

## HCRG Care Community Services Ltd

# Buryfields Clinic

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 9 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 clinic 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 and a second CQC inspector.

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 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. However, improvements could be made to the interior fabric of the building.
- The clinic 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 clinic had systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Improvements could be made to the management of waste materials.

# Summary of findings

- The clinic had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- 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.
- The appointment system took account of patients' needs.
- Improvements could be made to the flow of outgoing referral information to manage understanding and expectations of referring clinicians and patients.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided. However, some improvements could be made with collection of information from a wider variety of sources.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

## Background

The provider has eight clinics and this report is about Buryfields Clinic.

Buryfields Clinic is in Guildford and provides NHS dental care and treatment for adults and children.

There is level access to the clinic for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the clinic. The clinic has made various adjustments to support patients with additional needs, for example a lift, automatic doors and disabled access toilet.

The dental team includes two oral surgeons, five dentists, seven dental nurses, a dental therapist, six support staff and three receptionists. The clinic has five treatment rooms.

During the inspection we spoke with a dentist, a dental nurse team manager, a service team leader, a business and administration manager, a dental nurse team leader, two dental nurses, three support staff, a receptionist, a clinical lead and the service manager. We looked at clinic policies and procedures and other records about how the service is managed.

The clinic is open:

- Monday 8am to 4pm
- Tuesday 8am to 4pm
- Wednesday 8am to 4pm
- Thursday 8am to 4pm
- Friday 8am to 4pm

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

- Improve the clinic's waste handling protocols to ensure waste is segregated and disposed of in compliance with the relevant regulations, and taking into account the guidance issued in the Health Technical Memorandum 07-01.
- Take action to ensure the suitability of the premises and ensure all areas are fit for the purpose for which they are being used. In particular redecoration.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# Are services safe?

## Our findings

We found this clinic 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 clinic had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

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

The clinic had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

The clinic had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. However, staff told us there were operational issues relating to the storage of waste by cleaning contractors, for example medical bin overloads and leaving medical waste bins insecure. The clinic had raised the issues with the contractor on several occasions and offered solutions, but the issues remained ongoing.

We saw the clinic was visibly clean and there was an effective cleaning schedule to ensure the clinic was kept clean. However, we did see that several areas of the clinic required redecoration, which detracted from infection prevention and control measures and made the clinic appear uncared for. The clinic had already identified the issues, placing it on risk register and raising the matter with the building owners, offering solutions. To date no action plan dates had been agreed. The clinic told us that they would continue to raise the issue to resolve it.

The clinic had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

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

The clinic ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The clinic ensured the facilities were maintained in accordance with regulations.

The clinic 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 clinic 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

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training with airway management for staff providing treatment to patients under sedation was also completed.

The clinic 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.

# Are services safe?

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

## **Safe and appropriate use of medicines**

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

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

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

### **Sedation**

The clinic offered conscious sedation for patients. The clinic's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

### **Domiciliary care**

The clinic undertook suitable risk assessments before providing dental care in domiciliary settings such as care homes or in people's residence.

### **Helping patients to live healthier lives**

The clinic 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.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

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

### **Monitoring care and treatment**

The clinic kept detailed dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The clinic carried out radiography audits six-monthly 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.

# Are services effective?

(for example, treatment is effective)

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

The clinic was a referral clinic for minor oral surgery and procedures under sedation and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

The clinic had a structured approach to managing referrals however further consideration should be given to outgoing communications to patients, and referring clinicians, to ensure that expectations and understanding of treatment provision was managed more effectively.

# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

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

There was strong leadership and emphasis on continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions.

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

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

### **Culture**

The clinic 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 clinic

Staff discussed their training needs during annual appraisals and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The clinic had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

Staff had clear responsibilities roles and systems of accountability to support good governance and management.

The clinic 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.

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

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

The clinic 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. However, the clinic was not exploring feedback collection from social media reviews and reviewing the potential use of clinic information technology systems to gather feedback.

The clinic gathered feedback from staff through meetings, surveys, 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 clinic had systems and processes for learning, continuous improvement and innovation.



# Are services well-led?

The clinic had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.