Beaumont Dental Care Limited

Beaumont Dental Care

Inspection Report

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Date of inspection visit: 03/01/2019
Date of publication: 31/01/2019

Overall summary

We carried out this announced inspection on 3 January 2019 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.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

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

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Background

Beaumont Dental Centre is in Oxford and provides private treatment to patients of all ages.

There is level access for people who use wheelchairs, those with pushchairs via the rear of the practice. Car parking spaces, including space for blue badge holders, are available behind the practice.

The dental team includes three dentists, one dental nurse, two trainee dental nurses, two dental hygienists, and two receptionists. One of the receptionists carries out practice management tasks. The practice has five treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Beaumont Dental Centre was one of the partners.

On the day of our inspection we collected 31 CQC comment cards filled in by patients and obtained the views of 14 other patients.

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

The practice is open 9am to 5pm Monday to Friday.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. .
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice did not have thorough staff recruitment procedures.
- 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.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- Improvements were required to several areas of the practice.

We identified regulations the provider was not meeting. They must:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review the practice's systems for environmental cleaning taking into account the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Review the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Review 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 always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment.

Staff knew how to recognise the signs of abuse and how to report concerns.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

No action ✓

Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as efficient, thorough and caring. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

Improvements were needed to the management of staff training and clinical audit frequency. We have since received evidence to confirm these shortfalls have been addressed.

No action ✓

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from 45 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, friendly and professional and were given proficient, considerate and careful treatment, and said their dentist listened to them.

Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action ✓

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services.

No action ✓

Summary of findings

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. Improvements were needed to the provision of equipment to assist patients with hearing and sight loss. We have since received evidence to confirm these shortfalls have been addressed.	
Are services well-led? We found that this practice was providing well-led care in accordance with the relevant regulations. The staff felt supported and appreciated. The practice team kept complete patient dental care records which were, clearly typed and stored securely. The lack of effective management and clinical leadership at the practice resulted in shortfalls in the management the service. Improvements were required to staff recruitment, staff training, the management of fire safety and emergency medical equipment. We have since received evidence to confirm these shortfalls have been addressed.	**No action**

Are services safe?

Our findings

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

The practice 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 practice 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.

Evidence seen confirmed that six out of nine staff received safeguarding training. We were unable to identify to what level this training was from the certificates seen. We have since received evidence to confirm this shortfall is being addressed.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced female genital mutilation.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

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

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a staff recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. Improvements were required to ensure only fit and proper persons were employed. We looked at four clinical staff's recruitment records. None had evidence of a health assessment being undertaken and full employment history (with gaps explained where necessary). We have since received evidence to confirm this shortfall has been addressed.

There was no evidence of references being carried out for three staff. Eligibility to work in the UK was not available for two staff. Hep B immunity, or course of immunisations, was not available for two staff. Proof of identity was not available for one staff. We have since received evidence to confirm this shortfall has been addressed.

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

Records showed that the fire alarm was regularly tested and firefighting equipment, such as fire extinguishers, emergency lighting and fire alarm, were regularly serviced.

We noted paper products were stored on storage heaters in the reception and waiting area. These were warm to the touch which posed a fire risk. We have since received evidence to confirm this shortfall has been addressed.

The practice was unable to provide a fire risk assessment. Emergency lights were not tested regularly. Staff hadnot received fire safety training. The person responsible for fire safety management at the practice had not received training for this role. We have since received evidence to confirm this shortfallis beingaddressed.

The practice had not carried out a fire drill. We have since been advised a drill was carried outthe day after our visit.We have since received evidence to confirm this shortfall has been addressed.

The practice's five yearly electrical wiring installation test was not available. We have since received evidence to confirm this shortfall is being addressed.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. We saw evidence that two of three dentists carried out radiography audits following current guidance and legislation. An audit for the third dentist was unavailable. We have since received evidence to confirm this shortfall has been addressed.

Are services safe?

Dentists completed continuing professional development (CPD) in respect of dental radiography. We noted nursing staff had not completed radiography for cursing staff training.

Laser

The practice also had a laser for the use of dental surgical procedures. A Laser Protection Advisor had not been appointed and local rules were not available for the safe use for the equipment. Evidence of staff training was also not available. We have since received evidence to confirm this shortfallhas been addressed.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed 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 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. We saw evidence that confirmed three of six staff had completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were mostly available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We noted facemasks for self-inflating bags, and adult and child bags with reservoir were missing. We have since received evidence to confirm this shortfall has been addressed.

A body fluid kit was not available. The eye wash kit went out of date in February 2018. We have since received evidence to confirm these shortfalls have been addressed.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with GDC Standards for the Dental Team. We noted a risk assessment was not in place at times when a nurse was unavailable for example, sickness or leave. We have since received evidence to confirm this shortfall has been addressed.

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

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.

Records examined confirmed seven of eight staff completed infection prevention and control training and received updates as required.

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 were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

The practice was clean when we inspected and patients confirmed that this was usual. We saw cleaning schedules for the premises and noted cleaning logs were not completed effectively.

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

The practice carried out infection prevention and control audits once a year when this should be every six months. The latest audit showed the practice was meeting the required standards.

Are services safe?

An annual infection control statement was not available.We have since received evidence to confirm this shortfall has been addressed.

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 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 and were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

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

The practice had a system for appropriate and safe handling of antibiotics. Improvement was needed for the management of this. There was not a stock control system of antibiotics which were held on site. Antimicrobial prescribing audits were not carried out. We have since received evidence to confirm these shortfalls have been addressed.

Track record on safety

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong.

The practice did not have a system for receiving and acting on safety alerts. We have since received evidence to confirm this shortfall has been addressed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Dental implants

The practice offered dental implants. We were told these were placed by a visiting specialist. We could not verify that the provision of dental implants was carried out in accordance with national guidance. This included the competency of the implantologist. We were assured the practice had sight of the evidence requiredfrom the visiting specialist.

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.

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

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

We spoke with the dentists who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

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 told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. 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 may 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.

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 very 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.

We saw evidence of a dental care records audit for one dentist. Records of audits for two dentists and two hygienists were unavailable. We have since received audits for two dentists.

The practice offered conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment.

We could not verify conscious sedation was carried out in accordance with national guidance. This included the competency of the sedationist and the supporting team. We were assured sedation would not be offered or undertaken until robust systems and processes were put in place.

Effective staffing

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

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed that generally clinical staff completed the continuing professional development required for their registration with the General Dental Council. We noted training records

Are services effective?

(for example, treatment is effective)

for oral cancer detection were not available for three staff, legal and ethical issues were not available for five staff, complaints handling was not available for one staff. Basic life support was not available for six staff and current fire training was not available for any staff. We have since received evidence to confirm this shortfall has been addressed.

Staff told us they discussed training needs at annual appraisals. We noted the self-employed hygienists did not receive appraisals. We have since received evidence to confirm this shortfall has been addressed.

Co-ordinating care and treatment

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

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were professional, efficient and proficient. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the

requirements under the Equality Act the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's information leaflets provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, models, videos, X-ray images and an intra-oral camera. An intra-oral camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. This included step free access via the rear of the practice, a ground floor treatment room and a digital scanner to prevent gagging when having impressions taken.

The practice did not have a hearing loop available for patients who wore hearing aids or any reading aids, such as a magnifying glass or reading glasses available to assist patients who had sign loss. We have since received evidence to confirm this shortfall has been addressed.

A Disability Access audit had been completed and an action plan formulated in order to continually improve access for patients. We were told improvements were underway to the flooring in the hallway and parking arrangements for disabled people at the rear of the practice. We have since received evidence to confirm these shortfalls are being addressed.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in their practice information leaflet and on their website. We noted the website, name plate at the front of the practice and the patient leaflet did not reflect the current staff working at the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The dentists took part in an emergency on-call arrangement with each other.

The practice website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The partners were responsible for dealing with their own patient complaints but this would change when the practice manager was fully in post. Staff told us they would tell the dentist about any formal or informal comments or concerns straight away so patients received a quick response.

Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received. Information for patients showed that a complaint would be acknowledged within three days and investigated within ten days.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The dentists were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Improvements were needed to ensure the practice management had the capacity and skills to deliver high-quality, sustainable dental care and treatment. We have since received evidence to confirm this shortfall has been addressed.

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

The strategy was in line with health and social priorities across the region. The practice planned its 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.

The practice focused on the needs of patients.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

The provider had a system of governance in place which included policies, protocols and procedures that were accessible to all members of staff.

We noted there was not a system of clear responsibilities, roles and systems of accountability which affected the standard of governance and management.

The management arrangement indicated that the practice fell short of effective clinical and managerial leadership. This became apparent when we noted shortfalls in the management of emergency equipment, staff recruitment, fire safety, staff training, audits and specialist treatment provision arrangements. Since our inspection all the shortfalls we identified have allbeen addressed. The newly appointed practice manager was allocated full time hours to manage the governance at the practice.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice 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

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys, comment cards, verbal comments to obtain patients' views about the service. As a result of patient feedback, the practice displayed a price list for dental health products more prominently and increased the magazine choice in waiting areas.

We noted the results of surveys were not made available to patients. We have since received evidence to confirm this shortfall has been addressed.

The practice gathered feedback from staff 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. As a result of staff feedback, the practice redecorated the waiting area and recruited a part-timepractice manager.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

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

Are services well-led?

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Everyone except the hygienist had annual appraisals. We have since received evidence to confirm this shortfall has been addressed.

Staff discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

We noted the system for monitoring staff training required improvement to ensure staff could evidence of competency in core CPD recommended subjects. We have since received evidence to confirm this shortfall has been addressed.

The General Dental Council also requires clinical staff to complete continuing professional development.