

Dr. Ifaniyi Oshiga

Beechcroft Dental Practice

Inspection report

Beechcroft
New Costessey
Norwich
NR5 0RS
Tel: 01603747651

Date of inspection visit: 25 May 2022
Date of publication: 14/06/2022

Overall summary

We carried out this announced focused inspection on 25 May 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.

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 effective?
- 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.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Infection control procedures reflected published guidance.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked well as a team.
- The dental clinic had appropriate information governance arrangements in place.
- The clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- The provider had some systems to help them manage risk to patients and staff. However, we found some shortfalls in appropriately assessing and mitigating risks in relation to staff recruitment, electrical wiring testing, radiation protection, medicines management and record keeping.

Background

Beechcroft Dental Practice provides mostly NHS dental care and treatment for adults and children. There is ramped access to the practice for people who use wheelchairs and those with pushchairs. There are ground floor treatment rooms and a fully accessible toilet. Car parking is available in front of the building.

The dental team includes four dentists, two hygienists, and six dental nurses. The practice has four treatment rooms.

During the inspection we spoke with one dentist and three dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Mondays, Wednesdays and Thursdays from 9am to 5pm; on Tuesdays from 9am to 6pm, and on Fridays from 9am to 1pm.

We identified regulations the provider was not complying with. They must:

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 not meeting are at the end of this report.

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

- Implement a system 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.

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?	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 and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. There was helpful information about support services in patient areas, making it easily accessible.

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

The practice had infection control procedures which reflected published guidance. Staff carried out infection prevention and control audits twice a year which showed the practice was meeting the required standards.

The practice had some procedures to reduce the risk of Legionella or other bacteria developing in water systems. A legionella risk assessment had been completed in May 2022, and its recommendations to monitor water temperatures and install a new boiler had been implemented.

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 premises were kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff although we noted references had not always been obtained prior to new staff starting their employment at the practice.

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

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. X-ray units had rectangular collimators fitted to reduce patient exposure. However, we noted that not all the recommendations from the practice's latest radiation safety report had been implemented.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety.

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.

There were fire extinguishers and fire detection systems throughout the building, and fire exits were kept clear. A fire risk assessment had been carried out in line with the legal requirements. We noted this had been undertaken in 2014 and not reviewed since this date, despite changes in the building. The provider had organised for a specialist fire safety company to undertake a new risk assessment for the premises in the week following our inspection.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, although we noted that fixed wire electrical testing had become overdue.

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

The provider had installed closed-circuit television to improve security for patients and staff. Appropriate signage was in place to warn patients of its use.

Safe and appropriate use of medicines

Are services safe?

Glucagon was stored in the practice's fridge, and the fridge's temperature was checked daily to ensure it was functioning correctly.

The practice held some medicines on site but there was no formal system of stock control in place and no way to easily identify missing or lost prescriptions.

The hygienists provided direct access appointments and administered local anaesthetics, but no patient group directions were in place for this.

Track record on safety, and lessons learned and improvements

The practice recorded all unusual incidents and accidents, and we noted these had been discussed at staff meetings to prevent their recurrence.

The practice had a system for receiving and acting on national patient 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.

The practice kept records of the care given to patients including information about treatment and advice given, although we noted that the staging and grading of patients' periodontal disease had not always been recorded.

The practice offered conscious sedation for patients. Procedures were in place to help staff do this safely, which were mostly in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015. However, Immediate Life Support training with airway management for staff providing treatment to patients under sedation was not completed.

Helping patients to live healthier lives

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

Consent to care and treatment

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The practice was very busy, but staff reported they had enough time for their job and did not feel rushed in their work. All hygienists 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

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. However, there was no system in place to ensure referrals made to other dental health care providers were monitored and tracked to ensure their timely management.

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

Overall, the clinical care provided to patients was good. However, we identified several issues in relation to the practice's recruitment procedures, staff appraisal, patient feedback and medicines management, which indicated that oversight of the practice needed to be strengthened.

This was a very busy NHS practice, working hard to meet patient demand. It had experienced severe staff shortages due to genuine recruitment difficulties in the local area. The provider had struggled to appoint a permanent practice manager and it was clear that some governance procedures had suffered, as staff were prioritising patient care first and foremost. Senior nursing staff were undertaking additional administrative and management tasks, which they stated added additional pressure to their busy workload. Staff were welcoming of our feedback and clearly committed to addressing the shortfalls we identified. Advertising for a new practice manager was already underway prior to our inspection.

Culture

Staff stated they felt respected and valued and told us they enjoyed their work. They described the principal dentist as approachable and supportive of their personal circumstances.

Staff were aware of the Duty of Candour and of the obligations it entailed.

Governance and management

The practice had a system of 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.

There was a patient complaints procedure in place and paperwork we viewed in relation to recent complaints showed they had been dealt with in a timely and empathetic way.

The practice was a member of the British Dental Association's good practice quality assurance scheme.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Patients' paper records were stored securely in locked, fireproof filing cabinets and computers were password protected.

Engagement with patients, the public, staff and external partners

The practice did not have any formal mechanisms in place to collect patient feedback, other than on-line reviews, which were not responded to. Although providing mostly NHS treatment, the friends and family test forms were not provided for patients to complete.

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 practice had some quality assurance processes to encourage learning and continuous improvement.

Staff did not receive regular appraisal of their performance.

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>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who might be at risk. In particular:</p> <ul style="list-style-type: none">• Staff recruitment processes were not in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. References had not been obtained for staff to ensure they were suitable to work with vulnerable adults and children at the point of their employment.• There was no system to check that the recommendations from the practice's latest radiation safety report had been implemented.• There was no system in place to ensure that missing prescriptions or medicines held on the premises could be easily identified and accounted for. There were no patient group directions in place for the hygienist.• There was no system in place to ensure that five yearly fixed wire testing was undertaken. <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> <ul style="list-style-type: none">• There was no system in place to ensure that staff training was kept up to date and renewed as required. The dentist who provide conscious sedation to patients had not undertaken immediate life support.

This section is primarily information for the provider

Requirement notices

- There was no system in place to ensure staff received regular appraisal of their working practices.

Regulation 17(1)(2)