

Day's Clinics Limited

Appledore Dental Clinic Milton Keynes

Inspection report

CBX2
376 Midsummer Boulevard
Milton Keynes
MK9 2EA
Tel: 01908230209
www.cosmeticdentistmk.co.uk

Date of inspection visit: 9 March 2022
Date of publication: 23/03/2022

Overall summary

We carried out this announced focused inspection on 9 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:

- 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 dental clinic appeared to be visibly clean and well-maintained.

Summary of findings

- The practice had systems to help them manage risk to patients and staff although these could be strengthened. We found shortfalls in appropriately assessing and mitigating risks in relation to patient safety alert management and incident reporting.
- The practice had infection control procedures which mostly reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate emergency medicines and most life-saving equipment were available. Missing equipment including, a paediatric self-inflating bag, masks and an airway were ordered immediately after the inspection.
- 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.
- There was effective leadership and a culture of continuous improvement. However, we found antimicrobial prescribing audit was not completed and radiography audit was not completed at the required frequency.
- 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 one practice and this report is about Appledore Dental Care Milton Keynes.

Appledore Dental Care is in Milton Keynes and provides 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 some adjustments to support patients with additional needs.

The dental team includes five dentists, one trainee dental nurse, one dental therapist and two receptionists. The practice has three treatment rooms.

During the inspection we spoke with three dentists, one dental nurse, and two receptionists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 9am to 5pm.

Friday from 8am to 3pm.

Evenings and Saturdays by appointment only.

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

- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council and implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.

Summary of findings

- Take action to ensure audits of radiography and antimicrobial prescribing are undertaken at regular intervals to improve the quality of the service and that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- 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.
- Implement an effective system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.

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.

The practice had infection control procedures which mostly reflected published guidance. However, the practice did not have an effective system to monitor the process for manual cleaning. We discussed this with the provider during the inspection and they took immediate action to rectify this. 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. However, the testing of the temperature of the hot and cold-water outlets was not currently being undertaken. Immediately after the inspection we were shown that this had been recommenced.

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 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 equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

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 and the use of dental dam.

The provider had emergency medicines as per national guidance but not all emergency equipment was available in accordance with national guidance. In particular, the provider did not have a paediatric self-inflating bag, one size of airway and masks in line with UK Resuscitation Council guidance. All missing equipment was ordered immediately after the inspection.

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 complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

Are services safe?

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. However, at the time of the inspection there was scope to improve the monitoring of private referrals. Immediately after the inspection a process was implemented to follow up referrals to ensure patients received care in a timely manner.

Safe and appropriate use of medicines

The practice had some systems for appropriate and safe dispensing of medicines.

However, antimicrobial prescribing audits were not carried out and there were no logs when private prescriptions were issued. Logs were implemented immediately after the inspection.

There was a limited system to ensure the medication used to treat low blood sugar (glucagon) was effective as the fridge temperature where the glucagon was stored was not monitored daily. We discussed this with the provider who assured us this would be implemented.

Track record on safety, and lessons learned and improvements

The practice had limited systems for reviewing and investigating when things went wrong. There was no evidence of learning following a recent needlestick injury.

The practice did not have an effective 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.

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. However, there was scope to improve the recording of consent for patients receiving implants. A process to ensure consent was recorded was put in place immediately after the inspection.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

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 dental care records in line with recognised guidance.

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, although not six-monthly, in line with current guidance and legislation.

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 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 effective leadership with emphasis on continually striving to improve. Staff worked together in such a way that where the inspection highlighted any issues or omissions, they took swift action to rectify these.

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 stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals, one to one meetings and during clinical supervision. 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.

We saw there were processes for managing risks, issues and performance. However, we found shortfalls in appropriately assessing and mitigating risks in relation to patient safety alert management and incident reporting.

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 demonstrated a commitment to acting on feedback.

The practice gathered feedback from staff 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.

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.

Staff kept records of the results of these audits and the resulting action plans and improvements. However, there was scope to improve the frequency and opportunities for learning for some audits.