

Bottesford Dental Practice Limited

# Bottesford Dental Practice

## Inspection report

12 Albert Street  
Bottesford  
NG13 0AJ  
Tel: 01949844463

Date of inspection visit: 10 June 2021  
Date of publication: 09/07/2021

### Overall summary

We carried out this announced inspection on 10 June 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 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 always ask 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 this practice was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

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

##### **Are services well-led?**

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

# Summary of findings

## Background

Bottesford Dental Practice is in the Leicestershire village of Bottesford 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, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes two dentists, four dental nurses, and one receptionist. The practice has two treatment rooms.

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 the inspection we spoke with one dentist, two dental nurses and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 9am to 5pm

Tuesday 9am to 6.30pm

Wednesday and Thursday 8.30am to 4pm

Friday 8am to 12pm

Saturday and Sunday Closed

## Our key findings were:

- The practice appeared to be visibly clean and well-maintained.

The provider had infection control procedures which mostly reflected published guidance; though some improvements could be made.

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. Some medicines were not stored safely.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Majority of staff, though not all had completed safeguarding training.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership. Improvements could be made to governance procedures.
- Staff felt involved and supported and worked as a team.

# Summary of findings

- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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

- Take action to ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.
- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular implement weekly protein tests of the ultra-sonic cleaner.
- Improve the security of prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Improve the practice's protocols for medicines management and ensure all medicines are stored and dispensed of safely and securely.
- Improve and develop the practice's current performance review systems and have an effective process established for the on-going assessment and supervision of all staff

# 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)**

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. We saw evidence that the majority, but not all, staff had received safeguarding training. We advised the provider of our findings and they provided evidence following inspection that all staff had completed or were booked on, safeguarding training at a level that reflected their role.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

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.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed most equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. We noted that staff were not completing weekly checks to verify the efficacy of protein removal by the ultrasonic cleaner. Records showed that only one protein test had ever been completed. *Staff were aware of the need to carry out this test weekly and informed us they had raised this with the provider. Following our inspection, the provider submitted evidence that these checks and a system for recording their completion, were now in place. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.*

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

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. Some recommendations in the assessment had been actioned for example, removal of 'dead leg' water pipes and fitting of temperature controls. Records of dental unit water line management were maintained. The practice completed monthly checks of water temperatures, contrary to the providers risk assessment recommendations to test weekly. Following our inspection, the provider submitted evidence to show that procedures for completing and recording weekly water temperature checks were now in place.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

There was an infection prevention and control lead as recommended by the published guidance. The lead had undertaken infection control training in line with their continuing professional development and had the necessary training certificates as evidence in their personnel file.

# Are services safe?

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

The provider had registered all X-ray units with the Health and Safety Executive in line with changes to legislation relating to radiography. Local rules for the X-ray units were available in line with the current regulations. The practice used digital X-rays fitted with rectangular collimators which reduced the dose and scatter of radiation.

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

Clinical staff completed continuing professional development in respect of dental radiography.

## **Risks to patients**

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. The record for one staff member confirming the effectiveness of their vaccination was not available at the time of inspection but was provided at a later date.

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff triaged appointments effectively to manage patients who presented with dental infection and where necessary referred patients for specialist care.

# Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. The practice used a visiting sedationist to provide conscious sedation for patients that required it. At the time of our inspection, no staff at the practice had completed Immediate Life Support (ILS) training with airway management as recommended. On the day of our inspection, the provider arranged training for all staff in ILS. Following our inspection, the provider submitted an updated process for the staff supporting people undergoing sedation that reflected current guidance.

The provider informed us that the sedationist brought all their own equipment to the practice. We did not see records of what this equipment was or how it was checked. The provider had their own emergency equipment and medicines available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

We found that the Glucagon, a medicine used to treat very low blood sugar, was stored at room temperature but the provider was not aware that the manufacturers guidance states the expiry date should be reduced by six months when stored this way. This meant the medicine had exceeded its expiry date and may no longer be effective. The provider immediately removed the medicine and provided evidence following inspection that a replacement had been sourced.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

## **Information to deliver safe care and treatment**

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

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

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that, with the exception of the example given earlier, medicines did not pass their expiry date and enough medicines were available if required.

Prescription pads were stored securely but recording of the use of individual prescription sheets was not effective. At the time of our inspection the practice did not have a system for tracking individual prescriptions. Following our inspection, the provider submitted evidence showing improvements made to the recording and tracking of prescription pads.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines.

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

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

# Are services safe?

Where there had been a safety incident we saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required. The practice reviewed regular Coronavirus (COVID-19) advisory information and alerts. Information was provided to staff and displayed for patients to enable staff to act on any suspected Covid cases. Patients and visitors were requested to wear face coverings on entering the premises.



# 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 clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice used a visiting sedationist to provide conscious sedation for patients. This included patients who were very anxious about dental treatment and those who needed complex or lengthy treatment. The practice had systems that assured them the visiting sedationist was qualified to do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The visiting sedationist carried out assessments of patients before and after treatment, emergency equipment requirements, medicines management and sedation equipment checks with further post treatment advice given by the provider. Information such as consent, monitoring during treatment, discharge and post-operative instructions were recorded by the visiting sedationist. We were not able to review consent to treatment as the provider did not have copies of signed consent in patients record. These were kept by the visiting sedationist.

The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history' blood pressure checks and an assessment of health using the guidance.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen content of the blood.

The records also showed that the visiting sedationist recorded details of the concentrations of the sedation gases used.

We looked at the records of three treatments using sedation. Whilst the visiting sedationist was supported by a dentist and a dental nurse, neither of these had completed sedation training or Immediate Life Support (ILS) training. This could expose patients to the risk of unsafe treatment. Following our inspection, the provider submitted evidence of their completion of accredited sedation training and ILS training. They also submitted evidence of updated protocols for trained staff to support sedation procedures.

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

Staff had access to digital X-rays to enhance the delivery of care.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their 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.

# Are services effective?

(for example, treatment is effective)

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

## **Consent to care and treatment**

Staff 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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team 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 may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider did not always apply their quality assurance processes or encourage learning and continuous improvement.

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. We noted that clinical staff did not have peer review meetings. The provider confirmed this, sighting restrictions due to Covid-19 as a mitigating factor. Following our inspection, evidence was submitted showing formal peer review meetings for clinical staff were scheduled.

## **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**

We found the provider had the values and skills to deliver high-quality, sustainable care and they were knowledgeable about issues and priorities relating to the quality and future of the service. The issues we identified were rectified on the day or shortly after this inspection. The provider acknowledged the findings and accepted advice on how to address these. They understood the challenges and were committed to addressing them fully and embedding a culture of sustainable improvement and robust governance.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

### **Culture**

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

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

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of the Duty of Candour and had systems to ensure compliance with the requirements of the Duty of Candour. We found that staff knowledge was not as strong and further training was required.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

### **Governance and management**

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

The provider had overall responsibility for the management and clinical leadership of the practice, including the day to day running of the service. We identified the lack of delegation of roles to a dedicated staff member to assist with governance had contributed to the issues we found. The provider acknowledged this and informed us they would review the management and leadership structure of the practice.

The provider 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.

We saw there were clear and effective processes for managing risks, issues and performance.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

Quality and operational information, for example surveys, audits and external body reviews, were used to ensure and improve performance. Performance information was combined with the views of patients.

# Are services well-led?

The provider had information governance arrangements. Whilst staff were aware of the importance of these in protecting patients' personal information, we found they had not completed information governance training. Following our inspection, the provider submitted evidence to show this had been completed.

## **Engagement with patients, the public, staff and external partners**

Staff involved patients, the public, staff and external partners to support the service.

The Covid-19 pandemic had restricted the measures the practice used to gather feedback from patients. For example, the NHS Friends and Family Test (FFT) had been suspended. Patients were however, encouraged to complete feedback online.

The provider used patient surveys, comment cards, staff meeting notes and online reviews to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, patients had requested a 'Where's Wally' poster be put back on the ceiling above the surgery chair as they welcomed the distraction during treatment.

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

We found these were not applied consistently. The provider responded to our findings and feedback from inspection and implemented improvements to the governance and oversight process at the practice.

The provider had a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, further training was provided to enable the infection control lead to carry out their duties.

Staff had completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.