

Brooklands Dental Clinic Limited

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Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 16 November 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.

Summary of findings

- The practice 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.
- The practice 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.
- 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.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

The practice is part of a dental group which has 18 practices, and this report is about Brooklands Dental Clinic Limited. Brooklands Dental Clinic Limited is in Newport Pagnell, Buckinghamshire and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including parking for disabled people, are available at the front of the practice. The practice has made reasonable adjustments to support patients with additional needs.

The dental team includes 8 dentists, including 4 Specialists in Orthodontics and Periodontics, 6 dental nurses including 2 trainee dental nurses, 1 of whom also works on reception, and a temporary dental nurse, 3 dental hygienists, 1 receptionist, 1 treatment coordinator and a practice manager. The practice is supported by an operations manager, a compliance manager and a clinical advisor from the dental group. The practice has 4 treatment rooms.

During the inspection we spoke with 3 dentists, 1 dental nurse, 1 dental hygienist, 1 receptionist, and the practice manager. The compliance manager and the operations manager from the dental group attended the inspection. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Tuesday from 9am to 5pm

Wednesday and Thursday from 9am to 8pm

Friday from 8am to 4pm

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

Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.

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?	No action ✓

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. Information about safeguarding was available throughout the practice and staff had completed training in safeguarding children and vulnerable adults to a level appropriate to their role. We noted that 1 dentist had not completed safeguarding training for vulnerable adults. Immediately after the inspection we were provided with evidence that this had been completed.

The practice had infection control procedures which reflected published guidance. The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. Infection prevention and control audits were carried out 6 monthly in-line with guidance. The most recent audit had not identified that there was damage to the floor and a cupboard door in the decontamination room. Immediately after the inspection the audit was redone, and we saw that these observations had been recorded. We were advised that arrangements had been made for the damage to be repaired. We also noted that 2 sharps bins were not dated, and some local anaesthetic cartridges were not in blister packs in 1 surgery. These shortfalls were immediately addressed.

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.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean. There was scope to improve the storage of mops used for cleaning. This was immediately implemented.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These mostly reflected the relevant legislation. We noted that not all dentists had evidence of satisfactory conduct in previous employment (references) completed at the commencement of employment at the practice. This was discussed with the practice manager who immediately introduced a recruitment checklist to ensure these checks were done in the future.

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

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

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

The practice 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 practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working. Posters with information about sepsis were displayed in the practice but staff had not completed sepsis awareness training. We were told that staff would complete this training.

Are services safe?

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 was also completed by some staff providing treatment to patients under sedation.

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

Dental care records we saw were complete, legible, were 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

The practice 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 practice had implemented systems for reviewing and investigating 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. This included regular information updates in emails and practice meetings. We saw clinicians assessed patients' needs in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered intravenous conscious sedation for adult patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. A medically qualified practitioner visited the practice to provide the sedation and had completed immediate life support and sedation training. There was scope to ensure that all staff treating patients under sedation had completed training in immediate life support in line with guidance. We were assured that this would be arranged.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

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

Staff were aware of and involved with national oral health campaigns such as National Smile Month and Mouth Cancer Action Month.

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 and the requirements of Gillick competency in relation to younger patients. Policies seen contained information regarding capacity and Gillick competency.

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 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 practice 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 practice did not provide.

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.

On the day of inspection, we spoke with 3 patients, and they were wholly positive about the care they received at the practice.

Patients said staff were compassionate and understanding especially when they were anxious about having dental treatment.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television, to improve security for patients and staff. Relevant policies and protocols were in place.

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.

Staff gave patients clear information to help them make informed choices about their treatment. A sign behind the reception desk informed patients that interpretation and translation services were available. Staff at the practice were also able to speak and understand a range of languages. Staff always checked with patients to ensure they understood the information given to them.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs, videos, digital 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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities. The practice was all on the ground floor with level access, and a fully accessible toilet. There was a hearing induction loop to assist those patients with hearing aids. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

We saw there were appointments slots available each day for patients needing urgent dental care.

The practice had an appointment system to respond to patients' needs. The practice had extended their opening hours to be able to offer appointments at the beginning of the day and evening.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service. Staff told us that they tried to resolve any complaints immediately. Complaint information was available in the waiting room for patients. This included contact details for external agencies.

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice 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 where the inspection identified areas for improvement these were acted on immediately.

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

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities. One dental nurse had been supported to obtain additional training in sedation and radiography.

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They said that everyone worked well together, and managers were approachable and supportive.

Staff discussed their training needs during annual appraisals, and one to one meetings. 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 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 practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Communication systems in the practice were good with regular staff meetings, informal meetings and a social media group to ensure key information was shared. Information was also provided by the head office of the dental group to ensure that staff were aware of any changes in guidance.

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.

The practice 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.

Are services well-led?

Continuous improvement and innovation

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

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

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