

Belle Vue Dental Practice Ltd

Belle Vue Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 27 February 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:

- 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.
- Patients were treated with dignity and respect. Staff took care 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.

Summary of findings

- The dental clinic appeared clean and well-maintained.
- 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 had information governance arrangements.
- Improvements were needed so the dentist reviewed current guidelines in relation to patients' care and treatment.
- The practice had infection control procedures.
- Staff knew how to deal with medical emergencies. Improvements were required to ensure all appropriate medicines and life-saving equipment were available.
- Improvements were needed to the practice systems to manage risks for patients, staff, equipment and the premises.
- Improvements were needed to leadership and a culture to support continuous improvement.

Background

Belle Vue Practice is in Benfleet, Essex and provides private dental care and treatment for adults and children.

Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes 1 dentist, 2 dental nurses who also cover reception duties. The practice has 2 treatment rooms, 1 of which is in use for dental treatments.

During the inspection we spoke with the dentist and both dental nurses. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

9am to 6pm on Mondays and Tuesdays

9am to 8pm on Wednesdays

9am to 2pm on Fridays.

The practice is closed on Thursdays and Saturdays

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/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.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records

Summary of findings

- 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 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 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 mostly reflected published guidance. Records were not available to demonstrate that infection prevention and control audits were carried out every 6 months in accordance with relevant guidance. These were provided following our inspection.

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. These reflected the relevant legislation.

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

The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out by the principal dentist and an external risk assessment had been carried out shortly before our inspection visit. The results from this risk assessment were not available when we inspected. Fire extinguishers were serviced annually. However, there were no fire safety checks recorded such as periodic checks for the fire extinguishers. There were no records of tests carried out for the smoke detectors. The practice did not have an emergency lighting system or other means of lighting for use in the event of a fire.

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 sepsis awareness and lone working. Improvements were needed so that the risks associated with the handling and disposal of dental sharps were assessed and systems implemented to mitigate these risks. Safer sharps were not used. The practice sharps risk assessment did not take into account risks associated with the use and disposal of dental sharps including files, burs and matrix bands. The risk assessment did not take into account the lack of safer sharps systems.

Emergency equipment was available and checked in accordance with national guidance.

Improvements were required to ensure that emergency medicines were available in accordance with the guidance issued by the Resuscitation Council UK. The medicine used to treat seizures (Midazolam) was not available in the recommended format. We found intravenous / intramuscular Midazolam in the emergency medicines kit. The medicine in this format is not indicated for use in an emergency within a general dental practice.

Are services safe?

There was no buccal Midazolam available. The principal dentist told us the correct medicine had been ordered shortly before 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 risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Patient care records were 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

Improvements were needed to the practice systems for appropriate and safe handling of medicines. The practice dispensed antibiotic medicines. There were no systems for monitoring stock levels of medicines to minimise the risk of misuse. Improvements were needed so that dispensed medicines included details of the practice to aid tracking if required.

Antimicrobial prescribing audits were carried out. However, the audits showed that antibiotics were not prescribed or dispensed in accordance with the most recent guidelines.

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.

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.

The dentist provided advice around good oral health, alcohol and tobacco consumption. A range of dental products were available to purchase from the practice.

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.

Monitoring care and treatment

Improvements were needed so that patient care records were completed in line with recognised guidance. Dental records did not include details of caries or cancer risk assessments in accordance with the guidance from the College of General Dentistry as part of the dental care assessment.

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 dentist 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 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. Improvements could be made so that routine referrals were centrally monitored to ensure they are received in a timely manner and not lost.

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.

The practice obtained feedback from patients via satisfaction surveys and a comments / suggestions box. Feedback was reviewed and used to maintain and improve patients experience.

Patients said that staff treated them with dignity, gentleness and care.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

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

The dentist/s explained the methods they used to help patients understand their treatment options. These included for example 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.

Improvements were needed to the systems to support patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan. However, there was no portable ramp or other means to facilitate access to the practice for patients who use wheelchairs. Following our inspection we were provided with evidence that a portable ramp was available.

Timely access to services

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

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 during the working day and when the practice was not open. All calls made when the practice is closed are diverted to the principal dentists mobile telephone.

Patients who needed an urgent appointment were offered one in a timely manner. 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 Notices 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

There was strong leadership with emphasis on peoples' safety and continually striving to improve. However, improvements were needed so that all systems and processes were embedded into the day to day management of the practice. The inspection highlighted some significant issues and omissions.

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 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 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.

Improvements were needed to ensure there were clear and effective processes for managing risks. In particular, assessing and managing risks associated with the use of dental sharps and fire safety.

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 protecting patients' personal information.

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 and innovation

Improvements were needed to the systems and processes for learning, quality assurance and continuous improvement. Audits of patient care records were not carried out consistently, and analysed as part of a system to improve record keeping.

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>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>How the Regulation was not being met</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 may be at risk. In particular:</p> <ul style="list-style-type: none">• There were ineffective systems to ensure that emergency medicines were available in accordance with guidelines from the Resuscitation Council UK.• The risks associated with the handling and disposal of dental sharps were not assessed to minimise the risk of sharps injuries.• There were ineffective systems to assess and mitigate risk of fire and to ensure that relevant fire safety checks were carried out.• There were ineffective systems to manage medicines safely and to ensure that relevant guidelines were understood and followed. <p>Regulation 17 (1)</p>