

Beech Hill Dental Practice Limited

Beech Hill Dental Practice – Luton

Inspection report

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Date of inspection visit: 16 March 2022

Date of publication: 01/04/2022

Overall summary

We carried out this announced focused inspection on 16 March 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 emergency medicines and most life-saving equipment were available. Missing face masks and out of date equipment including, the oxygen cylinder, and adult and paediatric self-inflating bags, were ordered immediately after the inspection.
- The practice had some systems to help them manage risk to patients and staff. We found shortfalls in appropriately assessing and mitigating risks in relation to infection control equipment maintenance and the management of substances hazardous to health.

Summary of findings

- 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.
- There was effective leadership and a culture of continuous improvement. However, we found that radiography and infection prevention and control audits were completed annually. National guidance states these should be completed six monthly.
- 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 one practice and this report is about Beech Hill Dental Practice.

Beech Hill Dental Practice is in Luton and provides NHS and 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 are available in a car park to the rear of the practice. The practice has made some adjustments to support patients with additional needs.

The dental team includes two dentists, and three dental nurses who also work on reception. The practice has two treatment rooms.

During the inspection we spoke with two dentists, and two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Mondays to Thursdays from 9am to 5pm

Fridays from 9am to 3pm

Saturdays from 8am to 1pm

The practice is a well-established practice with staff who have worked there for a long time.

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

- Take action to ensure the availability of equipment in the practice to manage medical emergencies and implement an effective system of identifying, disposing and replenishing of out-of-date medical equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Take action to ensure audits of radiography and infection prevention and control are undertaken six-monthly 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 systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular, the ultrasonic device and autoclave used as a backup in the practice.
- 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 cleaning products.

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. However, the practice did not have an effective system to monitor the process for manual cleaning such as changing the heavy-duty gloves on a weekly basis. We discussed this with the provider during the inspection. The practice carried out infection control and prevention audits annually which was not following current guidance and legislation. 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.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. However, the steriliser used as a backup was not serviced regularly and the ultrasonic bath had not been serviced.

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

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 the use of dental dam.

The provider had emergency medicines as per national guidance but emergency equipment and medicines were not checked weekly and not all emergency equipment was available in accordance with national guidance. In particular, the provider did not have some masks and the adult and paediatric self-inflating bags, and oxygen cylinder were out of date. All missing and out of date equipment was ordered on the day or immediately after the inspection.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice had risk assessments to minimise the risk that could be caused from dental substances that are hazardous to health, but these did not include all general cleaning products used at the practice.

Information to deliver safe care and treatment

Are services safe?

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. However, we noted that the provider was not disposing of out of date emergency medicines in a pharmaceutical container. This was discussed with the provider on the day. 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. Staff had carried out a disability access audit and had plans to provide a dedicated parking space for people with disabilities at the front of the practice.

Helping patients to live healthier lives

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

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 had carried out radiography audits annually which was not following current guidance and legislation.

Effective staffing

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

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. However, at the time of the inspection there was scope to improve the monitoring of private referrals. Immediately after the inspection a process was implemented to follow up referrals to ensure patients received care in a timely manner.

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 effective leadership with emphasis on continually striving to improve. Staff worked together in such a way that where the inspection highlighted any issues or omissions, they took swift action to rectify these.

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 processes for managing risks, issues and performance. However, we found shortfalls in appropriately assessing and mitigating risks in relation to the maintenance of some equipment used for decontamination and general cleaning products used at the practice.

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.

Continuous improvement and innovation

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

Are services well-led?

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. However, the frequency of the radiograph and infection control audits needed to be changed to six-monthly.

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