooms. There is no accessible toilet.

The dental team includes 6 dentists, 5 dental nurses, a dental hygienist, a dental therapist, a practice manager and a receptionist. The practice has 5 treatment rooms.

During the inspection we spoke with the dental therapist, 2 nurses, the compliance officer and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open Mondays to Thursdays from 9am to 5.30pm, and on Fridays from 9am to 4.30pm.

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

- Ensure that appropriate DBS checks are completed prior to new staff commencing employment at the practice.
- Improve the practice's protocols for medicines management and ensure all medicines are prescribed and dispensed according to national guidelines.
- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices.

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 safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. There was useful information about safeguarding procedures around the practice, making it easily accessible to both patients and staff.

The practice had infection control procedures which reflected published guidance. However, staff manually scrubbed dirty instruments and we advised that this was the least effective way to clean instruments and carried the highest risk of injury to staff. We also noted two ripped dental chairs and some broken and worn cabinetry. No action had been taken by staff to repair these.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems. An updated risk assessment had recently been commissioned by the new practice manager so she could assure herself that all risks had been addressed. Staff were undertaking monthly water temperature checks, but we noted these had fallen below the recommended levels in the previous two months. No action had been taken to address the issue.

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, which reflected the relevant legislation. Staff files we reviewed showed that, historically, the provider had not always obtained a recent Disclosure and Barring Services (DBS) check prior to employing a new member of staff.

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.

Staff had received appropriate fire training and fire safety equipment was checked and maintained. Recommendations from the practice's fire risk assessment, such as the need to remove combustible material from the basement, had been implemented.

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 and sepsis awareness. We viewed risk assessments which covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce them.

Emergency equipment and medicines were available and checked in accordance with national guidance, although we noted the practice did not have the full range of clear face masks. These were ordered during our inspection.

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

Are services safe?

Information to deliver safe care and treatment.

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. However, we noted that clinicians were not prescribing antibiotics according to national guidelines and the logbook did not contain any details of the dose given or the reason for the prescription.

Antimicrobial prescribing audits were carried out to ensure clinicians were prescribing according to national recommendations, although they lacked detail.

Track record on safety, and lessons learned and improvements.

The practice had systems to review and investigate incidents and accidents, and these were discussed by staff at practice meetings, evidence of which we viewed.

The practice had a system for receiving and acting on national 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. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

We found that 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. A dental hygienist and dental therapist worked at the practice to support patients with gum disease and oral health. One dental nurse had undertaken training in oral health education.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. We found that staff understood their responsibilities under the Mental Capacity Act 2005 and Gillick Competency guidelines.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

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

Effective staffing

For the previous two years the practice had struggled to recruit clinicians to provide both NHS and private care and had relied heavily on agency staff at the end of 2022. However, several new dentists had recently been employed to provide private care, and although only worked very part time, the staffing situation had significantly improved.

We found that had the skills, knowledge and experience to carry out their roles. They told us they had plenty of time for their role and did not feel rushed in their job. Both the therapist and hygienist worked with chairside support.

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 dentist 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 told us of some of the practical ways they helped nervous patients undertake their treatment, and the additional support they provided for a patient to ensure they received their dentures in a timely way.

We noted the receptionist interacted in a professional and empathetic way with patients during our inspection, especially those requesting urgent appointments that could not be provided by the practice.

Staff had undertaken training in autism and learning disability awareness to improve their understanding of patients living with these conditions.

Privacy and dignity

Staff were aware of the importance of privacy and all patient notes were held digitally. Staff password protected patients' electronic care records and backed these up to secure storage.

The waiting room was separate from the reception area to allow for greater patient privacy. There was frosted glass on treatment room windows to prevent passers-by looking in.

The practice had installed closed-circuit television to improve security and appropriate signage was in place to warn patients of its use.

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

The dentist explained the methods they used to help patients understand their treatment options. These included the use of photographs, intra-oral cameras and X-rays.

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 was accessible to wheelchair users, via ramp access at the rear of the building and downstairs treatment rooms. However, there was no accessible toilet. A portable hearing loop was available to assist patients who wore hearing aids.

Translation services were available for those patients who did not speak or understand English.

The practice offered patients an email and text appointment reminder service.

Timely access to services

At the time of our inspection the practice was unable to take on new NHS patients. Despite having two sizeable NHS contracts the practice had been unable to recruit clinicians willing to provide NHS treatment. As a result, patients were only able to access private dental care. The waiting time for a routine appointment was about 4 weeks.

Emergency slots for patients in dental pain were available throughout the week. However, there was no specific out of hours' service for the practice's private patients, who therefore had to rely on the NHS 111 service.

Listening and learning from concerns and complaints

Information about how patients could raise their concerns was available in the waiting area and the receptionist spoke knowledgeably about how they would deal with a patient who wanted to complain.

Complaints were discussed at practice meetings so that learning from them could be shared with the staff team.

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 manager was responsible for the day to day running of the practice but received good support from a lead nurse and receptionist. Staff spoke highly of her and told us she had introduced effective change at the practice.

She reported that she received good support from the provider's three partners, one of whom visited once a fortnight. She also had access to the provider's compliance officer. There were regular meetings with other practice managers within the Smile Group.

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

Culture

The practice demonstrated a transparent and open culture in relation to people's safety. We noted an open and inclusive atmosphere in the practice, with staff actively involved in, and consulted about, all aspects of the service. Communication systems in the practice were good, with regular daily and monthly meetings for all staff, and an instant messaging service which was used to share key information between staff.

Staff stated they felt respected and supported citing teamwork, communication and the approachability of leaders as the reason why.

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. It also subscribed to an on-line governance tool to help in the running of the service.

We saw there were clear and effective processes for managing risks, issues and performance.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients via surveys which were easily available on the reception desk. Recent surveys we viewed indicated high levels of patient satisfaction with the service provided. The compliance officer told us they were in the process of improving and expanding the ways patients could provide feedback about the service.

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.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement and innovation. These included audits of patient care records, radiographs, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.