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# Queensway Dental Practice

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 2 August 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 reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available. Checks of medical emergency equipment and medicines were not weekly as recommended in the guidelines issued by the Resuscitation Council (UK).
- The practice had systems to manage risks for patients, staff, equipment and the premises. We identified minor shortfalls in assessing and mitigating the risks in relation to fire safety and incident reporting.
- 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 although this had not always been followed. Required pre-employment checks, including references, employment history and immunisation records had not always been obtained for new staff at the time of employment.
- 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

Queensway Dental Practice is in Bletchley, Milton Keynes and provides NHS and private dental care and treatment for adults and children.

The practice treatment rooms are on the first floor and are accessed by stairs. People who use wheelchairs are directed by practice staff to other local services.

Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes 5 dentists, 3 qualified dental nurses, 3 trainee dental nurses, 1 dental hygienist, 2 dental therapists, 1 practice manager and 2 receptionists. The practice is supported by a compliance advisor who visits the practice monthly. The practice has 5 treatment rooms.

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

The practice is open:

Monday from 8.30am to 6pm.

Tuesday from 8.30am to 5pm.

Wednesday from 8.30am to 5pm.

Thursday from 8.30am to 5pm.

Friday from 8.30am to 5pm.

Saturday by appointment only.

# Summary of findings

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

- Implement an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK).
- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.
- Implement an effective system for recording, investigating, and reviewing accidents, incidents and significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.

# 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.

The practice had infection control procedures which reflected published guidance. There was scope for improvement in relation to the infection control audits. The latest audit on 1 August 2023 did not highlight a rip in a dental chair in the hygienist room which would make effective cleaning difficult.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems. The practice had completed an external risk assessment on 31 July 2023 which highlighted several areas of improvement required including, descaling of taps, poor water flow in surgeries, water heaters not working and flushing of infrequent outlets. The practice had created an action plan to complete all actions within 6 months.

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 but this was not always followed. We found no DBS checks had been conducted for 2 members of staff, no evidence of references for 10 members of staff and no evidence of adequate immunity for vaccine preventable infectious diseases for 4 members of staff. These checks were not completed at the time of employment and some staff had been working at the practice since 2021. Risk assessments were put in place on 28 July 2023 and the practice were awaiting results of blood tests and DBS checks at the time of inspection.

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 most of the facilities were maintained in accordance with regulations. The patient toilet had been broken for around 12 months. On the day of inspection staff were not aware as to the reason why it was broken. The practice were in the process of reviewing plans for refurbishment within the next 6 months.

A fire safety risk assessment was carried out on 25 July 2023 in line with the legal requirements. The management of fire safety required improvement. Prior to the risk assessment there had been no regular checks of fire equipment such as smoke detectors, fire extinguishers and escape routes. The fire risk assessment highlighted areas of improvement required such as repairing walls and ceilings to give better protection and completing regular visual checks of fire safety equipment. The practice had created an action plan to complete all actions within 6 months.

The practice had most 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), and laser. The provider was seeking further assurances from their Laser company as on the day of inspection there was no appointed advisor. We found the X-ray room had a circular collimator. Rectangular collimators reduce radiation scatter and dose. Following the inspection, the provider submitted evidence of a rectangular collimator and an appointed advisor in relation to the laser.

### **Risks to patients**

# Are services safe?

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness.

Emergency equipment and medicines were available in accordance with national guidance. We reviewed records in relation to checking of the medical drugs and equipment and found there were gaps in checks. Evidence of checks were conducted in February, March, May and July instead of the recommended weekly checks as per the Resuscitation UK Council guidance recommendations.

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 2-week wait arrangements.

## **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe handling of medicines. We noted incidences where the temperature of the fridge that stored Glucagon had reached below the minimum level and actions had not been taken. Following the inspection, the provider confirmed they were no longer storing medicines in the fridge.

Antimicrobial prescribing audits were carried out.

## **Track record on safety, and lessons learned and improvements**

The practice had recorded some significant events for accidents but had not recorded incidents occurring in relation to missed opportunities of risk assessments, information governance errors and delayed referrals. There was no evidence to show how learning from these incidents had been actioned or shared across the staff team to prevent their recurrence. The practice compliance lead told us this was planned to be discussed at future staff meetings.

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.

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.

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 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.

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, there was scope for improvement to include CCTV signage in areas where cameras were present.

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 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 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 dental surgeries and waiting area were on the first floor which was not accessible for patients with access requirements. The practice had a hearing loop and reading glasses.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients which included the ongoing consideration of future ground floor facilities.

### **Timely access to services**

The practice displayed its opening hours and provided information on their website, patient information leaflet 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, 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 had received 7 complaints in the past 12 months. We reviewed two and found the practice had responded to concerns and complaints appropriately. We did not see evidence of staff discussing outcomes to share learning and improve the service. We were told by the compliance lead that this would be included in staff meetings in future.

# 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 subscribed to an online governance tool to help in the running of the service.

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

Systems and processes were not always embedded, however staff worked together in such a way that where the inspection highlighted issues the compliance lead was in the process of addressing the shortfalls. This demonstrated the providers commitment to improving the service.

The information and evidence presented during the inspection process was clear.

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

### **Culture**

Staff stated they felt respected, supported and valued. They were proud to work in the practice. Many of the staff members were long standing.

Staff discussed their training needs during annual appraisals and 1 to 1 meetings staff 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.

### **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. There was scope for improvement to include updating of names in policies to accurately reflect processes in place.

### **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, and informal discussions. Staff told us they were 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**

The practice had 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.