

Portman Healthcare Limited

Two Mile Ash Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 25 April 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:

- The dental clinic was visibly 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 most life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- 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 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.

Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and 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 dental clinic had information governance arrangements.

Background

The provider has 184 practices and this report is about Two Mile Ash Dental Practice.

Two Mile Ash Dental Practice 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 are available near the practice on local roads. The practice has made reasonable adjustments to support patients with additional needs.

The dental team includes six dentists, five dental nurses, including one trainee dental nurse, one dental hygienist, one dental hygienist/therapist, three receptionists and a practice manager. The practice has four treatment rooms.

During the inspection we spoke with one dentist, one dental nurse, one dental hygienist/therapist and the practice manager. Two quality lead staff from Portman head office were in attendance to provide support during this inspection. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday and Thursday from 8am to 8pm

Wednesday from 8am to 6pm

Friday from 8am to 5.30pm

Saturday from 8am to 2pm

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

- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.
- Take action to ensure all clinicians are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.

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. One member of staff was overdue for safeguarding adults training and one for child protection training. We were told that safeguarding training was scheduled for 3 May 2022 and these staff would complete update training on this date.

The practice had infection control procedures which reflected published guidance. 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.

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. 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.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective. Some issues for action remained outstanding on the fire risk assessment. We were told that these issues had been reported and work was scheduled to be completed.

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 and sepsis awareness.

A lone working policy and risk assessment were available as a safeguard as a member of staff may work alone at the practice. The hygienist/therapist worked without chairside support. We were told that when requested a member of staff was available to provide support and that head office were reviewing the support currently provided to hygienists and therapists.

One size of oropharyngeal airway was missing from the emergency equipment kit, this was ordered on the day of inspection. All other emergency equipment and medicines were available and checked in accordance with national guidance. The bodily fluids spillage kit seen was out of date, a new kit was ordered on the day of inspection.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Basic life support training for one staff member was overdue. We were told that training had been scheduled for this staff member within the week of this inspection.

Are services safe?

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. For ease of access to information, a separate folder was kept with risk assessments and material safety data sheets for cleaning products in use at the practice.

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.

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 implemented systems for reviewing and investigating 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.

Staff understood their responsibilities under the Mental Capacity Act 2005. One staff member was overdue Mental Capacity Act training. We were told that this would be scheduled as soon as possible.

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.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits monthly following current guidance and legislation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The practice kept a training matrix which identified that some staff were overdue for update training. The training matrix was monitored by the practice manager and staff from head office. Staff were supported to undertake all training necessary.

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

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

There was strong leadership and emphasis on continually striving to improve. Staff at the practice were supported by staff from Portman head office as required.

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 practice 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 quarterly supervision and appraisal meetings. 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. A training matrix identified staff training completed and overdue. For example, we saw that one staff member was overdue infection control training, two staff were due to complete IRMER and general radiography training and two staff information governance training. The practice manager confirmed that where training has been identified as being out of date, staff have been made aware and update training sessions scheduled.

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 and were reviewed on a regular basis. Staff had signed to confirm they had read and would work in accordance with policies. Any updates to policies were discussed during practice meetings.

We saw there were clear and effective processes for managing risks, issues and performance. However, some issues identified on risk assessments remained outstanding. For example, the fire risk assessment and the fixed wiring check had identified issues, some of which had not been addressed. Issues had been reported to head office and were awaiting action to be taken.

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

Are services well-led?

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback. Patient feedback was discussed during practice meetings. The marketing team at head office had oversight of patient feedback and discussions held regarding any themes identified. We discussed actions taken as a result of patient feedback. This included the provision of emergency appointment slots and the lowering of the reception desk to facilitate those patients who used a wheelchair.

The practice gathered feedback from staff 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.

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.