

Bawtry Dental, Cosmetic & Implant Clinic Ltd

Bawtry Dental Aesthetic & Implant Clinic

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 9 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 mostly reflected published guidance.
- Staff knew how to deal with medical emergencies, improvements could be made to ensure all appropriate life-saving equipment was available for use.
- The practice had systems to manage risks for patients, staff, equipment and the premises.

Summary of findings

- Improvements could be made to in-house risk management systems.
- 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.
- 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. Audit systems could be improved to ensure current guidance is being followed.
- 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

Bawtry Dental and Implant Clinic is in Bawtry, Doncaster and provides 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 by the practice in a shared car park. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 dentist, 1 dental nurse and a receptionist who is also a qualified dental hygiene therapist but is not currently providing clinical treatments. The practice has 1 treatment room.

During the inspection we spoke with the dentist, the 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 9am – 5pm.

We noted innovative approaches to providing person centred care. For example, the principal dentist has invested in a range of dental technology to enhance the range of dental treatment the practice can offer to its patients.

The practice had taken steps to improve environmental sustainability. For example, aiming to reduce paper use and energy consumption.

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

- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, medical emergency medicines and equipment requirements, legionella management systems and sharps risk mitigation.

Summary of findings

- Take action to ensure audits of infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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. We noted some decontamination equipment was missing during the inspection, the provider sent supporting evidence immediately after the inspection to confirm these were now in place and met compliance requirements.

The infection prevention and control audit was being completed annually, rather than six-monthly in line with guidance.

Systems to ensure the practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems could be improved. We noted the in-house legionella management records did not fully meet the requirements of the risk assessment. This was discussed with the provider and supporting evidence sent immediately after the inspection to confirm appropriate water testing had been implemented and arrangements made for an up-to date risk assessment to take place.

In date air conditioning maintenance records were submitted to us immediately after the inspection.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. The provider took immediate action after the inspection to ensure the external clinical waste bin was secured to the building.

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. The provider took immediate action after the inspection to ensure all missing fire escape and fire assembly signage was put in place.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT).

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. Improvements could be made to ensure risk management systems were fully effective.

A safer sharps risk assessment was in place to account for the handling and disposal of used needles; the risk assessment did not take into account all sharp's instruments in use.

Systems to ensure emergency equipment and medicines were available and checked in accordance with national guidance were not fully effective. For example:

- The medical emergency kit was checked monthly rather than weekly.

Are services safe?

- Several items of medical emergency equipment was not located on the inspection day.
- The automated electronic defibrillator (AED) battery and pads had gone beyond their expiry date.

Immediate action was taken to order the equipment and supporting evidence was provided.

The practice had access to an AED in the attached building; records of an up-to-date function check on this machine was shown to us.

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. The provider took action to ensure safety data sheets were available to staff at the practice following the inspection.

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.

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.

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.

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.

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 6-monthly following current guidance.

Effective staffing

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

The provider had not recruited any new staff over the past 12 months. We were told and records showed newly appointed staff would have a structured induction and clinical staff would complete the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

The team worked together where appropriate 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 were aware of their responsibility to respect people's diversity and human rights.

No patients visited the practice for treatment during our visit. However, patients who did attend the practice to make an enquiry were treated kindly.

Privacy and dignity

The team was 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.

Electronic care records were password protected and these were backed up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

The team 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 dentist explained the methods they used to help patients understand their treatment options. These included for example, photographs, X-ray images, study models and an intra-oral camera. The practice also had access to intraoral scanning technology, a 3-dimensional printer and a dental microscope.

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.

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

The practice had made reasonable adjustments, including, ramp access and wide entry doors, glasses for reading and ground floor facilities for patients with access requirements. 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.

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

The team demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on peoples' safety and continually striving to improve.

Except for the areas where we identified improvements could be made, systems and processes were embedded, staff were knowledgeable, and they worked together as a team to ensure all highlighted issues and omissions were acted upon during the inspection or immediately afterwards.

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

The team could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

Records showed the team discussed training needs during annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure 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 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.

Improvements could be made to ensure there were clear and effective processes for managing risks, issues and performance, in particular, oversight of the medical emergency kit, sharps risk mitigation and legionella management systems.

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. The team was 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.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, quality assurance, continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing. Infection prevention and control audits were not completed in line with published guidance and improvements could be made to ensure all audits included an action plan and where appropriate areas for improvement.