

Garden City Dental

Beehive Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 6 October 2021 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 provider 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.

As part of this inspection we asked the following questions

- 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:

Are services safe?

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

Are services effective?

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

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Summary of findings

Background

Beehive Dental Practice also known as Garden City Dental is in Welwyn Garden City and provides NHS and private dental care and treatment for adults and children.

There are two small steps into the practice with a ramp for people who use wheelchairs and those with pushchairs. However, there are no disabled toilet facilities at the practice. Car parking spaces are available at the rear of the practice.

The dental team includes four dentists, five dental nurses including a trainee, one dental hygienist, three receptionists and a full-time practice manager. The practice has four treatment rooms all on the ground floor.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Beehive Dental Practice is the practice manager.

During the inspection we spoke with three dentists, one dental nurse, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday and Thursday from 8.30am to 5.30pm.

Wednesday from 8.30am to 8pm.

Friday from 8.30am to 4pm.

Saturday from 9am to 12pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures, but some improvements were needed.
- Staff knew how to deal with medical emergencies, however the management of emergency equipment required improvement.
- The provider had some systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Not all staff had received training to a level suitable to their role.
- The provider had staff recruitment procedures which reflected current legislation although improvement was needed in the oversight of staff files.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider did not have effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.

Summary of findings

The provider accepted the clinical and managerial issues that we identified and took immediate action after our inspection to begin to address these. We were sent evidence which demonstrated that many of the shortfalls have since been addressed and risks mitigated.

Where evidence is sent that shows the relevant issues have been acted on, we have stated this in our report but we cannot say that the practice is compliant for that key question as this would not be an accurate reflection of what was found on the day of our inspection.

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:

- 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, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' In particular the validation of manual cleaning procedures.
- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Take action to ensure audits of radiography and the prescribing of antibiotic medicines are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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)

Staff had systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Not all staff had completed safeguarding training to a level suitable for their role and responsibilities. We saw evidence provided after the inspection that all clinicians and some staff had received safeguarding training for children and vulnerable adults at level two. Staff we spoke with knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures in place.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments but some improvement was needed particularly in the validation of manual cleaning procedures. Manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument. We found that temperature checks of the water used for manual scrubbing was not carried out and there was no process to ensure appropriate dilution of detergent. Immediately after the inspection we were sent evidence that a manual cleaning protocol and a water temperature log had been introduced. Staff completed infection prevention and control training although not as frequently as recommended in guidance.

The records showed equipment used by staff sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff.

Additional measures had been implemented to the patient journey to reduce the spread of Covid 19.

Staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

Dental unit water line management was undertaken in line with recommended guidance to reduce the possibility of Legionella or other bacteria developing in the water systems. A Legionella risk assessment had been completed on 17 February 2021. However, recommendations in the assessment had not been implemented, for example to flush through the infrequently used water outlets and descaling taps, removal of cold water tanks and removal of dead leg pipes. Water temperature testing to ensure the effective management of Legionella bacteria had not been undertaken. Immediately after the visit we were sent evidence that a plumber had attended the practice to quote for the work required and a hot and cold water temperature log had been introduced by the practice manager.

When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The provider carried out infection prevention and control audits quarterly. The latest audit showed the practice was meeting the required standards.

Are services safe?

The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and the practice manager described to us the procedure to help them employ suitable staff which reflected the relevant legislation, including ensuring that staff had Disclosure Barring Service (DBS) checks prior to employment. A risk assessment was completed for staff who were employed before receiving a DBS certificate. However photographic identity checks were not retained in staff files. At the time of inspection, we were not provided with access to staff recruitment files to confirm that the provider was following their recruitment procedures.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that electrical equipment was maintained according to manufacturers' instructions, however there were outstanding actions from the electrical fixed wiring test that had not been completed at the time of our inspection. We were sent evidence after the inspection that a date had been scheduled for the work to be undertaken.

The last gas safety certificate was dated 2015 however we were provided with evidence that the day after the inspection a gas safety inspection had been completed and certificate issued.

An in-house fire risk assessment was carried out on 1 September 2021 in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Fire evacuation drills were undertaken. Following the inspection, we were told that an external fire risk assessment had been arranged to advise on the need for emergency lighting and fire marshals.

The practice had some arrangements to ensure the safety of the X-ray equipment and we saw radiation protection information was available. Rectangular collimators were in use on X-ray units to reduce patient exposure. However, there was no annual servicing of the X-ray equipment and radiological surveys had not been completed within three years. Immediately after the inspection we were sent evidence that the three year radiological survey had been booked for the end of October 2021.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation but there was scope to improve the quality of these to include documented action points and areas for improvement.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The practice was not using the safest type of needles however a risk assessment had been undertaken to justify this. Sharps bins were sited safely although they were not always labelled correctly.

Are services safe?

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, although we did not see evidence that the effectiveness of the vaccination was checked for all staff.

A sepsis policy was available for staff in the practice which helped ensure staff made triage appointments effectively to manage patients who presented with a dental infection and where necessary referred patients for specialist care.

Staff knew how to respond to a medical emergency and had received training in emergency resuscitation and basic life support. Immediate Life Support training with airway management for dentists providing treatment under sedation had been booked but was cancelled due to the Covid-19 pandemic.

Emergency medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. However, the practice did not have portable suction and the defibrillator pads were out of date. We were advised that these were on order.

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with General Dental Council Standards for the Dental Team. However, no risk assessment had been completed for the cleaner who worked alone in the evenings. Immediately after the inspection we were provided with a lone worker policy and risk assessment to address this.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health although these did not include cleaning products. Immediately after the visit we were provided with risk assessments for cleaning products used in the practice.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

Patients' notes we viewed showed that the dentists had been prescribing the nationally recommended dosage of antibiotics and were aware of current guidance. The practice did not complete antimicrobial audits although this was commenced immediately after the inspection.

Glucagon medicine was kept in the fridge, and the temperature was actively checked every day to ensure it operated effectively.

Prescription pads were stored securely but there was no system in place to identify if individual prescriptions were lost or stolen. Immediately after the inspection we were shown a log that had been introduced to address this.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

Are services safe?

Where there had been a safety incident we saw this was investigated, documented and action taken.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

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 offered conscious sedation for patients. This included patients who were very anxious about dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the guidance.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen content of the blood.

The operator-sedationist was supported by a trained second individual. The name of this individual was recorded in the patients' dental care record.

The practice offered dental implants. These were placed by the principal dentists who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to digital X-rays and an intra-oral camera to enhance the delivery of care.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. The practice had provided a ramp to enable wheelchair users to access the practice and a hearing loop.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Are services effective?

(for example, treatment is effective)

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their 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. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement in patient record keeping. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

We were told that staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. At the time of the inspection not all staff training files were available to review. However, we were sent evidence of staff training after the inspection although some training was completed after the visit.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

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

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/ Enforcement Actions 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

The principal dentists and practice manager were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. Following the pandemic lockdown there had been a significant rise in demand and the practice was undergoing a transition into a new shift pattern to increase the practice's opening times and improve access for patients. They were in the process of renegotiating staff contracts which had been challenging for some staff.

Staff told us that the principal dentists and practice manager were visible and approachable.

The principal dentists and practice manager were receptive to the feedback provided during the inspection, acknowledged the shortfalls identified and demonstrated a willingness to implement change. Immediately after the inspection the registered manager sent evidence of actions already taken to address the shortfalls we had identified. This indicated to us a commitment to improve the service.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

We were told that staff discussed their training needs at an annual appraisal although these had not been completed in the previous year due to the Covid-19 pandemic. We were not provided with copies of previously completed appraisals on the day of the visit. Immediately after the inspection we were shown that appraisals for all staff had been booked.

The staff focused on the needs of patients. As well as providing general dentistry the practice also offered implants and different types of sedation for adult patients who were anxious that were appropriate to their needs.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

The majority of responsibility for oversight of systems to support good governance and management were undertaken by the practice manager. They had overall responsibility for the management of the practice and were responsible for the day to day running of the service.

However, we were told that the practice manager had been required to undertake additional reception duties which had impacted on their time to complete the manager's role.

The provider had a system of clinical governance in place which included policies, protocols and procedures. These were in the process of being updated and some of the most recent policies were not available to us at the time of inspection. Immediately after the inspection updated policies for recruitment and consent were provided.

Are services well-led?

At the time of inspection, the provider did not demonstrate that they had clear and effective processes for managing risks, issues and performance. The most recent gas safety certificate was dated 2015, there was no annual servicing of the X-ray equipment and radiological surveys had not been completed within three years. Immediately after the inspection we were sent evidence that a gas safety certificate had been obtained the day after the visit and the three year radiological survey had been booked for later in the month.

Evidence of an electrical safety inspection was not available on the day but was later provided.

Actions identified from the legionella risk assessment had not been carried out although a plumber attended the practice and a date for works to commence were booked after this was highlighted at the inspection.

Appropriate and accurate information

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

We did not see evidence that quality and operational information, for example NHS Business Service Authority performance information or surveys was used to ensure and improve performance.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service.

The provider mainly used online reviews to receive feedback from patients and at the time of our inspection had scored 4.7 stars out of 5 from 35 reviews.

The provider gathered feedback from staff through informal discussions. The practice had not held any staff meetings to share learning and drive improvement. We were told that staff huddles were not possible due to differing shift patterns. We were advised that regular staff meetings would be held following our inspection

Continuous improvement and innovation

The provider had some systems and processes for learning, continuous improvement and innovation.

The provider had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiography and infection prevention and control. There was scope to improve the quality of the radiography audits to include the resulting action plans and improvements.

At the time of inspection, we did not have access to all staff training files and so we could not be assured that all staff completed 'highly recommended' training as per General Dental Council professional standards.

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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17</p> <p>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 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 effective system to ensure that recommendations from the practice Legionella risk assessment had been actioned.• The provider did not have effective oversight to ensure that all the staff had received appropriate training to undertake their role for example in the safeguarding of children and vulnerable adults.• Appraisals had not been completed for staff.

Requirement notices

- There was ineffective governance to ensure that all equipment and facilities were maintained to provide safe care to patients in particular X-ray units, and electrical fixed wiring.
- The recruitment procedure was ineffective to ensure that appropriate checks were completed prior to new staff commencing employment at the practice in particular ensuring photographic identity checks were carried out.
- Oversight of medical emergency equipment required review as there was no portable suction and the defibrillator pads had passed their expiry date.

Regulation 17 (1)