

Bletchley Dental Surgery

Bletchley Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 28 June 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 that reflected local processes and published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- Improvements could be made to ensure the security of NHS prescriptions.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect, however improvements could be made to the systems 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

Bletchley Dental practice is in Bletchley, Milton Keynes and provides NHS and private dental care and treatment for adults and children.

There is step free 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 reasonable adjustments to support patients with access requirements.

The dental team includes 9 dentists, 1 qualified dental nurse with additional practice manager responsibilities, 7 trainee dental nurses, 3 dental hygienists and 1 receptionist. The practice has 4 treatment rooms.

During the inspection we spoke with 2 dentists, 1 qualified dental nurse, 2 trainee dental nurses, 1 dental hygienist and the receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday from 8am to 4:30pm

Tuesday from 8am to 4:30pm

Wednesday from 8am to 6pm

Thursday from 8am to 4:30pm

Friday from 8am to 4:30pm

Saturday from 8:30am to 1pm

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

- 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.

Summary of findings

- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use. Improve prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- 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.

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. The practice had an external risk assessment completed in June 2023, at the time of the inspection the practice were working through improvement actions required from the assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated. Waste awaiting collection was not stored appropriately. Clinical waste bags were kept in a secure storage area, however not tied, and did not have the practice details in line with guidance. The disposal of sharps did not always follow the practice policies. Following the inspection the provider submitted evidence of updated sharps processes.

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. 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, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in June 2023. Improvements recommended were acted upon promptly and at the time of inspection no further actions were required. There was scope for improvement in relation to the management of fire safety. We saw daily checks for escape routes did not give an accurate representation due to the completion of future dates. There was no evidence that the battery-operated smoke alarm was checked.

Following our inspection, the provider submitted evidence of an updated checklist.

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.

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 and legible. However, historic paper records were not kept securely and did not comply with General Data Protection Regulation requirements. Records were kept in a lockable cupboard, but staff did not know the location of the keys. Following the inspection, the provider told us the keys were located and the records would be locked daily.

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 systems for appropriate and safe handling of prescriptions required improvement. Prescriptions were kept securely, however the practice did not have a system to track and monitor the use of NHS prescription pads.

Antimicrobial prescribing audits were carried out in March 2022. We noted clinicians were not aware or taking into account the latest antimicrobial prescribing in dentistry guidance.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents. We reviewed 4 incidents and saw the practice had taken appropriate actions and learning implemented.

The practice had an accident book. This did not comply with data protection. We were assured a new data protection compliant accident book would be ordered.

The practice system for receiving and acting on safety alerts required improvement. We were told that the practice principal was aware of recent safety alerts which were received via email and printed if applicable. We found actions were not documented, not all safety alerts were included and there was no evidence learning was shared with others.

Following the inspection, the practice told us they had begun reviewing historic safety alerts and evidence submitted included a log. However, this still did not include all safety alerts from 2023.

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. There was scope for improvement to include the latest antimicrobial prescribing in dentistry guidance.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

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

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.

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 dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

Effective staffing

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

Newly appointed staff had an induction, however this was not signed by staff to ensure that this was completed.

Clinical staff completed continuing professional development required for their registration with the General Dental Council.

The dental hygienist worked with chairside support.

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.

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.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

Staff password protected patients' electronic care records and backed these up to secure storage. The practice did not store historic paper records securely. Following the inspection, the provider told us the keys were located and the records would be locked daily.

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 provided patients with information about the range of treatments available at the practice.

The dentists 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.

The practice had made reasonable adjustments, including level access into the practice and ground floor treatment rooms for patients with access requirements. A hearing loop and magnifying glass were available at reception.

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.

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 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 had received one complaint in 2023 and we saw they had responded to concerns and complaints appropriately.

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 subscribed to an on-line governance tool to help in the running of the service.

We identified shortfalls in the relation to identifying of safety alerts, fire, storage of waste, storage of clinical records and prescription security.

Following our inspection, the provider submitted information addressing some of the shortfalls identified demonstrating the providers commitment to improving the service.

Culture

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

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.

Appropriate and accurate information

Staff acted on appropriate and accurate information. For example, in relation to antibiotic prescribing.

The practice had information governance arrangements and staff were aware of the importance of protecting patients' personal information. However, clinical records were not kept securely.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners. The practice actively responded to google reviews. The practice team sent feedback surveys to patients following treatments and displayed the results in the waiting area. In May 2023, the patient survey displayed stated 80% of patients felt that the staff had treated them with care and compassion and 80% would recommend the practice.

We saw evidence of feedback sought through the friends and family tests and found 5 received in June 2023 were positive with patients praising the practice team on their kindness.

Feedback from staff was obtained 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 where appropriate.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement. These included audits of 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.