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Bearcross Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 26 August 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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 caring?

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

Are services responsive?

We found this practice was providing responsive 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.

Background

Bearcross Dental Practice provides a range of treatments, and sees mainly NHS patients. There are four dentists, two part-time hygienists and six dental nurses working at the practice. The practice manager is the registered manager, the owner and a dentist. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice is in a converted residential property. All of the treatment rooms are on the ground floor and are easily accessed by wheelchair users.

During our inspection we spoke with five patients and reviewed 43 comments cards, which patients had completed in the two weeks prior to our visit. All patients commented positively about the care and treatment they received at the practice.

Our key findings were:

- We found all treatment rooms well planned and equipped, with good light and ventilation.
- There were systems in place to check all equipment had been serviced regularly, including the air compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- Patients care and treatment was assessed, planned and delivered according to their individual needs.
- The practice was sensitive to the needs of their patients and treated them with dignity and respect and the patient satisfaction survey indicated they were happy with their care and treatment.

Summary of findings

- The practice had systems in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography
- Staff had regular appraisals and were supported to complete training for their continuous professional development.

There were areas where the provider could make improvements and should:

- Complete checks as recommended by the risk assessment for the management of legionella carried out in June 2014.

Staff should be trained in safeguarding vulnerable adults and vulnerable adults should be included in the providers safeguarding policy.

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

The practice had systems in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography.

Staff had received training in safeguarding children but not safeguarding adults but knew the signs of abuse and to whom to report them.

We found the equipment used in the practice was maintained and in line with current guidelines. Appropriate equipment was available for the management of medical emergencies and the practice had trained members of staff for the provision of first aid. There were systems in place to ensure that equipment was serviced and maintained.

Instruments used for the provision of patient care were appropriately decontaminated and stored.

Are services effective?

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

Patient care and treatment was assessed, planned and delivered according to individual needs and appropriate records were maintained. Patients were consulted and given sufficient information about their proposed treatment to enable them to give informed consent.

Dental care records showed a structured approach to assessing and planning patient care and treatment and information about patients' medical conditions that could affect the planning of their treatment was updated at each appointment.

Are services caring?

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

The practice was sensitive to the needs of their patients and treated them with dignity and respect and the patient satisfaction survey indicated they were happy with their care and treatment.

Patients who required emergency dental treatment were always responded to on the same day. We observed the staff to be caring and committed to their work.

Patients told us about the positive experiences of the dental care provided at the practice such as being involved in decisions about their treatment and were provided with sufficient information to make an informed choice. Patients said staff displayed friendliness and professionalism towards them.

Are services responsive to people's needs?

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

The practice provided friendly and personalised dental care. Patients could access routine treatment and urgent or emergency care when required. The practice offered same day appointments for patients who had a dental emergency.

The practice was accessible to patients who used wheelchairs and patients could see the dentist of their choice in a downstairs surgery by prior arrangement. The practice handled complaints in an open and transparent way and apologised when things went wrong. The complaints procedure was available to read in the reception area.

Summary of findings

Are services well-led?

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

The practice had systems in place to monitor the quality of the service provided. Staff within the practice supported each other to make improvements to the practice. Staff had regular appraisals and were supported to complete training for their continuous professional development.

The practice had a Business Continuity Plan in place which outlined actions to take in the event of a failure of systems that would prevent the practice from being fully operational.

Bearcross Dental Practice

Detailed findings

Background to this inspection

The inspection was carried out on 26 August 2015 by a CQC inspector and a dental specialist advisor.

We asked the practice to provide a range of policies and procedures and other relevant information before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas.

On the day of our inspection we looked at practice policies and protocols, dental care records and other records relating to the management of the service. We spoke to the registered manager and the practice manager, three dentists and two dental nurses. We also spoke to five patients on the day of inspection and reviewed 43 comments cards completed by patients.

We informed NHS England area team / Healthwatch we were inspecting the practice; however we did not receive any information of concern from them.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was an effective system in place to learn from and make improvements following any accidents or incidents. Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We found incidents were reported, investigated and measures put in place where necessary to prevent recurrence. Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had a safeguarding children policy that was available to all staff. The policy had a been reviewed in the previous 12 months. Contact information was available for local adult and children safeguarding organisations. The practice had a safeguarding lead and all staff had completed safeguarding training in child protection. However, the practice safeguarding policy did not include vulnerable adults and there were no records of staff having received training in relation to safeguarding vulnerable adults. Staff were able to describe to us in detail what they would do if they suspected a patient was being abused. The practice had a separate whistleblowing policy. Staff we spoke with were aware of its location and contents.

Dentists ensured that practices reflected current guidance in relation to safety. For example, the dentists used a latex free rubber dam for certain procedures to ensure patient safety and increase effectiveness of treatment (rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate an operative site from the rest of the mouth).

Medical emergencies

There were arrangements in place to deal with foreseeable emergencies. Emergency medicines, an automated external defibrillator (used to attempt to restart a person's heart in an emergency) and oxygen were available. These were stored in a central location and were accessible to all staff. Records seen confirmed these were checked on a monthly basis and were all within their expiry date.

There were policies and procedures in place to identify what action should be taken in the event of a medical emergency and staff had a clear understanding of the procedures to follow. All staff had completed training in medical emergencies in line with Resuscitation Council guidelines and in line with continuous professional development (CPD) requirements set by the General Dental Council (GDC). (All people registered with the GDC have to carry out a specified numbers of CPD to maintain their registration).

A dentist was the named First Aider for the practice and staff could identify this person by name.

Staff recruitment

We reviewed staff files for three members of staff. These files contained evidence of checks that had been carried out to ensure they were suitable for their role. All clinical staff had received a check by the Disclosure and Barring Service (DBS) in line with the practice policy. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Other checks included checks on registration with the GDC, proof of identification, references and Hepatitis B immunisation status of staff.

Monitoring health & safety and responding to risks

The practice had a Health and Safety Policy that had been updated in July 2015 and risk assessments had been carried out to manage risks at the location, including a fire risk assessment and sharps risk assessment. However, a risk assessment for the management of legionella (a bacterium which can contaminate the water systems in buildings and especially the dental unit water lines) had been carried out in June 2014 but the practice had not carried out any of the checks as recommended by the risk assessment.

Fire extinguishers were available andhad been checked on an annual basis The last check was within the previous twelve months. Fire evacuation drills were completed annually.

The practice compressor had been serviced in August 2015 and there was a schedule of testing for other equipment, for example, portable appliance testing had been completed within the previous 12 months.

Are services safe?

Staff were aware of their responsibilities in relation to the Control of Substances Hazardous to Health (COSHH) and there was a comprehensive COSHH file. COSHH assessments were in date and reflected the current materials used. All staff had signed to indicate that they had read the COSHH file.

We were advised that alerts were received from the Medicines and Healthcare Products Regulatory Agency and these were placed in the staff room for staff to review. Any actions as a result of alerts received were discussed at practice meetings and minutes of practice meetings were available.

The practice had systems in place to minimise risks in relation to sharps injuries. We were told that there had been no sharps injuries within the last two years.

Infection control services safe?

In November 2009 the Department of Health published the Health Technical Memorandum 01-05 Decontamination in primary care dental practices (HTM 01-05) which was updated in March 2013. This document describes in detail the processes and practices essential to prevent the transmission of infections and promote clean safe care. It is used by dental practices to guide them to deliver an expected standard of decontamination.

The practice had systems in place to reduce the risk and spread of infection. The practice had a dedicated lead for infection prevention and control and staff could identify the named lead. Staff were aware of the safe practices required to meet the essential standards of HTM 01-05. We observed the decontamination process in between patients and saw that staff used appropriate personal protective equipment including gloves and face shields.

The practice had a decontamination room. Instruments were placed into rigid plastic boxes in the surgeries and taken to the decontamination room to be washed, rinsed and sterilised. Instruments were sterilised using non-vacuum sterilisers and stored in sealed packages and date stamped with their expiry date.

Equipment used in the decontamination process was tested in accordance with the manufacturer's instructions and records of tests were maintained. Disposable equipment was used where possible and items that were for single use only were identifiable.

The practice had procedures in place for the management of clinical and hazardous waste. A mercury spillage kit and a body fluid spillage kit were available. There were separate bins for the disposal of clinical waste and general waste. Separate containers were in place for the disposal of amalgam (filling material). Clinical waste was collected by a specialist company and consignment notes were kept in accordance with the waste regulations

The practice had completed audits of infection control procedures every three months and the last audit was completed on 20 August 2015. Actions from audits were discussed at practice meetings and staff received training in infection control as part of their annual training updates.

The practice was cleaned using staff from an externally contracted company. Cleaners brought all of their cleaning equipment and materials with them each day. There was a schedule of cleaning for the staff to follow and records to audit the quality of cleaning completed. Each treatment room was checked before use on a daily basis. These checks were completed and signed and the records kept. Staff explained how they would report any concerns with regards to the cleanliness or suitability of the room to deliver treatment.

Equipment and medicines

All equipment that was used as part of the decontamination process was regularly maintained and serviced. This included equipment such as autoclaves (used in the sterilisations on instruments). Records confirmed that service, maintenance and testing had taken place. These records showed that daily checks were carried out and recorded and they were checked and serviced on an annual basis.

The practice had sufficient quantities of instruments and equipment for routine use, including dental hand pieces and this meant that patients appointments were not delayed whilst staff waited for instruments to be sterilised.

Radiography (X-rays)

The practice had a radiation protection file that contained all of the information required to meet the requirements of the Ionising Radiation (Medical Exposure) Regulations 2000 and the Ionising Radiation Regulations 1999. This file contained details of the Radiation Protection Advisor and the Radiation Protection Supervisor, who was a named dentist. Dentists are required to make a notification to the

Are services safe?

Health and Safety Executive prior to working with ionising radiation and following certain occurrences as required by the Ionising Radiations Regulations 1999 (IRR99) and a notification had been completed.

Evidence of maintenance and critical testing of the X-ray set was available and we saw records that indicated that equipment repairs had been undertaken when required.

The local rules for the safe use of ionising radiation were displayed in each surgery to provide staff with guidance on the safe use of radiography within the practice. Staff had completed training in dental radiography and staff confirmed that only qualified members of the team took X-rays. Female patients were asked prior to radiographs being taken if there was any chance that they could be pregnant, in line with current requirements.

The practice used digital X-rays and aiming devices (these are devices used to ensure the X-ray film and machines are correctly placed) which improved the quality of images and meant that the number that had to be retaken was minimal. Audits of radiographs were undertaken every three months and the findings of the audit and any actions required were discussed and recorded with staff at monthly staff meetings.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients care and treatment was assessed, discussed, planned and delivered according to their individual needs. Dentists used a systematic and structured approach to assessing and planning treatment.

All patients had a medical history completed when they registered and these were updated at every visit and renewed when a new course of treatment was needed. This information was recorded in the patients dental care record and was checked by clinical staff prior to the start of the examination. We spoke with two patients who told us that the dentist always asked if there had been any changes to their medical conditions or any medicines they were taking. There was a system in place to alert the dentists of any medical concerns they may need to be aware of before starting any treatment.

During the examination the dentist recorded examinations of the soft tissues, teeth and other relevant observations. The patients last X-rays were also reviewed. Dental hygienist assessments were recorded in the dental care record and this information was reviewed by the dentist as part of the examination. Patients were given treatment options along with any costs involved and these were documented and provided to patients to consider. Three patients told us they were given time to consider the treatment options available to them before making any decisions.

Patients received an aftercare pack following any surgery such as an extraction and this included contact numbers should they require to contact a dentist out of routine surgery hours.

We saw that dentists were aware of and used guidance from the National Institute for Care and Health Excellence (NICE) to assess patients. NICE provided dentists with guidance in management of wisdom teeth, patient dental recall and antibiotic prophylaxis prescribing.

Health promotion & prevention

Two dental hygienists worked part-time at the practice. The dental hygienists provided treatment for gum disease and provided advice on the prevention of decay and oral health education, including tooth brushing techniques and oral hygiene products. Oral health advice and fluoride treatments were available to children.

The dentist completed checks of soft tissues in the mouth for signs of oral cancer on all patients as part of the examination process and we saw that changes to the soft tissues were discussed with patients.

The practice asked new patients to complete a new patient health questionnaire which included medical history, consent and data sharing guidance.

Staffing

The practice had systems in place to ensure there were enough suitably skilled staff to meet patients' needs. Records showed that staff completed continuous professional development (CPD) in line with General Dental Council (GDC) requirements.

All staff had completed annual training such as medical emergencies and basic life support, infection control and information governance.

The practice had a copy of the GDC publication Standards for Dental Care professionals in the surgery to provide guidance to staff about the standards they were required to maintain as part of their professional registration. All staff attended practice meetings that were held on a monthly basis and these were minuted.

Staffing levels were monitored and staff absences were planned to ensure that the service was uninterrupted. There was a staff rota available to ensure that each dentist was supported by a trained dental nurse. All staff had a current job description and received annual appraisals in line with the practice policy.

Working with other services

The practice referred patients to secondary (hospital) care when necessary and referred patients to other dentists for specialist advice. For example, patients were referred to an endodontic specialists when needed. Referrals that were sent and received were tracked to ensure completion of treatment.

Consent to care and treatment

The practice ensured that patients were given sufficient information about their proposed treatment to enable

Are services effective?

(for example, treatment is effective)

them to give informed consent. The dentists explained treatment options to the patients and recorded discussions in the dental care records. The first appointment with the dental hygienist involved a full discussion and explanation about the treatment plan that was being proposed and the completion of detailed patient records.

All patients were provided with a written treatment plan which included the costs associated with treatment options and they were given sufficient time to consider these options. Patients signed a copy of their treatment plan, which included associated costs prior to the commencement of treatment and this information was stored in the dental care record. The patients we spoke with confirmed they had been fully informed about their treatment options and were aware of the costs involved.

Information about treatment costs for NHS and private patients and treatment provided under private medical insurance was available to all patients in the practice waiting area.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff demonstrated an understanding of the MCA and how this was applied in considering whether or not patients had the capacity to consent to dental treatment. Staff explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met. The Gillick competency test was discussed and staff indicated that they understood how this test was applied. (The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

Are services caring?

Our findings

Respect, dignity, compassion & empathy

During our visit we spoke with patients about their care and treatment and we reviewed 43 Care Quality Commission comments cards that had been completed prior to our inspection. All of the Patients commented positively about the care and treatment they received and the professional and caring attitude shown by staff.

We observed patients were treated with dignity and respect at all times and doors to the surgeries were closed when consultations were taking place. The practice had guidance, policies and procedures on patient confidentiality.

Discussions with patients took place in the treatment rooms so that confidential information was not over heard by other patients. Computers were password protected and the monitors could not be seen by anyone else other that the user to protect patient confidentiality.

Involvement in decisions about care and treatment

Patients who used the service were given appropriate information about their care and treatment. Patients told us that their treatment options, including the cost of treatments, were discussed with them. They explained they had been given sufficient time to consider the treatment options available and were able to ask any questions before making any decisions.

The practice provided leaflets to patients about the types of treatment they offered and these explained why the treatment was necessary, the treatment procedure and any care that was required after the treatment had been completed. Patients signed and also verbally agreed the treatment plan prior to the treatment being carried out.

The practice completed an annual patient satisfaction survey and patients indicated that they were happy with the care that they had received. Results of the survey were discussed at the practice meetings and discussions were recorded in the minutes.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided some general dentistry to patients, predominantly as part of a private insurance plan but also provided some specialist treatment to patients such as implants. The practice referred patients to other dentists with the appropriate qualifications and experience for some other specialist treatment, such as endodontics and other dentists in the area referred patients to the practice for implants. Appointment times were varied in length to meet the patients' needs and patients were given consultation appointments prior to treatment to discuss the treatment options available to them. The dentist was supported by two part-time dental hygienists and could refer patients to the dental hygienist if they needed treatment and support to maintain good oral health.

The practice did not provide treatment to patients under sedation but patients who were anxious could be referred to another practice for treatment under conscious sedation. The practice provided specialist radiography services including orthopantograms and computed tomography scans for patients which meant that they did not have to be referred to other practices or to hospital for these x-rays to be done. The practice provided treatment privately and under a private insurance plan, which gave patients the option to spread the cost of their dental treatment.

Tackling inequity and promoting equality

The practice was on the ground floor and was accessible to patients with mobility difficulties. The practice had installed a ramp and a handrail to improve access for patients and the reception counter was purpose built at a low level making it easier to communicate with patients that were in wheelchairs.

Access to the service

The practice leaflet advertised surgery opening hours and opening hours were also advertised on the practice website. The practice was open between 8am and 5.30pm Monday to Thursday and between 8am and 1pm on a Friday. Appointments were available for patients who needed to be seen in an emergency and the dentists would see patients that required urgent treatment without an appointment. The procedures for obtaining emergency treatment out of routine opening hours was available on the telephone answer machine which was switched on when the practice was closed.

The practice provided a text message service to remind patients about their appointments.

Concerns & complaints

The practice had a complaints procedure that was displayed to patients available to patients on request. This information was also available to patients via the practice website or in the practice information leaflet. We looked at all of the complaints received over the past 12 months. All seven of these had been investigated and dealt with in a timely manner and patients were kept informed. Learning outcomes from complaints were identified and discussed at the monthly staff meetings. This included the review of the practice policy regarding missed appointments by patients.

Are services well-led?

Our findings

Governance arrangements

The practice manager was also the registered manager and owner and was responsible for the day to day management of the practice. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run. The practice manager had put systems in place to manage the service.

Policies and procedure had been reviewed and updated on a regular basis and as and when needed, for example due to a change of national guidelines.

All of the staff we spoke with felt supported by the manager and were clear about their roles and responsibilities within the practice.

The practice had a Business Continuity Plan that clearly outlined the action to be taken to manage the service in the event of an unavoidable failure of systems such as computers or electricity.

Leadership, openness and transparency

The practice manager was in day to day charge at the location and was well supported by staff within the practice. Staff within the practice supported each other to carry out their roles and the practice held monthly team meetings for which minutes were recorded.

Learning and improvement

Staff told us they had access to training they were supported to undertake continuous professional development as required by the General Dental Council. Staff received appraisals annually and staff told us that they felt supported within the practice. The practice had lunchtime learning sessions and company representatives occasionally visited the practice to provide information on their products

Practice seeks and acts on feedback from its patients, the public and staff

Patients who used the service were able to provide feedback about the service and feedback forms were available to patients. We were given examples of how staff had used patient feedback to make improvements to the service, such as providing hand rails to help patients who were less mobile. The practice completed a satisfaction survey on an annual basis and the results of the survey indicated that patients were happy with the care they received. Staff told us they felt comfortable in raising any concerns or issues with the practice manager and were confident that they would be supported in doing so.