

Rodericks Dental Limited

Beanhill Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 8 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 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.
- 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. Risk assessments were available where satisfactory evidence of conduct in previous employment (reference) requests had not been responded to.
- The clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- 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.
- 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 147 practices and this report is about Beanhill Dental Practice.

Beanhill Dental Practice is in Beanhill, Milton Keynes 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, including dedicated parking for people with disabilities, are available near the practice. The practice has made reasonable adjustments to support patients with additional needs.

The dental team includes two dentists, two dental nurses (including one trainee dental nurse), two dental hygienists, a practice manager and one receptionist. The practice has two treatment rooms.

During the inspection we spoke with one dental nurse, one receptionist and the practice manager, we also spoke with the Head of Clinical Compliance for Rodericks Dental who attended this inspection. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday from 8.30am to 7pm and Tuesday to Friday from 8.30am to 5.30pm. The practice is closed daily between 12.30pm and 1.30pm for lunch.

The practice had taken steps to improve environmental sustainability. For example, where possible items were recycled, staff were instructed to turn the power off to equipment and lighting when not in use.

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

Take action to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service and implement practice protocols.

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. Two staff members had not completed safeguarding adults training within the last 12 months (annual training is part of Rodericks core training requirements, professional guidance requires staff to complete this training every three years). We were told that the next training was scheduled in April 2022 and all staff would complete this.

The practice had infection control procedures which reflected published guidance. One staff member was overdue for infection prevention and control training. The practice manager confirmed that this would be addressed immediately and following this inspection we received evidence to demonstrate this training was now up to date. The provider was aware that infection prevention and control audits should be completed six-monthly, however there had been a slightly longer time gap between the last two audits. The next audit had been planned to meet the six-month timescale. 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. Action had been taken to address issues identified in the Legionella 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. Risk assessments were in place where satisfactory evidence of conduct in previous employment (references) could not be obtained.

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. Regular health and safety checks were completed.

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. In addition, medical emergency simulations were practiced every three months.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. For ease of access, information was available separately regarding cleaning products in use.

Information to deliver safe care and treatment

Are services safe?

There were no dentists on the premises on the day of our inspection, we therefore did not review patient records. However, we saw that systems were in place to ensure that dental care records were complete, legible, 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 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.

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 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

Policies and procedures were in place to ensure that staff obtained patients' consent to care and treatment in line with legislation and guidance. Information was available to staff to help ensure they understood their responsibilities under the Mental Capacity Act 2005 (MCA).

Monitoring care and treatment

We were told that the practice kept detailed dental care records in line with recognised guidance. However, we did not see dental records as there was no dentists working at the practice on the day of our inspection.

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 annually, the practice manager was aware that these were to be completed six-monthly and discussions had been held about increasing the frequency of these.

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 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.

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.

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 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 although it was identified that some staff were overdue safeguarding adults training and one staff was overdue infection prevention and control training in line with Rodericks core annual training requirements. We were told that the safeguarding adults training was scheduled in April and following this inspection we received evidence to demonstrate that the infection prevention and control training had been completed.

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, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. There was no evidence to demonstrate that those staff who were unable to attend practice meetings had been updated regarding topics discussed or had received a copy of the meeting minutes. The practice manager confirmed that going forward this would be formally documented.

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. The practice manager was aware that the frequency of radiography audits was six-monthly and future audits were scheduled to meet this timeframe. Staff kept records of the results of these audits and the resulting action plans and improvements.