

Banning Dental Group Ltd

Banning Dental Group-Lewisham

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 7 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.
- The practice had systems to manage risks for patients, staff, equipment and the premises. Improvements were needed to some of these arrangements so that risks were effectively assessed and managed.

Summary of findings

- 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.
- 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. Improvements were needed to some of the governance arrangements at the practice.
- 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

Banning Dental Group – Lewisham is part of Banning Dental Group Limited, a group dental provider.

The practice is in the London Borough of Lewisham and provides private dental care treatment for adults and children.

Public transport, bus and train services are located close to the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 8 part time dentists including oral surgeons and dentists with special interests in endodontics and orthodontics, 2 dental hygienists, 3 qualified dental nurses and 2 trainee dental nurses. The clinical team are supported by the practice manager, a treatment coordinator and 3 receptionists.

During the inspection we spoke with 4 dentists, 1 dental nurse, 1 trainee dental nurse and the practice manager.

We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open between:

9am to 7.30pm on Mondays, Tuesdays, Wednesdays and Fridays

9am to 5pm on Thursdays and Saturdays

10am to 3pm on Sundays

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

- Improve the practice's risk management systems for monitoring and mitigating the various risks arising from the carrying on of the regulated activities. In particular, improve the arrangements for mitigating risks in relation to dental sharps, medicines, and the management of Legionella.

Summary of findings

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Improve the practice's arrangements for ensuring good governance and leadership are sustained in the longer term. In particular, improve the systems for clinical audit.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	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. Staff felt confident to report concerns and had access to information to assist them to do so. The practice had a lead to oversee safeguarding procedures.

The practice had infection control procedures which reflected published guidance. Infection prevention and control procedures were monitored and audited. The practice had a lead nurse to oversee infection prevention and control procedures.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. There were arrangements to disinfect dental unit waterlines. The hot water in the practice was heated via a hot water tank. The most recent Legionella risk assessment indicated a number of checks were needed to be carried out for the hot water tank, and these had not been completed. Staff monitored hot and cold water temperatures; however, they did not keep records of the actual temperatures. Improvements were needed so any recommendations in the practice's Legionella risk assessment were followed to ensure the safety of the service.

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, tidy and well organised 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. These reflected the relevant legislation. We reviewed a sample of staff recruitment records and found that all of the required checks were carried out including Disclosure and Barring Services checks, identity confirmation, and evidence of conduct in previous employment for relevant staff.

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 the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and 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. Information was available to help staff recognise signs of sepsis and take prompt action. The practice had procedures for lone working and the dental hygienists worked with chairside support. Improvements were needed so that staff followed guidelines in relation to sharps safety. The practice's sharps safety risk assessment included some inaccurate information in relation to the procedures for handling and disposing of dental sharps. The risk assessment did not include measures specifically to protect staff who did not have confirmed immunity against the Hepatitis B virus.

Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance. Improvements were needed to ensure that one of the medicines used to treat low blood glucose (Glucagon) was stored in accordance with the manufacturer's instructions. This medicine was refrigerated and the fridge temperatures were recorded. However, on a number of occasions the fridge temperature exceeded the manufacturer's storage instructions.

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 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 two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. However, these were not always followed. Records in relation to monitoring stocks of medicines at the practice were incomplete. Antimicrobial prescribing audits were carried out. Improvements were needed so that the findings from audits have an analysis and action plan to support and drive improvements.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate 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.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

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. The dental hygienists provided treatments and advice in relation to diet, oral hygiene instructions, guidance on the effects of sugar, tobacco and alcohol consumption.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They undertook training and 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 generally kept detailed patient care records in line with recognised guidance. Improvements were needed to ensure all of the necessary information was recorded. Patient records did not always include rationale when medicines had been prescribed. Some records did not include details of patient assessments including intraoral examinations or risk assessments in relation to periodontal disease, caries, cancer or tooth wear.

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. Improvements were needed to ensure the findings from audits had an analysis and action plan to support improvements.

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 dentists 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.

The practice sought and monitored patient feedback

Patients who provided feedback said staff took their time to explain treatments and helped put them at ease when they were anxious or nervous.

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. Improvements were needed to ensure that the relevant policies and protocols were in place.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

The layout of the reception and patient area was open plan in design. Reception staff took care when speaking with patients so that they could not be overheard. A treatment coordinator room was available if patients wished to discuss personal matters.

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 provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included X-ray images and an intra-oral camera.

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 practice had made reasonable adjustments for patients with access requirements, including access to treatment rooms on the ground floor, a hearing induction loop and information in a range of accessible formats. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

Patients could access and update information and schedule appointments online.

The practice displayed its opening hours and provided information on their website.

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 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. Emergency appointments were available each day. 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 responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service. We saw evidence of actions taken arising from complaints so as to improve patients experience of using the service.

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

There was strong leadership with emphasis on continued improvement over time.

Systems and processes were generally embedded, and staff worked well together.

Most of the information and evidence presented during the inspection process was clear and well documented. However, there were some gaps in the governance systems and the inspection highlighted a number of omissions.

Following our inspection, we were provided with assurances that these would be prioritised as part of the organisation's management and governance systems.

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

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They told us they worked well as a team and they were proud and happy to work in the practice.

Staff discussed their training needs during annual appraisals. 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.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good 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.

We saw there were clear and effective processes for managing risks, issues and performance. We identified minor shortfalls in assessing and mitigating the risks in relation to sharps, legionella and medicines management.

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 were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, quality assurance, continuous improvement. These included audits of disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Improvements were needed to the systems for clinical audits of patient records, dental radiography and antimicrobial prescribing so that these demonstrated a system of continuous improvement.