

Borehamwood Dental Practice Ltd

Borehamwood Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 9 August 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 usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- Is it well-led?

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

Our findings were:

- The dental clinic appeared to be visibly clean and well-maintained.
- The practice had infection control procedures which mostly reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff with the exception of minor shortfalls found in Control of Substances Hazardous to Health (COSHH) management.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The practice had a staff recruitment policy which reflected current legislation although the practice did not always follow this. In particular, in obtaining evidence of satisfactory conduct in previous employment (references) for all staff.
- 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.
- There was effective leadership. However, improvements were identified to ensure audits were completed at the recommended frequency.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The dental clinic had information governance arrangements.

Background

The provider has two practices and this report is about Borehamwood Dental Practice.

Borehamwood Dental Practice is in Borehamwood, Hertfordshire and provides NHS and private dental care and treatment for adults and children.

The dental practice is on the first floor and is accessed by a set of stairs, so it is not accessible to wheelchair users. The provider signposts patients with such needs to practices nearby. There is car parking available in a pay and display carpark near the practice.

The practice has made some adjustments to support patients with additional needs.

The dental team includes five dentists, three dental nurses including one trainee dental nurse, one receptionist and a practice manager. A compliance advisor provides the practice with governance support. The practice has two treatment rooms.

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

The practice is open:

Monday to Friday from 8.30am to 5.30pm

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

- Improve the practice's recruitment procedures to ensure accurate, complete and detailed records are maintained for all staff and that appropriate checks are completed prior to new staff commencing employment at the practice. In particular, ensuring satisfactory evidence of conduct in previous employment (references) is sought for all staff in line with the practice's recruitment policy.
- Take action to ensure audits of infection prevention and control, and radiography are undertaken at recommended intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken for all general cleaning products used at the practice.

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?	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.

The practice had infection control procedures which mostly reflected published guidance. We noted a small number of out-of-date pouched instruments and some X-ray holders that were not stored in pouches. Immediately after the inspection we were provided with evidence that these shortfalls had been rectified and a process put in place to prevent such an occurrence in the future. An infection prevention and control audit had been completed prior to the inspection and was scheduled six monthly going forward. We did not find evidence that these audits had been completed previously.

The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

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 the cleaning mops. Immediately following the inspection, we were sent evidence that this had been rectified.

The practice had a recruitment policy to help them employ suitable staff and had checks in place for agency and locum staff which reflected the relevant legislation. However, we noted that the practice did not always follow its policy. In particular, that satisfactory evidence of conduct in previous employment (references) had not been obtained for two dentists and one trainee dental nurse.

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.

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.

Are services safe?

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health for dental materials although these were not in place for general cleaning products used at the practice. Immediately after the inspection we were sent evidence of Control of Substances Hazardous to Health (COSHH) safety data sheets and completed risk assessments for several cleaning products used in the practice.

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.

We saw prescriptions were stored securely and monitored as described in current guidance. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating when things went wrong. 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.

The practice had made reasonable adjustments for patients with disabilities including having a hearing induction loop, a higher chair for older patients in the waiting room and providing access to translation services if needed. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. Oral health care products were on sale for patients.

Staff were aware of national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

Consent to care and treatment

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

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

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

Monitoring care and treatment

The 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 although we did not see evidence that these had been completed 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.

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 providing well-led care in accordance with the relevant regulations.

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered. Immediately following the inspection, we were sent evidence that the practice had commenced the process for a registered manager application.

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.

The practice had recently recruited a new practice manager and utilised the help of a compliance advisor to support with governance. We noted that governance processes had been strengthened significantly in recent months although these now needed to be embedded. Where the inspection highlighted 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.

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 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 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.

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, 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, radiographs and infection prevention and control. There was scope to improve the frequency of these audits going forward.

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