

Bancroft Dental Limited

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Inspection report

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Overall summary

We carried out this announced inspection on 19 May 2021 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 provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five 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:

Are services safe?

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

Are services effective?

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

Summary of findings

Are services well-led?

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

Background

Bancroft Dental Surgery is a well-established practice that offers both private and NHS treatment to patients. It is based in Hitchin and has four treatment rooms. The dental team includes four dentists, an endodontist, a periodontist, six dental nurses, five hygienists and reception staff.

The practice is open on Mondays and Wednesdays from 8 am to 6pm; on Tuesdays from 8am to 7pm; on Thursdays from 8am to 5.30pm, on Fridays from 8am to 1pm; and on alternate Saturdays from 8am to 1pm.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at the practice is the principal dentist.

On the day of inspection, we spoke with two dentists, the practice/business manager, two dental nurses and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Premises and equipment were clean and properly maintained, and the practice followed national guidance for cleaning, sterilising and storing dental instruments.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Patients' care and treatment was provided in line with current guidelines and IT was used effectively to enhance the delivery of care.
- Staff felt valued and supported and were encouraged to develop their dental careers
- There was effective leadership and a culture of audit and continuous improvement.
- Patient complaints were managed positively and efficiently.

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

- Implement an effective system for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare Products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Review the storage of Glucagon to ensure its effectiveness is maintained.
- Improve the recording and analyses of sharps injuries to help prevent their recurrence.

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

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training and knew about the signs and symptoms of abuse and neglect, and how to report concerns. Information about protection agencies was available around the practice making it easily accessible to staff. The practice manager told us the practice's safeguarding lead had recently done a safeguarding update for staff around domestic violence to ensure greater awareness on this subject. We viewed minutes from a recent staff update, where staff had been encouraged to download the NHS Safeguarding app to their mobile phones.

All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults. The practice had a whistleblowing policy and staff told us they felt able and confident that they could raise concerns if needed.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

We confirmed that all clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice had a recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. We viewed recruitment files for three members of staff and noted that, although a DBS check had been obtained for two of them, it was over a year old at the point of their employment. Only one reference had been sought even though the practice's own policy stated that two references should be requested. All staff received a full induction to their role and their performance was assessed after the first and third months of employment.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. Records showed that fire detection and firefighting equipment was regularly tested, and staff completed regular timed fire evacuation drills. Two members of staff had been trained as fire marshals.

The practice had a business continuity plan describing how staff would deal with events that could disrupt its normal running and staff had implemented measures to identify and contain the spread of the coronavirus.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and the practice had the required information in their radiation protection file. The dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year, and clinical staff completed continuing professional development in respect of dental radiography. Rectangular collimation had been fitted to X-ray units to reduce patient exposure. The practice had a cone beam computed tomography X-ray machine. Staff had received training in its use and appropriate safeguards were in place for patients and staff. However, staff were unable to confirm if they had updated the Health and Safety Executive of their X-ray equipment in line with the 2017 Regulations.

The practice had installed closed-circuit television to improve security for patients and staff and appropriate signage was in place warning of its use.

Risks to patients

Are services safe?

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff.

Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus. A sharps risk assessment had been completed and staff used the safest types of needles as recommended in national guidance. Sharps' bins were sited safely and labelled correctly. We reviewed the practice's accident book which showed that needle stick injuries sustained by staff had been recorded. However, the records were not particularly detailed and there was no evidence to show how learning from these incidents had been used to prevent their recurrence.

Emergency equipment and medicines were available as described in recognised guidance, and the practice held two sets of each to accommodate the layout of the premises. Medicines had been organised into specific emergency types to make accessing them easier for staff. Staff kept records of their equipment and medicines checks to make sure they were available, within their expiry date, and in working order. We noted however that glucagon was not kept in the fridge and its expiry date had not been reduced to accommodate this.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Staff should consider undertaking regular medical emergency simulations in order to keep their skills and knowledge up to date.

There was a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for the materials used within the practice.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff carried out infection prevention audits and the latest audits showed the practice was meeting the required standards. Additional measures had been implemented to the patient journey to reduce the spread of Covid 19 and protect staff and patients.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

We saw staff had procedures to reduce the possibility of legionella or other bacteria developing in the water systems, in line with a risk assessment. Staff monitored monthly water temperatures and undertook quarterly dip slide testing of the water quality.

We noted that all areas of the practice were visibly clean, including the waiting area, corridor, toilet and staff areas. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. We noted a number of uncovered dental items in treatment rooms drawers that needed to be covered to prevent the risk of aerosol contamination.

The practice used an appropriate contractor to remove dental waste from the practice and external yellow clinical waste bins were secured, although would benefit from being attached to a fixed post.

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines, although clinicians should consider the use of Clarithromycin as a third line antimicrobial. Staff stored and kept records of prescriptions as described in current guidance, although this needed to be tightened to ensure that any loss of missing scripts could be easily identified.

There were patient group directions in place for the hygienists who administered local anaesthetics to patients.

Are services safe?

Audits were carried out annually to monitor that the dentists were prescribing antibiotics in line with NICE guidance.

Information to deliver safe care and treatment

We looked at a sample of dental care records to confirm our findings and noted that records were written in a way that kept patients safe. Dental care records we saw were accurate, complete and legible. They were kept securely and complied with The Data Protection Act and information governance guidelines.

Lessons learned and improvements

The practice had an incident reporting policy in place and held an event register where all relevant incidents were recorded. We viewed a recent incident that had occurred involving a patient and saw that it had been fully recorded and investigated. Staff told us that any safety incidents would be discussed with the rest of the dental practice team and we saw evidence of this in the practice's weekly updates to staff.

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were received by the principal dentist but there was no formal process in place to ensure these were disseminated and acted upon.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken, and the advice given to them. The practice had recently amended its computer software system to add a prompt to remind dentists to ask about patients' mental health.

Our discussions with the dentists demonstrated that they were aware of, and worked to, guidelines from National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment.

The practice offered conscious sedation for patients and its sedation systems were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015. Staff had received appropriate sedation training, and patient checks were carried before, during and after their sedation.

The practice also offered dental implants provided by staff who had undergone appropriate post-graduate training in their provision. We found that dental implant treatment was undertaken in accordance with national guidance.

Staff had access to digital X-rays, CBCT scanner, and an intra-oral scanner to enhance the delivery of care to patients.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Dental care records we reviewed demonstrated dentists had given oral health advice to patients

Five dental hygienists were employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. The practice manager told us staff participated in national oral health campaigns and used social media to get key oral health messages across to patients. Staff had also visited schools to run oral health education sessions to pupils. There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We noted that the patient consent process for both sedation and implant procedures was good, and clinicians used IT effectively to explain treatment and reduce the number of visits required.

The practice's consent policy included information about the Mental Capacity Act 2005. We found staff understood their responsibilities under the Act when treating adults who might not be able to make informed decisions.

Effective staffing

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role.

Are services effective?

(for example, treatment is effective)

Staffing levels had not been unduly affected by the Covid 19 pandemic, and there were enough suitably qualified staff to treat patients safely and effectively. The hygienists worked with chair side support and there were always two dental nurses present for all sedation and implant treatments. Staff told us they did not feel rushed in their work and there was an additional nurse available most days.

The provider had current employer's liability insurance in place.

Are services well-led?

Our findings

Leadership capacity and capability

We found that staff had the capacity, values and skills to deliver high-quality, sustainable care.

The principal dentist had overall responsibility for the management and clinical leadership of the practice and was well supported by the practice/ business manager and staff. Management responsibilities had been shared across the staff team and there were specific staff leads for areas such as radiography, legionella, safeguarding, fire and reception.

Culture

The practice had built up an established staff group over the years. Staff told us they felt respected and valued, and clearly enjoyed their job. Nursing staff told us they felt supported in the development of their dental careers and had been encouraged to undertake training in their areas of particular interest such as dental photography, mental health, treatment co-ordination and social media.

The practice had a duty of candour policy in place, and staff were aware of its requirements for openness and honesty with patients if things went wrong.

Governance and management

There were effective processes for managing risks, issues and performance. The practice had comprehensive policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. The practice also used an on-line governance tool to help in its management and running.

Communication across the practice was structured around a regular weekly update which provided staff with the latest news in relation to patient reviews, equipment repairs, the rota and training.

The practice had a policy which detailed its complaints procedure, and details of how to complain were available in the waiting area and on the practice's website. We viewed two recent complaints received by the practice and noted they had been investigated and responded to in a timely, empathetic and professional way. All complaints were recorded as significant events so that learning from them could be analysed and shared.

Appropriate and accurate information

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Archived patients' notes were held securely in the practice's basement.

Engagement with patients, the public, staff and external partners

The practice used surveys and comment cards to gain feedback about the service, however these had been suspended temporarily due to the Covid pandemic. Instead the practice now sent text messages to patients encouraging them to complete an on-line review of the practice via Google and Facebook. At the time of this inspection the practice had received 5 stars out of five, based on 93 patient Google reviews. These reviews were discussed with staff at the weekly team update.

The GDC's standards for the dental team were also on display setting out the industry's standards of conduct, performance and ethics so that patients would know what to expect from their treatment.

Are services well-led?

Continuous improvement and innovation

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, hand hygiene, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

Staff completed 'highly recommended' training as per General Dental Council professional standards and the practice manager monitored that staff kept up to date with their training closely. Staff discussed their training needs and performance at appraisals, and all had personal development plans in place. However, we noted that the practice/business manager had not received an annual appraisal to monitor their performance.