

Arkh-View Surgeries Limited

HB Dental Practice

Inspection Report

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Overall summary

We carried out a follow- up inspection on 19 August 2016 at HB Dental Practice.

We had undertaken an announced comprehensive inspection of this service on 14 October 2015 as part of our regulatory functions where a breach of legal requirements was found.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only

covers our findings in relation to those requirements and we reviewed the practice against three of the five questions we ask about services: is the service safe, effective and well-led?

We revisited HB Dental practice as part of this review and checked whether they had followed their action plan and to confirm that they now met the legal requirements.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for HB Dental Practice on our website at www.cqc.org.uk.

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?

At our previous inspection we had found that the practice did not have effective systems in place to ensure people were safeguarded from abuse. Not all staff had received child protection and vulnerable adults training and some staff we spoke with did not demonstrate appropriate awareness of safeguarding issues. Safety alerts from external organisations were not appropriately shared with practice staff.

We carried out an inspection on the 19 August 2016. Action had been taken to ensure that the practice was safe because staff had now received appropriate safeguarding training and demonstrated an understanding of safeguarding issues. Safety alerts were shared with staff.

We found that this practice was now providing safe care in accordance with the relevant regulations.

No action



Are services effective?

At our previous inspection we found there were not suitable systems in place to ensure patients' needs were assessed. As regards the care and treatment delivered we had noted that some dentists were not following published guidance. Not all staff we spoke with were aware of their responsibilities under the Mental Capacity Act (MCA) 2005 or how it related to their role.

We carried out an inspection on the 19 August 2016. Action had been taken to ensure that the practice now had suitable arrangements to ensure patients' needs were appropriately assessed and dentists were following published guidance. Staff showed an understanding of the Mental Capacity Act.

We found that this practice was now providing effective care in accordance with the relevant regulations.

No action



Are services well-led?

At our previous inspection we had found governance arrangements were not in place for effective management of the practice. Leadership structures were unclear and audits were not being used for continuous learning.

We carried out an inspection on the 19 August 2016. Action had been taken to ensure that governance arrangements had been improved and a leadership structure had been put in place. Audits were now being used for learning.

We found that this practice was now providing well-led care in accordance with the relevant regulations.

No action



HB Dental Practice

Detailed findings

Background to this inspection

This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out an inspection of this service on 19 August 2016.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 14 October

2015 had been made. We reviewed the practice against three of the five questions we ask about services: is the service safe, effective and well-led? This is because the service was not previously meeting three of the legal requirements.

The inspection was led by a CQC inspector who was accompanied by a dental specialist advisor. During our inspection visit, we checked that the provider's action plan had been implemented by looking at a range of documents such as risk assessments, audits, staff records, maintenance records and policies. We also spoke with staff and carried out a tour of the premises.

Are services safe?

Our findings

Reliable safety systems and processes (including safeguarding)

The practice manager was the safeguarding lead and staff knew who they should go to if they had a safeguarding concern. The practice had a child and vulnerable adult safeguarding policy. The policy was dated October 2015 and scheduled to be reviewed in October 2017. The policy included details of what should be considered abuse and how to report abuse. Staff had completed safeguarding training. They were able to explain their understanding of safeguarding issues. There had been no safeguarding incident that needed to be referred to the local safeguarding teams.

The practice had a system in place for receiving and responding to patient safety alerts issued from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice manager told us relevant information would be discussed with staff during team meetings.

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. During the course of our inspection we checked dental care records to confirm the findings. We noted that patient's medical history was updated regularly. The dental care records we saw were structured and contained sufficient detail enabling another dentist to know how to safely treat a patient.

Monitoring health & safety and responding to risks

The practice had arrangements in place to deal with foreseeable emergencies. A Health and Safety Policy was in place. The practice had a risk management process which was updated and reviewed to ensure the safety of patients and staff members. For example, we saw risk assessments for fire, radiation and display screen equipment. The assessments included the controls and actions to manage risks. For example a February 2016 risk assessment for fire had advised the practice to put up a fire action poster and we saw this had been acted upon.

Radiography (X-rays)

One of the dentists was the Radiation Protection Supervisor (RPS). An external organisation covered the role of Radiation Protection Adviser (RPA). The practice kept a radiation protection file in relation to the use and maintenance of X-ray equipment. There were suitable arrangements in place to ensure the safety of the equipment. Critical exams had been undertaken and X-ray equipment had been serviced in June 2016. The local rules relating to the equipment were held in the file and displayed in clinical areas where X-rays were used. Evidence was seen of radiation training for staff undertaking X-rays. X-rays were graded and audited as they were taken. A comprehensive radiograph audit had been carried out in July 2016.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE) for example in relation to fluoride application.

During the course of our inspection we spoke with staff and checked dental care records to confirm the findings. We saw evidence of individualised assessments. This included risk assessments and treatment plans.

Information about the cost of treatment and some information of treatment options available were on the practice website and the reception area of the practice.

Staffing

Staff told us they had received appropriate professional development and training and the records we saw reflected this. The practice maintained a programme of professional development to ensure that staff were up to date with the latest practices.

Examples of staff training included topics such as safeguarding, medical emergencies and infection control. We reviewed the system in place for recording training that had been attended by staff working within the practice.

We saw that appraisals were taking place on a yearly basis for dental nurses and reception staff. Dentists from this and another practice owned by the same provider met up regularly to discuss development and training needs.

Staff told us they were given the opportunity to discuss training issues during the appraisals and meetings. The staff we spoke with told us they felt they were supported to do their jobs. We also reviewed information about continuing professional development (CPD) and saw there was a system in place to monitor the number of CPD hours staff had completed.

Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. This was confirmed when we checked dental care records and noted evidence that dentists discussed treatment options including risks and benefits,

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. We saw that staff had an awareness of the act and most staff had received MCA training in October 2015 and July 2016.

Are services well-led?

Our findings

Governance arrangements

The provider had governance arrangements in place for the effective management of the service. This included having a range of policies and procedures in place including employment and infection control. There was a management structure in place with identified leads on specific roles such as on infection control and safeguarding. Staff told us they felt supported and were clear about their areas of responsibility. Staff told us meetings were held to discuss issues in the practice and update on things affecting the practice. We saw notes of meetings that confirmed this.

The quality audits undertaken at the practice included infection control, dental records and radiography audits.

Leadership, openness and transparency

Staff we spoke with said they felt the practice manager was open and transparent. Staff told us they were comfortable

about raising concerns with the practice manager. They felt they were listened to and responded to when they did so. They described the culture encouraged candour, openness and honesty.

The practice was also keen to ensure that all of their staff provided highly-skilled care and we saw there was time allotted to discuss training at all team meetings.

Management lead through learning and improvement

Staff told us they had good access to training. There was a system in place to monitor staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC).

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through the NHS Friends and Family Test. For example we looked at the friends and family feedback for June and July 2016 (27 cards in total) and found that all the patients had stated that they would be “likely” or “extremely likely” to refer people to the service.