

Brookhouse Dental Practice

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Inspection report

Gnosall Health Centre
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Overall summary

We carried out this announced comprehensive inspection on 31 May 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. Most medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises. Minor shortfalls were found in relation to legionella management.
- 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.

Summary of findings

- 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 however, shortfalls were found in the oversight of staff training.
- Staff felt involved, supported and worked as a team.
- Staff were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

This report is about Brookhouse Dental Practice in Gnosall, Staffordshire and provides NHS and private dental care and treatment for adults and children.

The dental practice is situated on the ground floor of a health centre. There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 4 dental nurses, 1 dental therapist, 1 practice manager and 2 receptionists. The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist, 2 dental nurses, the dental therapist, 1 receptionist 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 Friday from 8.30am until 5pm.

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

- Implement an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK) to ensure all equipment is in date.
- Take action to ensure the practice's Legionella risk assessment reflects the premises, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular the management of the temperature of the hot and cold water.
- Implement practice protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.
- Take action to ensure audits of radiography are undertaken at regular intervals to improve the quality of the service taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

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 some procedures in place to reduce the risk of Legionella, or other bacteria, developing in water systems. A risk assessment had been carried out however, records we viewed demonstrated that the hot water was consistently not reaching the recommended temperature of above 50 degrees Celsius, and the cold water was above the recommended temperature of 20 degrees Celsius. No action had been taken to address this by the practice. Following our inspection arrangements had been made for the landlord to address this issue.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

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 line with the legal requirements by the landlord. Staff undertook regular fire drills in conjunction with the neighbouring Health Centre.

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. We viewed risk assessments which covered a wide range of identified hazards in the practice and included the control measures that had been put in place to reduce them. However, the sharps safety risk assessment required reviewing as it did not reflect working procedures for example, the dismantling of matrix bands was being carried out by dental nurses and not clinicians as stated in the assessment and there was no mention of risks of cuts relating to glass vials.

Most emergency equipment and medicines were available and checked in accordance with national guidance. We found the oxygen face mask with reservoir and tubing was out of date. Evidence was produced following our inspection to show that these had been replaced.

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. Safety data sheets were available for products in use.

Are services safe?

Information to deliver safe care and treatment

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 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 6 monthly.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts and sharing any relevant information with staff if appropriate.

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 did not have systems in place to keep dental professionals up to date with current evidence-based practice. Minimal continued professional development (CPD) training had been carried out by clinical staff. Evidence of CPD certificates for staff of various dental topics were submitted following our inspection.

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. Posters were on display and staff directed patients to these schemes when appropriate. Leaflets regarding oral health and dental treatments were available for patients in the waiting area.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. Staff we spoke with were aware of their responsibilities under the Mental Capacity Act 2005. Staff had completed Mental Capacity Act training.

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 people with dementia, and adults and children with a learning disability. Systems were in place to notify the dentist of vulnerable patients.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits 12 monthly however, current guidance states this should be carried out 6 monthly.

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 dentist 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 had completed equality and diversity training and were aware of their responsibility to respect people's diversity and human rights. Staff were observed to be friendly, caring and helpful to patients when speaking with them in person at the reception and over the telephone.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The waiting area was away from the reception desk and there was an office available for both face to face discussions with patients and telephone calls.

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. There were a number of advice leaflets available in the waiting area for various dental treatments.

The dentist explained the methods they used to help patients understand their treatment options. These included for example photographs, study models and X-ray images. Information regarding fees was on display within the practice.

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 dentist had experience of treating anxious patients and discussed methods used to ensure they were put at ease. The dentist was made aware if a patient was anxious and would always try to see these patients as soon as possible after they arrived at the practice.

The practice had made reasonable adjustments, including for patients with access requirements. Staff had carried out a disability access audit in September 2022. The practice was located on the ground floor of a health centre with all patient areas being wheelchair accessible including patient toilets. A selection of reading glasses were available to aid patients who had visual impairments and we were told that some information could also be made available in large print. The practice also had access to translation services.

Timely access to services

The practice displayed its opening hours and provided information in their patient information leaflet and social media page.

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 information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. When necessary, patients were directed to the appropriate out of hours service.

Patients who needed an urgent appointment were offered one in a timely manner. Appointment slots were kept free each day for those patients who required urgent dental treatment. Once these appointments were full, patients with a dental emergency would be offered a sit and wait appointment. 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

There was strong leadership with emphasis on patient and staff safety, and improvement. The provider had overall responsibility for the management and running of the practice and was supported by the practice manager.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions.

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

Staff described the provider as 'really nice boss to work for' and expressed high satisfaction levels working in the practice. Staff stated they felt respected, supported and valued by both the provider and the practice manager, citing teamwork, effective management and good communication as the reason why.

Staff discussed their training needs during annual appraisals and 1 to 1 meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

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 clear and effective processes for managing risks, issues and performance although there were minor shortfalls in relation to legionella and sharps management.

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 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 and innovation. These included audits of patient care records, disability access, antimicrobial prescribing and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.