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Buckden Dental Clinic

Inspection report

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Overall summary

We carried out this announced inspection on 16 November 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 asked the following questions:

• 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:

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.

Are services well-led?

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

Summary of findings

Background

Buckden Dental Clinic is a well-established practice which provides private treatment to adults and children. The dental team includes four dentists, one dental hygienist, four dental nurses, two receptionists and a practice manager. The practice has three treatment rooms. Wheelchair access is available via a small ramp, and there is a fully accessible toilet and ground floor treatment rooms. The practice has parking facilities to the rear of the premises.

The practice opens on Monday from 9am to 8pm; Tuesday to Thursday from 9am to 5pm and on Friday from 9am to 3pm.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During our inspection we spoke with the principal dentist, the practice manager, two dental nurses, the dental therapist and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had thorough staff and induction recruitment procedures.
- Patients' care and treatment was provided in line with current guidelines.
- Members of the dental team were supported to meet the requirements of their professional registration and undertake additional training to progress their skills and knowledge.
- The practice had systems to help them manage risk to patients and staff.
- Patients received their care and treatment from well supported staff, who greatly enjoyed their work.
- The practice had effective leadership and a culture of continuous audit and improvement.

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

- Implement an effective system for identifying, disposing and replenishing of out-of-date stock.
- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.

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. Information about reporting procedures was available around the practice, making it easily available to staff. The practice had a protocol in place for recording the non- attendance of children to help them identify possible safeguarding concerns. 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 about colleagues if needed.

The dentist used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider 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, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Additional operating protocols had been implemented to the patient journey to reduce the spread of Covid-19 and the provider had purchased air filtration units and fogging machines to help reduce the risk of infection.

The practice had arrangements for cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. Infection prevention and control audits were completed regularly, and the latest audit showed the practice was meeting the required standards.

Staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. We noted its recommendation for regular dip slide testing had been implemented by staff. Records we viewed showed that water temperatures throughout the practice were monitored regularly.

Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. We saw the practice was visibly clean and treatment rooms and surfaces including walls, floors and cupboard doors were free from visible dirt. However, we did find some out of date dental materials in treatment room drawers.

The practice had procedures in place to ensure clinical waste was segregated and was stored securely.

Clinical staff were qualified and registered with the General Dental Council 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 looked at recent staff recruitment records which showed the practice followed their recruitment procedure. Each new staff member underwent an induction period to ensure they had the skills and knowledge for their role.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions including electrical and gas appliances. A fire risk assessment had been completed for the premises. Records showed that emergency lighting, fire detection and firefighting equipment such as fire extinguishers were regularly tested. All staff had received fire marshal training. We viewed a safety report undertaken by the local fire services that had identified no areas of concern in relation to fire safety management.

Are services safe?

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and all required information was in the radiation protection file. X-ray units had rectangular collimation to reduce patient dosage.

We saw evidence that the dentist justified, graded and reported on the radiographs they took. The practice carried out radiography audits. Clinical staff, including the nurses, had completed continuing professional development in respect of dental radiography.

Risks to patients

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. Additional assessments had been completed for risks associated with the Covid-19 pandemic.

Staff followed relevant safety regulation when using needles and other sharp dental items and staff were using the safest types of needles. The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Staff discussed a different medical emergency scenario at each practice meeting to help keep their skills and knowledge up to date.

Emergency equipment and medicines were available as described in recognised guidance, although we noted there was not a full set of clear face masks available. These were ordered immediately following our inspection, evidence of which was sent to us the same day of our visit.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with clinicians how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible. They were kept securely and complied with data protection requirements.

Safe and appropriate use of medicines

Staff were aware of current guidance with regards to prescribing medicines and antimicrobial prescribing audits were carried out annually as recommended.

The temperature of the practice's fridge where medication was stored was not monitored daily to ensure it operated effectively. The practice manager agreed to order new glucagon immediately and move it to be stored in another fridge whose temperature was monitored.

Lessons learned and improvements

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. Incidents were discussed at practice meetings, evidence of which we viewed.

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were received by the practice and triaged by the practice manager who actioned them if needed.

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.

Dental care records we reviewed clearly detailed patients' assessments and treatments.

Patients' dental care records were audited regularly to check that clinicians recorded the necessary information.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants. We found that the provision of dental implants was in accordance with national guidance.

The practice had access to intra-oral scanners and cameras, digital X-ray and a *Cone Beam CT scanner* to enhance the delivery of care.

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. Clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. Dental care records we reviewed demonstrated clinicians had given oral health advice to patients.

A part-time dental therapist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. The dental hygienist described to us the practical ways they demonstrated good oral hygiene practices to patients. Some of the dental nurses had undertaken training in oral hygiene instruction.

The practice sold dental hygiene products to maintain healthy teeth and gums, including interdental brushes, mouthwash, and toothpaste.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment.

The practice's consent policy included information about the Mental Capacity Act 2005 (MCA). Staff understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Effective staffing

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council (GDC). A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with GDC Standards for the Dental Team. Staffing levels had not been unduly affected by Covid-19, and there was as usually an additional spare nurse available each day to help if required.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Staff confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. Each treatment room had its own log which was monitored by clinicians to ensure referrals were dealt with in a timely way.

Are services well-led?

Our findings

Leadership capacity and capability

The provider demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together well.

Staff described both the practice manager and principal dentist as approachable, responsive and supportive. We found they were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. At the time of our inspection they were in the process of trying to recruit additional staff to meet patient demand. The practice manager took immediate action to address some of the minor shortfalls we identified during our inspection, demonstrating their commitment to improve.

Processes were in place to develop staff capacity and skills for future leadership roles and staff were encouraged to undertake different roles and expand their knowledge.

Culture

Staff stated they felt supported and enjoyed their work citing good teamwork, effective communication, clear protocols and support for training as the reasons. Staff told us they greatly valued the many out of work social events that were actively supported by the principal dentist.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints we reviewed. The practice had a Duty of Candour policy in place and staff were aware of their personal obligations under it.

Governance and management

There were clear and 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.

Communication across the practice was structured around regular meetings. Staff told us these provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them. Minutes we viewed were detailed and demonstrated that polices and performance were regularly discussed, and that staff were consulted about a range of issues relating to the practice.

The practice was a member of the British Dental Association's good practice scheme and another national dental accreditation programme demonstrating its commitment to good governance. The practice had won several national and local awards in recognition of its work and patient care.

The practice had a policy which detailed its complaints' procedure and information about how patients could raise concerns was available in the waiting area, although it was not particularly accessible. Following our inspection, we were sent a photo of the complaint's procedure now clearly visible on the reception desk. We noted that the practice's complaints management protocol had been discussed with staff at their meeting of November 2021 to ensure staff were aware of it. Reception staff we spoke with had a clear understanding of the practice's complaints system and spoke knowledgably about how they would respond if a patient raised a concern.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal 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.

Are services well-led?

Engagement with patients, the public, staff and external partners

Every new patient was sent a questionnaire following their first appointment which asked them for feedback about the reception they received, if they had been seen on time and areas for improvement amongst other things. We viewed about 15 completed responses which indicated high levels of patient satisfaction. Following a course of treatment, patients were also sent a link to a website where they could leave feedback about their experience. The practice manager told us that anything less than a five-star review was actively followed up to find out the reason why.

At the time of our inspection the practice had received 4.9 out of five stars based on 57 on-line reviews.

The provider gathered feedback from staff through meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Staff's suggestion to review evening opening hours had been implemented.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, infection prevention and control, and waiting times. They had clear records of the results of these audits and the resulting action plans and improvements.

Staff were actively supported and encouraged to undertake a wide range of additional training which was paid for by the principal dentist. For example, some dental nurses had undertaken courses in radiography, implants, impression taking, dental photography and oral hygiene instruction.

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.