

Rodericks Dental Limited

Beaumont House Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive on 29 March 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 second CQC inspector and 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. Appropriate medicines and lifesaving equipment were available.

Summary of findings

- The practice had 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.
- 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.
- 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

The provider is part of a corporate group Rodericks Dental Ltd and has 223 practices, and this report is about Beaumont House Dental practice.

Beaumont House Dental Practice is in Leicester and provides NHS and private dental care and treatment for adults and children.

There is a small step upon entry to the practice, with level access inside the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available outside the practice. The practice has made reasonable adjustments to support patients with access requirements including a portable ramp for the front and rear of the building.

The dental team includes 3 dentists, 1 foundation dentist, 1 dental hygienist, 3 qualified dental nurses and 4 trainee dental nurses, 1 receptionist, and a practice manager. The practice is supported by an area manager, the compliance lead, and the chief clinical officer. The practice has 3 treatment rooms.

During the inspection we spoke with 2 dentists, 3 dental nurses, 1 receptionist, the practice manager, and the compliance lead. We looked at practice policies, procedures, and other records to assess how the service is managed.

The practice is open:

Monday 8am to 6pm

Tuesday 8am to 6pm

Wednesday 8am to 6pm

Thursday 8am to 6pm

Friday 8am to 6pm

Summary of findings

Saturday 9am to 1pm

The practice had taken steps to improve environmental sustainability. The practice collected toothpaste tubes and caps, plastic toothbrushes and electric toothbrushes, inter dental brushes, and dental product packaging. This was sent to a paid recycling scheme to prevent oral care waste going to landfill.

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

- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

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. We saw that staff had completed training to a level appropriate for their role. We were told that some staff requested to be trained to a higher level for their own personal development and to extend their knowledge. We saw that the provider had sought and financially supported this training. Staff were aware of their responsibilities and were able to describe examples of where they used safeguarding procedures. Information and guidance on how to raise a safeguarding alert was displayed at reception, in surgeries and around the practice. Safeguarding information and helplines to support such as child line and domestic abuse support were found inside the patient toilet.

Staff told us that they could add information on patients notes to help staff identify any patients that required additional support or those who may be at risk, for example looked after children, or any patient with concerns.

The practice had infection control procedures which reflected published guidance. We found there was scope for improvement in how these were applied. Specifically, ensuring the correct ratios of cleaning solution to water were used for manual cleaning.

Infection control was discussed at staff meetings on a two monthly basis.

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. Waste consignment notes were available.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean. The practice employed cleaning staff who cleaned non-clinical areas such as the waiting room, patient toilets and reception areas. The practice team cleaned clinical areas. The practice held records to demonstrate these cleaning tasks were completed.

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 management of fire safety was effective.

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, sepsis awareness and lone working.

Are services safe?

We found that staff were not consistently disposing of sharps in accordance with the practice sharps policy. In particular, the process of disposal of some sharps were dismantled by dental nurses and not the clinician in relation to sharps requiring a cytotoxic waste bin. The provider took immediate action to implement a new policy and procedure and disseminate the update to staff.

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

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.

Comments received from patients reflected high satisfaction with the quality of their dental treatment and the staff who delivered it.

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 were able to explain scenarios where they had not proceeded with treatment due to concerns regarding patients' capacity. We saw evidence on these occasions where further advice and help for patients was sought.

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 a structured induction locally at the practice prior to starting and a corporate induction virtually.

Clinical staff completed continuing professional development required for their registration with the General Dental Council. The practice provided a wealth of training videos through their own online platform and provided financial assistance for courses.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment. Staff told us they felt they had enough time and support to complete their duties.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. We noted the practice did not have a log of referrals sent for private treatment. The provider offered assurance that a system for monitoring referrals would be implemented.

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.

The practice patient survey conducted in September 2022 had 80 responses. 100% of responses stated they found the dentist, dental nurse, and reception team to be caring.

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.

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 patient survey completed in September 2022 showed that 100% of the 80 patients surveyed responded to say that their dentist kept them fully informed and talked through their options available.

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 for example 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 a low lighting sensory light available in reception which was known to therapeutically calm and distract patients with special needs, autism, and dementia.

The practice had made reasonable adjustments, including providing a ramp, translation services, a hearing loop, reading glasses, information in different formats and a low-level reception desk 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.

The practice had baby changing facilities available.

Timely access to services

The practice displayed its opening hours and provided information on their website 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 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. The practice held a contract with NHS 111 services. NHS 111 would contact the practice to request patients without a dentist or unable to obtain an urgent appointment with their own dentist to be seen at the practice. We saw there were dedicated slots available for these patients. The practice also had dedicated urgent slots for their own patients daily.

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. Records showed the practice had received four complaints within the past 12 months. We noted these were responded to in a timely manner and following the providers complaints policy. The provider reviewed complaints annually for themes and learning opportunities. 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 demonstrated a transparent and open culture in relation to people's safety. Where there had been an incident in relation to a patient safety, for example an accident outside of the practice, the practice had completed a significant event form and shared learning with all staff.

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

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 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 annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. Appraisals were sent to the provider's human resource team who would source learning opportunities such as training courses and development opportunities.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. The practice had a continuous professional development (CPD) timetable where each month a different topic was focused on. For example, safeguarding in February.

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. The practice conducted a patient survey in September 2022 with 80 responses. 100% of patients would recommend the practice to family and friends.

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.

Are services well-led?

All staff across the organisation were asked to complete surveys on a regular basis. Surveys included their questions relating to their wellbeing. The provider had invested in a wellbeing service following the pandemic. This was an online and telephone service available 24 hours a day, 7 days a week which included information and support for a wealth of topics such as mental health support, financial support, and stress. Staff had access to a meditation session on Mondays delivered virtually.

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, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.