

Rodericks Dental Limited

Beanhill Dental Practice

Inspection Report

Unit 5 Perrydown
Beanhill
Milton Keynes
Buckinghamshire
MK6 4NE
Tel:01908 696123
Website:

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Overall summary

We carried out an announced comprehensive inspection on 9 August 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

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

Are services well-led?

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

Background

Beanhill dental practice is a general dental practice in the Beanhill area of Milton Keynes, Buckinghamshire.

The practice offers general dental treatment to adults and children on the NHS or funded privately. The premises are situated in a parade of commercial units including a medical centre. The practice has ground floor and ramp access to the treatment rooms and is wheelchair accessible.

The practice is open from 8.30 am to 7 pm on a Monday. 8.30 am to 5.30 pm Tuesday to Friday. Emergency patients can usually be seen on the day they contact the practice, a new patients can usually get an appointment within a week.

The practice manager is applying to be the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We received 28 comments from patients who attend the practice through comments cards which were provided to the practice two weeks prior to our visit. These were wholly positive about the service provided by the practice.

Summary of findings

Our key findings were

- The practice was visibly clean and clutter free.
- Patients reported that staff were friendly and kind. Their options were explained to them fully.
- The practice had emergency medicines and equipment in line with national guidelines.
- Infection control standards met national guidance.
- The clinicians used nationally recognised guidelines in the care and treatment of patients.
- A new patient appointment could usually be secured within a week, and the practice endeavoured to see emergency patients on the day they contacted the service.

There were areas where the provider could make improvements and should:

- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the protocols and procedures to ensure staff are up to date with their mandatory training and their Continuing Professional Development.
- Review its audit protocols to document learning points that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.

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?

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

Infection control standards met those outlined in the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health.

The practice had emergency medicines for use in a medical emergency in line with national guidelines. Where only a single dose of a particular medicine was available the practice immediately purchased more.

The practice carried out appropriate pre-employment checks to ensure they employed fit and proper persons.

No action



Are services effective?

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

Staff were appropriately registered with professional bodies where appropriate, and clinicians used nationally recognised guidance in the care and treatment of patients.

The practice kept a referral log whereby referrals made to other clinicians could be chased up to ensure the patient was seen in a timely manner.

The practice carried out a comprehensive screening of the oral condition as well as soft tissues of the face and neck.

No action



Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Patients commented that their care was positive, and staff were able to put them at ease.

Patients dental care records were not stored securely on the premises. The practice immediately made arrangements to resolve the situation.

Patients were given a written treatment plan detailing treatment and costs.

No action



Are services responsive to people's needs?

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

Staff described examples of where the practice had responded to the individual needs of patients.

The practice was wheelchair accessible, and had a disabled toilet. In addition an external doorbell allowed wheelchair users or those with restricted mobility to request assistance.

The practice had a robust complaints procedure.

No action



Summary of findings

Are services well-led?

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

The practice had a series of policies and protocols to assist in the smooth running of the service; in addition the practice manager had used a comprehensive set of daily, weekly and monthly task list to ensure nothing was missed.

Regular practice meetings offered an opportunity for staff training, to feedback any complaints or significant incidents, and for staff to voice issues with the management team.

The practice sought feedback from patients by way of patient satisfaction surveys, and the NHS friends and family test. They also checked regularly for comment on the NHS choices website.

No action



Beanhill Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 9 August 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked the for information to be sent, this included the complaints the practice had received in the last 12 months; their latest statement of purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies.

During the inspection we spoke with two dentists, a dental nurse, receptionist and a practice manager. We reviewed policies, procedures and other documents. We received feedback from 28 patients about the dental service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had systems in place to report, investigate and learn from significant incidents, although they had not reported an incident within the previous year.

A duty of candour was evident and encouraged through the significant incident reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

A reflective learning form was available to highlight where improvements or adjustments could be made to reduce the chance of re-occurrence.

The practice received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). These were forwarded to the practice from head office and would be distributed to all staff by a memorandum which staff read and signed to confirm they understood the contents.

The practice was aware of their responsibility in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). They had information available which detailed how to make a report and in what circumstances a report should be made. RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC).

Reliable safety systems and processes (including safeguarding)

The practice had a policy on safeguarding vulnerable adults and child protection, this was dated January 2016. The policy highlighted the types of abuse that may be seen, as well as detailing how to respond and listing contact details for seeking advice or reporting a concern. Contact numbers were also displayed in the practice.

Staff we spoke with were able to detail how they would respond in those circumstances, and where they could

access the information required. Staff had all received training appropriate to their roles, and a training topic on safeguarding was covered in a staff meeting in July 2016 to keep staff up to date.

The practice had an up to date employers' liability insurance certificate which was due for renewal in November 2016. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

We asked the clinician about measures taken to reduce the risks involved in performing root canal treatment. The practice has rubber dams available, but not all clinicians were using them routinely (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). The British Endodontic Society recommends the use of rubber dam for root canal treatment.

Where rubber dam was not employed clinicians described the steps taken to mitigate the risk, including the use of rotary files, which are secured in a hand piece to reduce the risk of them falling in the mouth.

The practice had a protocol in place for dealing with sharps. Dentists were solely responsible for disposing of dental needles, and a re-sheathing device was available to further reduce the risk in doing so. These measures were in line with the guidance Health and Safety (Sharp Instruments in Healthcare) 2013.

A protocol was in place detailing the emergency action to take in the event of an injury with a contaminated sharp. This detailed the necessity to seek advice from occupational health or the local accident and emergency department.

Medical emergencies

The dental practice had medicines and equipment in place to manage medical emergencies. These were stored together and all staff we spoke with were aware how to access them. Emergency medicines were available in line with the recommendations of the British National Formulary. A pre-filled syringe of adrenaline was available for the treatment of a severe allergic reaction. The

Are services safe?

Resuscitation Council UK indicate that a repeat dose of adrenaline may be required every five minutes in certain situations. Following the inspection the practice purchased additional adrenaline to cover this eventuality.

Equipment for use in a medical emergency was in line with the recommendations of the Resuscitation Council UK with the exception of an oxygen mask for a child. This was purchased immediately following the inspection.

The practice had an automated external defibrillator (AED). An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

All medicines and equipment were checked regularly to ensure they were ready for use should an emergency arise. Although a record was not kept of checking the emergency medicines, this was amended immediately following the inspection.

Staff had all undertaken medical emergencies training, and staff we spoke with were able to detail which emergency medicine would be required for certain medical emergencies.

Staff recruitment

We looked at the staff recruitment files for four staff members of different grades to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

All staff had a DBS check in place as per the practice policy and all other recruitment checks were in line with regulation.

Monitoring health & safety and responding to risks

The practice had comprehensive systems in place to identify and mitigate risks to staff, patients and visitors to the practice.

The practice had a health and safety policy in place which was dated February 2016. This included topics such as hazardous waste, fire, re-sheathing needles and first aid. It was kept within a health and safety folder which could be accessed by all staff. All staff had signed to affirm that they had read and understood the health and safety policy.

A health and safety practice risk assessment had been completed in April 2015; this did not highlight any actions to be undertaken immediately.

A fire risk assessment had been completed on 23 October 2015. This did not identify any immediate hazards. The practice had a monthly maintenance checklist for the fire equipment including checking the emergency lighting, extinguishers, fire doors, the evacuation route and signage. Most staff had received fire awareness training in September 2015.

The practice had measures in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. Practices are required to keep a detailed record of all the substances at use in the practice which may pose a risk to health. This record was kept in a folder in the office for staff to reference if required.

The practice had a business continuity plan in place. This gave details on arrangements for patients should unforeseen circumstances close the practice. In addition a severe weather plan detailed arrangements with a nearby sister practice. This included which staff would be able to offer lifts, and which staff could access which surgery in order that a service could still be provided in the event of adverse weather conditions.

Infection control

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices,' published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

Are services safe?

Decontamination is the process by which contaminated re-usable instruments are washed, rinsed, inspected, sterilised and packaged ready for use again. We observed the dental nurse carrying out the process.

Instruments were manually cleaned in a dedicated sink before being rinsed, inspected under an illuminated magnifier and sterilised in the autoclave.

Following sterilisation the instruments were placed in pouches and marked with a use by date.

We were shown details and logs of the tests performed on a daily, weekly and monthly basis to ensure that the decontamination process was working effectively. These were in accordance with the standards set out in HTM 01-05.

All clinical staff had been vaccinated against Hepatitis B (a virus that is carried in the blood and may be passed from person to person by blood on blood contact). Evidence of this was retained in the staff recruitment files.

The practice employed a company to undertake the environmental cleaning of the practice. The practice followed the national colour coding scheme for cleaning materials and equipment in dental premises. This ensured that equipment used for cleaning was specific to the area that was being cleaned. For example, equipment used to clean clinical areas was different to equipment used to clean the kitchen.

We saw evidence of cleaning schedules which were signed daily, and records of when mops heads were changed. Cleaning equipment was stored appropriately.

The practice had waste contracts in place for the appropriate disposal of hazardous waste. We saw evidence that waste was separated and stored appropriately prior to removal. The clinical waste bin, although locked, was not secured to prevent the bin being wheeled away. Following our inspection this was secured.

The practice had systems in place to reduce the risk of Legionella. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. A risk assessment had been carried out by an external assessor in January 2011 and subsequent risk reviews had been completed. The most recent of these had been carried out by an external contractor in April 2015.

This had highlighted a lack of schematic drawings, which had not been actioned. Following the inspection these were sent to us. The practice were regularly checking water temperatures to ensure they remained in the appropriate range.

Equipment and medicines

We saw that the practice had equipment to enable them to carry out the full range of dental procedures that they offered.

Equipment had been serviced and maintained in line with manufacturers' recommendations. The autoclave had been serviced and tested in June 2016, the compressor in October 2014. Fire extinguishers were serviced in January 2016 along with the emergency lighting, and the fire alarm had been serviced in July 2016. Portable appliance testing (PAT) of all portable electrical equipment had been carried out in February 2014 along with an electrical installation condition inspection.

Prescription pads were kept secure and logs of serial numbers kept.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

All treatment rooms displayed the 'local rules' of the X-ray machine on the wall. These detailed the specifics of each machine as well as the responsible persons to contact.

The practice used exclusively digital X-rays, which were available to view almost instantaneously, as well as delivering a lower effective dose of radiation to the patient.

The practice kept a radiation protection file which demonstrated that all of the X-ray machines had undergone testing and servicing in line with current regulation.

The practice training record indicated that both clinicians were up to date with training in radiography and radiation protection as detailed by the General Dental Council, although for one clinician this could not be verified by certificates. They have subsequently completed further training in radiography, but not radiation protection.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with the dentists and we saw patient care records to illustrate our discussions.

A comprehensive medical history form was completed by patients at each check-up appointment, and updated at each attendance. This ensured that the dentist was kept informed of any changes to the patient's general health which may have impacted on treatment.

Dental care records showed that the dentists regularly checked gum health by use of the basic periodontal examination (BPE). This is a simple screening tool that indicates the level of treatment need in regard to gum health. Scores over a certain amount would trigger further, more detailed testing and treatment.

Screening of the soft tissues inside the mouth, as well as the lips, face and neck was carried out to look for any signs that could indicate serious pathology.

The dentists used current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and to determine how frequently to recall them. They also used NICE guidance to aid their practice regarding antibiotic prophylaxis for patients at risk of infective endocarditis (a serious complication that may arise after invasive dental treatments in patients who are susceptible to it), and removal of lower third molar (wisdom) teeth.

The decision to take X-rays was guided by clinical need, and in line with the Faculty of General Dental Practitioners directive.

Health promotion & prevention

Dental care records we saw indicated that an assessment was made of patient's oral health and risk factors. Medical history forms that patients were asked to fill in included information on nicotine use; this was used by dentists to introduce a discussion on oral health and prevention of disease.

We found a good application of guidance issued in the DH publication 'Delivering better oral health: an

evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is a toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Oral health leaflets were available in the waiting area, including on smoking, and free toothpaste was available for patients to try.

Staffing

The practice had two dentists and a dental hygienist, supported by a qualified dental nurse, a receptionist, two trainee dental nurses that cover reception duties and a practice manager who was also training as a dental nurse.

Prior to our inspection we checked that all appropriate clinical staff were registered with the General Dental Council and did not have any conditions on their registration.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians, dental technicians, and orthodontic therapists.

Clinical staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies, infection control and fire awareness training.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the treatment themselves. As part of a larger group of practices there was the possibility to refer for many specialities within the group. A formal written referral would be made in these situations.

The practice kept a referral log which detailed all the referrals from the practice. This meant that if an acknowledgement was not received from the service being referred to in a timely manner, the referral would be chased.

Consent to care and treatment

We spoke to clinicians about how they obtained full, educated and valid consent to treatment. Comprehensive

Are services effective?

(for example, treatment is effective)

discussions took place between clinicians and patients where the options for treatment were detailed. Patients commented that treatment options were explained to them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff demonstrated an understanding of the MCA and how this

applied in considering whether or not patients had the capacity to consent to dental treatment. This included the need to involve carers and family in making a best interests decision.

Similarly staff demonstrated an understanding of the situation in which a child under the age of 16 could legally consent for themselves. This is termed Gillick competence. Clinicians also spoke about involving children in discussions regarding their treatment, even if they cannot consent for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback we received from patients indicated that the practice staff were friendly and helpful; they were good at making children feel at ease. Nervous patients also reported that they were put at ease by the dental team.

We spoke to staff about how patient's confidential information was kept private. We were shown that the computer screen at the reception desk was below the level of the counter so it could not be overlooked. The practice backed up these measures with information security and data protection policies.

The practice had paper dental care records these were stored in two rooms within the practice. Neither of these rooms were locked. This posed a risk to the confidentiality of patients, particularly as the practice contracted a

cleaning service in the evening who had access to these rooms. We raised this with the practice manager who arranged immediately to have locks placed on the rooms so that patient confidentiality could be assured.

Involvement in decisions about care and treatment

Dental care records shown to us gave a detailed description of discussions held between the clinician and patients regarding the treatments options available to them, and their risks and benefits. We received comments from patients that confirmed that options for treatment had been discussed with them.

Patients received a written treatment plan which detailed the costs of treatment as well as the treatments. Treatment information leaflets were available in the waiting area.

An NHS price list for treatment was on display in the waiting area, and a private price list was available on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and found the premises and facilities were appropriate for the services delivered.

We examined appointments scheduling, and found that adequate time was given for each appointment to allow for assessment and discussion of patients' needs.

We asked reception staff how soon a new patient could be given a routine appointment and were told that at the time of our inspection this could be arranged within a week.

Tackling inequity and promoting equality

Staff we spoke with expressed that they welcomed patients from all backgrounds and cultures, and all patients were treated according to their individual needs.

The practice was wheelchair accessible, with a ramp to the front door. In addition a doorbell allowed wheelchair users to alert staff that assistance may be required.

The practice had three disabled parking bays available in front of the premises as well as ample other parking to the front and rear. A wheelchair accessible toilet was available which also housed a baby changing unit to accommodate carers of young children.

A disability discrimination audit was completed on June 2015. This highlighted the practice's use of a hearing loop to assist patients that use hearing aids.

Staff we spoke with described ways in which they accommodated the individual needs of patients visiting the practice.

Access to the service

The practice was open from 8.30 am to 7 pm on a Monday, and 8.30 am to 5.30 pm Tuesday to Friday. By offering evening opening they allowed flexibility to those patients who may have commitments during normal working hours.

Emergency slots were set aside in the appointments book on a daily basis to accommodate patient's urgent needs, particularly if they contacted the practice in pain. The receptionist used a triage tool to ascertain the level of urgency, and most patients would be seen the day they contacted the practice.

Outside normal working hours patients were directed to contact the NHS 111 service, either by the practice's answerphone or by a notice on the door.

Concerns & complaints

The practice had a complaints policy in place which was dated September 2015. In addition a Complaints resolution policy detailed the practice's expectation of candour in handling complaints. Complaints raised with the practice were routinely escalated to the regional manager.

Patients were directed in how to make a complaint by several sources, a poster displayed in the waiting area directed patients to speak or write to the practice manager. The practice information leaflet available on the reception desk detailed external agencies that patients could raise, or escalate complaints to. This information could also be obtained via the website.

Complaints raised with the practice generated a reflection documented which highlighted learning points to prevent reoccurrence, and we saw evidence that complaints were discussed through team meetings.

Are services well-led?

Our findings

Governance arrangements

The practice manager was in the process of applying to become the registered manager, and they took day to day responsibility for the running of the practice. Clear lines of responsibility and accountability were demonstrated during our visit.

The practice had policies and procedures in place to support the management of the service, and these were available for staff to reference in hard copy form.

Full staff meetings were held monthly, and in addition to this the practice had weekly small meetings to discuss any immediate challenges in the week ahead. We saw minutes for dental review meetings where dentists discussed performance and prevention.

The practice manager had a comprehensive set of checklists for daily, weekly and monthly tasks within the dental practice; this ensured that the regular maintenance and compliance work was undertaken at the correct times.

Leadership, openness and transparency

Staff we spoke with reported an open and honest culture across the practice and they felt fully supported to raise concerns with the practice manager.

A policy pertaining to poor performance was available for staff to reference; it detailed the importance and expectation to raise a concern and detailed how a concern could be raised both within the organisation, or externally. The practice had covered whistleblowing as a topic for discussion with in a staff meeting in July 2016.

Learning and improvement

The practice sought to continuously improve standards by use of quality assurance tools, and continual staff training.

Clinical audits were used to identify areas of practice which could be improved. Infection control audits had been carried out at six monthly intervals most recently on 2 August 2016; this did not highlight any serious concerns.

Clinical record keeping audits had been completed for both clinicians, this compared their records to the standards set out by the Faculty of General Dental Practice, and identified areas for improvement.

An audit of the quality of X-rays taken was completed annually, most recently in January 2016; however this did not detail any overall results or actions to improve. Audits from previous years had demonstrated more comprehensive results.

We were shown training records for trainee dental nurses, this included learning modules that were signed off following assessment and scores, and detailed competency assessments in areas such as decontamination.

Staff were supported in achieving the General Dental Council's requirements in continuing professional development (CPD). We saw evidence that most clinical staff were up to date with the recommended CPD requirements of the GDC.

Practice seeks and acts on feedback from its patients, the public and staff

The practice obtained feedback from patients from several pathways. Patient satisfaction surveys were carried out, most recently in September 2014. In addition the practice took part in the NHS friends and family test.

The practice regularly checked for comments left on the NHS choices website, and replied to comments.

The practice welcomed feedback from staff either formally or informally, and staff reported that the management team were very approachable, and their opinions were valued.