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Beaconsfield Dental Practice - Mottingham

Inspection report

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Date of inspection visit: 11 November 2022
Date of publication: 07/12/2022

Overall summary

We carried out this announced comprehensive inspection on 11 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.

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.
- The appointment system took account of patients' needs.
- 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.
- The practice had infection control procedures. However, improvements were needed to ensure these reflected published guidance.
- Staff knew how to deal with medical emergencies; improvements were needed to ensure all appropriate medicines and life-saving equipment were available.
- Improvements were needed to some of the practice's systems to help them manage risk to patients and staff.
- Improvements were needed so that there was effective leadership and a culture of continuous improvement.

Background

The provider has 6 practices and this report is about Beaconsfield Dental Practice - Mottingham.

The practice is in the London Borough of Bromley 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 near the practice. The practice has made some adjustments to support patients with additional needs. The principal dentist had undertaken training in the use of British Sign Language.

The dental team includes 2 dentists, 2 dental nurses, 1 trainee dental nurse and 1 receptionist The practice has 3 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses and the practice owner. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

9am to 5pm Mondays to Fridays

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 regulations the provider was not meeting are at the end of this report.

There were areas where the provider could make improvements.

Summary of findings

- Take action to ensure clinicians record in the patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Implement protocols for the use of closed-circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

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?	**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)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures. Improvements were required so that the practice procedures reflected published guidance. Infection prevention and control audits were not carried out every 6 months in accordance with guidance. We reviewed one audit which was carried out in June 2022. This was not completed accurately and there was no action plan formulated to address areas where improvements were needed. We observed that there were inconsistencies in regard to the storage of dental instruments. Some sterilised pouches were not dated in accordance with guidelines and the practice did not have a process in place to ensure that the maximum storage time of 12-months for wrapped sterilised dental instruments was not exceeded.

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. These included arrangements to monitor water temperatures and disinfect dental unit waterlines. The last Legionella risk assessment had been carried out in 2015. All required actions had been dealt with. The practice owner told us they had booked a new Legionella risk assessment to be carried out later in November 2022.

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. Improvements were needed to ensure that cleaning equipment was stored in accordance with relevant guidelines.

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 reflected the relevant legislation.

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

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

The practice had some systems to ensure equipment was safe to use and maintained and serviced according to manufacturers' instructions. However, there were no safety or maintenance checks carried out for the gas boiler in accordance with gas safety regulations.

Improvements were required to the systems for assessing and mitigating the risk of fire at the practice. There were suitably located fire extinguishers, which were tested annually. There was one smoke alarm. This was not tested to ensure that it was operating properly. There were no fire safety checks carried out. A fire safety check logbook was available, however; this was not completed. A fire risk assessment had not been carried out in line with the legal requirements to ensure the management of fire safety was effective. The provider acted promptly in booking a fire risk assessment to be carried out within two weeks of our inspection.

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

Are services safe?

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. Improvements were needed in relation to sharps safety and sepsis awareness. There was no sharps safety risk assessment and no information in relation to sepsis recognition and management was available in the practice.

Emergency medicines were available and checked in accordance with national guidance. Some of the emergency equipment was not available on the day of our inspection. All recommended sizes of oropharyngeal airways and clear oxygen masks were not available. Staff could not immediately locate the child size self-inflating mask with reservoir. This means that it was not easily accessible if required in the event of a medical emergency.

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 substances that are hazardous to health.

Information to deliver safe care and treatment

Dental care records we saw were 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. Improvements were needed to monitor referrals to ensure that patients received an assessment and / or treatment in a timely way.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Improvements were needed so that antimicrobial prescribing audits were carried out. Improvements were also needed so that NHS prescriptions were monitored to minimise the risk of misuse.

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.

Helping patients to live healthier lives

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

A range of printed information was available in the patient waiting area. These included information and details of support available in relation to smoking cessation, diet and lifestyle and

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.

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

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

The practice generally kept detailed dental care records. Some improvements were needed to the completeness of records so that they were maintained in line with recognised guidance.

Improvements were required so that the dentists recorded the justification for the radiographs they took. The practice had carried out an audit of radiographs in June 2022. However, there was no analysis or action plan to support improvements. Radiograph audits were not carried out six-monthly following current guidance.

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 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.

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. The practice did not have the relevant protocols and procedures in place to ensure its appropriate use. A privacy impact statement had not been undertaken.

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.

Information was available to patients 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.

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. For example, appointments for children were scheduled outside of school hours and in school holidays.

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

The practice had made a number of reasonable adjustments for patients with disabilities. This included step free access to treatment rooms and accessible toilet facilities. The practice owner was trained to communicate using British Sign Language (BSL). Improvements were required so that a disability access audit is completed, and an action plan formulated 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. The practice prioritised appointments for patients who required emergency treatment and aimed to offer same day appointments to patients with dental pain or swelling.

The practice had an appointment system to respond to patients' needs.

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.

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 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 practice provider demonstrated a transparent and open culture in relation to people's safety. 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.

There was strong leadership and emphasis on continually striving to improve. However, systems and processes were not robustly embedded, and the inspection highlighted a number of issues and omissions.

Culture

The practice could show how they ensured high-quality sustainable services.

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.

Improvements were needed so that there were clear and effective processes for managing risks, issues and performance. Risks to patients and staff were not consistently assessed and mitigated in accordance with relevant regulations and published guidance.

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. The practice was also a member of a good practice certification scheme.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, continuous improvement and innovation. Improvements were needed to some aspects of the quality assurance processes. Audits were not consistently carried out in accordance with regulations and published guidance. There was no disability access audit, and infection prevention and dental radiograph audits were not carried out at recommended intervals and were not reviewed and acted on as part of a continuous system for improvement.

Where audits were carried out, analysis and action plans to support improvements were not evidenced.

This section is primarily information for the provider

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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. How the Regulation was not being met: The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • The risk of fire had not been assessed and mitigated. There was no fire safety risk assessment and fire safety checks were not carried out. • There were ineffective systems to monitor the availability of emergency equipment. • Infection prevention and control procedures were not monitored effectively to ensure they were in accordance with published guidance. • There were no arrangements for the maintenance and safety testing for the gas boiler. • There was no sharps risk assessment in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. 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: • There were no arrangements to monitor referrals to ensure that patients receive timely access to treatment. • There was no disability access audit in to comply with the requirements of the Equality Act 2010.

This section is primarily information for the provider

Requirement notices

- Audits in respect of infection prevention control and dental radiography were not analysed as part of a system to monitor and improve the quality and safety of the service

Regulation 17(1)