

Dr Carol Adelaye

# Beaconsfield Dental Practice

## Inspection report

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Date of inspection visit: 17 January 2024  
Date of publication: 02/02/2024

### Overall summary

We carried out this announced comprehensive inspection on 17 January 2024 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 some infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. The majority of appropriate medicines and life-saving equipment were available.
- The practice had some systems to manage risks for patients, staff, equipment and the premises.
- 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. However, improvements were needed.
- 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 generally an 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. However, improvements were needed.

## Background

Beaconsfield Dental Practice is part of Dr Carol Adeloey, a dental group provider.

Beaconsfield Dental Practice is in Orpington 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, 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 3 dentists, 1 qualified dental nurse, 1 trainee dental nurse, 1 dental hygienist, 1 dental therapist, 1 practice manager, 1 administrator and 1 receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist who is also the practice owner, 1 trainee dental nurse, 1 qualified dental nurse and the receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 9am to 5pm.

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

- 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.
- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Take action to improve audits ensuring they are carried out regularly, have documented learning points and the resulting improvements can be demonstrated.
- 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.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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. However, the practice did not have a process in place for children that 'Was Not Brought.' Recording or noting 'Was Not Brought' enables a practitioner to consider the reasons why a child was not brought to an appointment, the implications for them not having been brought, and assess the potential risks or safeguarding concerns for them, especially if there is a repeat pattern of non-attendance.

The practice had infection control procedures which did not always reflect published guidance. The infection control policy did not mention staff training requirements and frequency of training updates, who the infection control lead was and their responsibilities. Not all sterilised instruments were date stamped to ensure these are used within a year. We explained the importance of this and was assured this would be addressed.

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.

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. However, improvement was needed to ensure references are obtained for all members of staff.

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

The practice ensured the majority of equipment was safe to use, maintained and serviced according to manufacturers' instructions. The air conditioning units had never been serviced. We raised this with the provider and was assured this would be addressed.

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. The management of fire safety was effective. However, improvements were needed to ensure fire drills are carried out regularly.

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 sepsis awareness. However, lone worker risk assessments had not been completed for dental hygienists and therapists that work alone. We explained the importance of this and was assured this would be addressed.

The majority of emergency equipment and medicines were available and checked in accordance with national guidance. There were several items that were not available such as child self-inflating bag, child clear face masks and portable suction. In addition to this, there was only one buccal syringe and it was hard to determine whether the automated external defibrillator pads had expired as the original date was not visible. The glucagon injection, the medicine used to

# Are services safe?

treat hypoglycaemia (low blood sugar levels), was not stored according to manufacturer's instructions. There was no evidence this had been escalated. Following the inspection, the provider confirmed they had ordered the missing items and was able to locate the portable suction. They also ordered a new glucagon injection in case the efficacy of this had deteriorated.

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**

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 did not have systems for appropriate and safe handling of medicines. Prescription pads were not stored securely and there was not a tracking system of prescriptions. We explained the importance of this and was assured this would be addressed.

Antimicrobial prescribing audits were carried out. However, the antibiotic prescribing audit did not take into account most recent guidelines.

## **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.

# 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.

### **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 yearly radiography audits instead of six-monthly as per current guidance. We noted a limited number of records were sampled. We discussed the benefits of increasing the number of records reviewed to further identify possible areas of improvement.

### **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.

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.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place. However, a CCTV impact assessment had not been carried out and CCTV warning signs were not available.

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

Clinical staff explained the methods they used to help patients understand their treatment options. These included 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 for patients with additional needs. This included step free access to treatment rooms and accessible toilet facilities. The practice owner was trained to communicate using British Sign Language. 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 website 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**

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

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions. Where issues were identified, they were addressed on the day of inspection or we were assured these would be addressed.

During the inspection, we found staff were open to discussion and feedback. We noted improvements should be made to the oversight of the leadership team to ensure that the practice's systems and processes were consistently followed.

The information and evidence presented during the inspection process was not clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

### **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 practice team meetings and ongoing informal discussions. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice did not have 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 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.

### **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.

### **Continuous improvement and innovation**

## Are services well-led?

The practice had some 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.