

Bute House Dental Surgery

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Inspection report

30 Victoria Road
Deal
CT14 7BH
Tel: 01304375293

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Overall summary

We carried out this unannounced focused inspection on 11 January 2022 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 five 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:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- 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.
- 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 and a culture of continuous improvement.

Summary of findings

- Staff felt involved and supported and worked as a team.
- 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.

Background

Bute House Dental Practice is in Deal, Kent and provides NHS and 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 six dentists, five dental nurses, a dental hygienist, and two receptionists. The practice has four treatment rooms.

During the inspection we spoke with three dentists, two dental nurses and both receptionists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 8.30am to 5pm

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)

- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Staff had safeguarding training to the correct level for their role.
- The provider had infection control procedures which reflected published guidance. The provider had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The decontamination of instruments was carried out in accordance with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05) guidance.

- Some records were available to demonstrate that the equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. No daily temperature or pressure reached information was logged. No residual air test or air leakage test was conducted weekly. We were sent evidence that these had been implemented following our inspection.
- The provider had procedures to reduce the possibility of Legionella or other bacteria developing in water systems, in line with a risk assessment.
- The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.
- We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.
- 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.
- Clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

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

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

Risks to patients

- The provider had not implemented systems to assess, monitor and manage risks to patient safety. In particular relating to sharps safety and sepsis awareness. We were sent evidence following our inspection to show that this had been addressed.
- Some emergency equipment and medicines were not available and checked as described in recognised guidance. In particular, the adult and child pads for the automated defibrillator had expired. There were no size 0,1,2,3 face masks available. We were sent evidence that all the medicines and equipment that were not available on the day of our inspection had been purchased.
- Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. We were sent training certificates for two members of staff following our inspection.

Are services safe?

- 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

- 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.

Safe and appropriate use of medicines

- The provider had systems for appropriate and safe handling of medicines.
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- Antimicrobial prescribing audits were not carried out. We were sent an antimicrobial prescribing audit following our inspection.

Track record on safety, and lessons learned and improvements

- The provider had implemented systems for reviewing and investigating when things went wrong.
- The provider 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.
- 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
- 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 consent to care and treatment in line with legislation and guidance.
- Records were not available to demonstrate staff undertook training in consent and mental capacity.
- 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 in line with recognised guidance.
- Staff conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.
- We saw evidence the dentists justified, graded and reported on the radiographs they took.
- The provider had not carried out radiography audits every year following current guidance and legislation. We were sent a radiographic QA audit following our inspection.

Effective staffing

- Staff had the skills, knowledge and experience to carry out their roles although some training had lapsed. We were sent training certificates for the training that had lapsed following our inspection.
- Staff had a structured induction
- Records were available to demonstrate clinical staff completed continuing professional development as 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 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 demonstrated a transparent and open culture in relation to people's safety.
- Systems and processes were embedded among staff.

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.
- The provider had implemented arrangements for staff to discuss their training needs at an annual appraisal.
- There were opportunities for staff to discuss learning needs, general wellbeing and aims for future professional development.
- We were sent evidence that staff were subject to the appraisal process.

Governance and management

- Staff had clear responsibilities roles and systems of accountability.
- 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.

Appropriate and accurate information

The provider used quality and operational information, for example NHS BSA performance info, surveys, audits, external body reviews to ensure and improve performance.

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

Engagement with patients, the public, staff and external partners

- Staff involved patients, the public, staff and external partners to support the service.
- 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 implemented systems and processes following our inspection for learning continuous improvement and innovation.
- The provider had implemented appropriate quality assurance processes to encourage learning and continuous improvement.
- The provider sent us completed audits of disability access, radiographs and infection prevention and control in accordance with current guidance and legislation