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Teethinline – Milton Keynes

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 30 October 2023 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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 appeared 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.
- There was scope for improvement in the practice systems to manage risks for patients, staff, equipment and the premises. In particular in relation to ensuring a 5-year fixed wire electrical safety certificate was in place, safety alerts and waste processes.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Evidence was not always available to confirm that staff recruitment procedures reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, 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 practice had information governance arrangements.

Background

The provider has 2 practices, and this report is about Teethinline – Milton Keynes.

Teethinline is in Milton Keynes and provides NHS and private orthodontic treatment for adults and children.

The practice is accessed via stairs. The practice had a stair lift for people who are unable to manage the stairs. At the time of inspection, the stair lift was broken and awaiting repair which was due to be completed in December 2023. Patients who are unable to manage the stairs are directed to the providers other practice in Newport Pagnell. Car parking spaces, including dedicated parking for people with disabilities, are available outside the practice.

The dental team includes 3 orthodontists, 4 orthodontic therapists, 5 dental nurses, 2 receptionists, 1 treatment coordinator. The practice team are supported by a practice manager who supports remotely and visits every 6 weeks, and 2 directors. The practice has 3 treatment rooms, one room is an open plan layout with 2 dental chairs.

During the inspection we spoke with 2 orthodontic therapists, 2 dental nurses, 2 receptionists, 1 director and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 8.30am to 5.30pm.

Friday from 8.30am to 4.30pm.

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

- Implement an effective system for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

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, ensure the practice has a satisfactory 5-year fixed wire electrical safety certificate.
- Improve the practice's waste handling protocols to ensure waste is segregated and disposed of in compliance with the relevant regulations, and taking into account the guidance issued in the Health Technical Memorandum 07-01. Ensure that the storage bin outside of the practice is secured.

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.

The practice had infection control procedures which reflected 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. However, the clinical waste storage bin outside was not chained to the wall securely and clinical waste bins in treatment rooms were not foot operated.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. We found these did not always reflect the relevant legislation as references were not available for 3 of the 15 staff members. Following the inspection, the provider submitted evidence that risk assessments for staff who did not have references were now in place.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. We identified scope for improvement in processes the practice used to ensure the facilities were maintained in accordance with regulations. Evidence to show the provider had obtained a satisfactory 5-year fixed wire electrical safety certificate was not available at the time of our inspection. Following our inspection, the provider submitted evidence that this was due to be completed.

A fire safety risk assessment was carried out by the practice manager in 2019 in line with the legal requirements. The management of fire safety was effective. We identified that not all staff had completed fire safety training. Following our inspection, the provider submitted evidence that staff had completed training.

The practice had arrangements to ensure the safety of the X-ray equipment and 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 and lone working. We found not all staff had sepsis awareness. Following our inspection, the provider submitted evidence to show staff had received training and Sepsis was discussed in a staff meeting.

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.

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

Are services safe?

Patient 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 2-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Prescriptions were kept securely; however, the practice did not have a system to track and monitor the use of NHS prescription pads. Following the inspection, the provider disposed of prescriptions due to their infrequent use.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents.

The practice system for receiving and acting on safety alerts required improvement. We saw some safety alerts in relation to sundry items sold by the practice were actioned upon. However, we found staff were not aware of recent Medicines and Healthcare products Regulatory Agency alerts due to not being signed up correctly to receive alerts. Following the inspection, the provider submitted evidence that they were signed up to receive alerts correctly and historic alerts had been reviewed.

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 orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

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.

Oral health care products were on sale for patients which included orthodontic cleaning products, dental floss, interdental brushes and mouthwash.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They 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. Patients had the option to receive their consent forms and treatment plans by email.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

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

We saw evidence the clinical team justified, graded and reported on the radiographs they took. The practice carried out radiography audits 6-monthly following current guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff told us they felt they had enough time and support to complete their duties.

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 clinical team confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

The practice was a referral clinic for orthodontics, and we saw staff monitored and ensured the clinicians were aware of all incoming referrals.

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.

Information about the practice and treatments was available for patients to read.

On the day of inspection, we spoke with 2 patients. Feedback from patients was positive. Patient feedback and survey comments we looked at, told us they were happy with the care and treatment they received.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. We noted that whilst the reception and waiting room area on the ground floor was open plan, staff were discreet in person and on the telephone. We were told patients were offered an alternative area to speak privately should they wish.

One of the practice treatment room was open plan and included 2 dental chairs separated by a wall to protect patients' privacy. We were told patients were offered a private treatment room if they preferred. The practice team described the benefits of open plan working for staff and patients describing a communal and open feel.

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 and gave patients clear information to help them make informed choices about their treatment.

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

The orthodontic therapists explained the methods they used to help patients understand their treatment options. These included photographs, study models, videos and X-ray images.

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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

Staff could access translation services for patients who did not understand or speak English. The practice team spoke a range of languages including French, Portuguese, Spanish, Hungarian, Romanian and Italian. Two members of staff had also completed a basic sign language course.

The practice had made reasonable adjustments for patients with access requirements, including an accessible toilet, hearing loop and larger print. The practice was accessed via stairs, a stair lift was present however, had been broken for around 2 months at the time of our inspection and was awaiting a specialist part. This was due to be fitted in December 2023. Patients with access requirements were being temporarily signposted to the providers other practice in Newport Pagnell.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website and patient information leaflet.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

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

At the time of our inspection, the provider had been without a dedicated practice manager for a period due to relocation. We found that this had impacted some areas of governance and oversight of the service. The practice manager had recently been reappointed on a remote basis and had worked hard to address shortfalls. The practice staff demonstrated a transparent and open culture in relation to people's safety.

We found that where the inspection highlighted any issues or omissions, the provider took prompt action to address these.

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

As the practice manager worked remotely other staff were given additional roles and responsibilities. Staff told us they had enough support and had undertaken training.

Culture

Staff 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 1 to 1 meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

We identified scope for improvement in the practice arrangements to ensure staff training was up-to-date and reviewed at the required intervals. Specifically, around fire and sepsis training and oversight of evidence of completed training.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system 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. Minor shortfalls were identified in relation to management of prescriptions and safety alerts.

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 protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained 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 where appropriate.

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

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

The practice had received awards for best team in several dentistry awards in 2018, 2019 and 2022. The practice was an Investors in People Bronze accredited.