

Portman Healthcare Limited

Longwell Green Dental Surgery

Inspection Report

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Overall summary

We carried out this announced inspection on 7 June 2017 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

Longwell Green Dental Surgery is in Longwell Green and provides solely private treatment to patients of all ages.

The practice is based on the first floor of a building with stairs for access. There is no level access for patients who

Summary of findings

use wheelchairs and pushchairs. There are approximately 10 car parking spaces available outside the practice which is shared with other services within the building. There are no allocated disabled parking bays.

The dental team includes four dentists, five dental nurses, one dental hygienist who is also a qualified dental therapist and five receptionists. The practice has four treatment rooms.

The practice is owned by a limited company 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 the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Longwell Green Dental Surgery was the practice manager.

On the day of inspection we collected 13 CQC comment cards filled in by patients and spoke with three other patients. This information gave us a positive view of the practice.

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

The practice is open:

- Monday to Thursday 8am to 8pm
- Fridays 8am to 4:30pm
- Saturday appointments are available upon request

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance. Although infection control audits were not completed on a six monthly basis as required.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment was available.
- The practice needed to improve how it managed medicines to ensure they were stored and monitored appropriately.
- The practice had systems to help them manage risk. Although these must be further improved to ensure a risk assessment is carried out on all rooms in the premises to minimise risks to patients.

- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children. Although we found not all staff had received child safeguarding training.
- The practice had to improve staff recruitment procedures to ensure they followed current legislation when recruiting staff.
- 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 appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

We identified an example of notable practice. The provider had a staff recognition system called STAR where anyone can nominate members of staff who they deem to have gone above and beyond in their role. A panel would then decide who would receive the award on a monthly and annual basis. The winner would receive a prize.

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

- Ensure the practice's recruitment policy and procedures were suitable and the recruitment arrangements were in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks were in place for all staff and the required specified information in respect of persons employed by the practice was held.

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:

- Introduce protocols regarding the prescribing and recording of antibiotic medicines in consideration of guidance provided by the Faculty of General Dental Practice in respect of antimicrobial prescribing.

Summary of findings

- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.
- Review systems for the proper and safe management of medicines. For example, medicines should be monitored to ensure there was an effective audit trail and stored within required temperatures.
- Review the storage of products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure they are stored securely.
- Review the practice's auditing of infection control procedures giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the practice's staff training ensuring all staff are trained to an appropriate level for their role in child safeguarding and aware of their responsibilities.

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. They used learning from incidents and complaints to help them improve.

Staff had received training in safeguarding. Staff spoken with knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles. The practice completed recruitment checks, although some checks or evidence was not recorded to reflect current legislation.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. Although they needed to ensure six monthly infection control audits were carried out.

The practice had suitable arrangements for dealing with medical and other emergencies. The management of medicines needed to be improved upon to ensure medicines were stored and monitored effectively.

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 wonderful, patient focused and reassuring. 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.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. However, we found nine members of staff had not completed safeguarding children training.

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 16 patients. Patients were positive about all aspects of the service the practice provided. They told us staff were understanding, kind and courteous. They said that they were given excellent care, was a pleasure to attend and had complete trust in the practice. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

No action



Summary of findings

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

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 patients with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. However, there was not an effective system in place to recruit staff because they did not follow current legislation and there were some gaps within the recruitment process.

There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

Requirements notice



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. We noted that the Control of Substances Hazardous to Health sheets were reviewed by the lead dental nurse regularly. Although, we were informed that updates and changes were discussed within team meetings, we did not see any evidence that staff had reviewed all substance sheets. We were sent evidence to show staff had now agreed that they were aware of all substance hazards within the practice. We found used X-ray developer chemicals and the X-ray developer within the X-ray room was not kept secure. The practice manager had arranged a quote to secure the room where they were stored.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

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. We saw evidence that staff received safeguarding training in protecting vulnerable adults. However, there were nine out of 16 new staff that had missed the provider's child protection training roll out from the previous year. This includes the hygienist, dental nurses and receptionists. We saw evidence that the dentists had received child protection training. After the inspection the practice manager sent us evidence for eight out of the nine staff remaining. One member of staff had since left the practice. We were also informed that safeguarding was

regularly discussed in team meetings. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. 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 events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were 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. One emergency medicine for hypoglycaemia was stored in the refrigerator. We noted there was no system in place for checking the fridge temperatures. On the day of the inspection a checklist was created for staff to check daily.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This policy did not reflect the relevant legislation. The compliance manager informed us that the company would review their policy. We looked at three staff recruitment files. One staff file did not have evidence of reasons for gaps in employment and references had not been sourced following company policy. Another file did not provide written risk assessment of a member of staff whose Disclosure and Barring Service check was received after they had started employment. The practice manager and compliance manager had informed us they were going to review with the provider how they recruited staff to ensure there was evidence of checks recorded within recruitment files. Since the inspection the provider has sent us a template that will be used when a DBS check had not been received prior to employment.

Are services safe?

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice fire risk assessment from August 2016 had one action remaining regarding where staff and patients should stand if there was a fire. This was reviewed following the inspection and a new plan had been updated. The staff room which did have a lock was not routinely locked by staff. The practice was also going to review the security of treatment rooms as these were not locked when not in use. The practice manager had since contacted companies to quote for additional locks for all of these doors.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists when they treated patients. The dental hygienist worked two days a week and had support for one of those days from a dental nurse. The compliance manager told us the provider had decided that they would not routinely be using a dental nurse to support a hygienist as it was not a mandatory requirement from the GDC standards.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits, however these were not completed on a six monthly

basis as required by the HTM01-05. We saw the last audit was carried out in May 2017. However the previous audit was completed in February 2016. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We saw cleaning schedules for the premises. The practice appeared clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines. Although these did need to be improved upon. We found antibiotics were stored within the decontamination room. We noted on the day of the inspection this room was 40 degrees in temperature. The medicines should be stored at 25 degrees or below. The practice manager immediately disposed of these medicines and a new cupboard and site for storing these medicines was moved into a more appropriate place. The practice had just implemented a system for checking medicines and ensuring there was a system to provide an adequate audit trail.

The practice kept records of when a private prescription was prescribed.

Following review of the antibiotic prescribing records it was noted that clinicians may not be consistently following guidance provided by the Faculty of General Dental Practice in respect of antimicrobial prescribing. It was noted that some medicines were prescribed not using the correct dose or duration of the medicine when prescribed.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. However, they had not informed the Health and Safety Executive (HSE) of when they had moved into the premises and had new equipment installed. We had now seen evidence that they informed HSE after the day of the inspection. There were some

Are services safe?

recommendations from the Radiation Protection Advisor report, two of which had not been completed. Since the inspection these had now been addressed and the other was waiting ordering.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentists told us 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.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. Agency dental nurses were shown how to use equipment and the premises before each shift and they confirmed this. However there was no formal protocol for agency staff to be inducted. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included 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 urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

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 provider had an easy read assessing capacity flow chart, which was displayed in the staff room. The policy also referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect patient's diversity and human rights.

Patients commented positively that staff put nervous patients at ease so they enjoyed visiting the dentist, reassuring and understanding. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas did not provide 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 personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. No paper records were stored.

There were magazines in the waiting room. The practice provided drinking water, tea and coffee to patients.

Information folders about the practice was available for patients to read.

Involvement in decisions about care and treatment

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.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as implants, veneers, bridges and crowns.

Each treatment room had a screen so the dentists could show patients digital X-ray images on their computer screen, one dentist had a microscope and used a second screen to show patients images when they discussed treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by 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 for long periods.

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment. However, staff did sometimes assist patients upstairs if they asked for help.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included a hearing loop (which they had purchased after the inspection).

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to translation services at a minimal cost to the patient.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept two 30 minute appointment slots for each dentist free for same day appointments. They took part in an emergency on-call arrangement with some other local practices. The 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.

Concerns & complaints

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 practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. Although the information displayed to patients needed some updating.

We looked at comments, compliments and complaints the practice received from the last 12 months. 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

Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. However, some of these systems required some improvement. This included;

- There was not an effective system in place to recruit staff because they did not follow current legislation and there were some gaps within the recruitment process. This included no information on reasons for gaps in employment and references were not sourced following their company procedure and risk assessments had not been completed when Disclosure and Barring Service checks were returned.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

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

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses and receptionists had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The provider had a staff recognition system called STAR where anyone can nominate members of staff who they deem to have gone above and beyond in their role. A panel would then decide who would receive the award on a monthly and annual basis. The winner would receive a prize.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients that the practice had acted on. For example, the provider had increased its opening hours from 8am till 8pm Monday to Thursday to provide more accessibility to the service. They had also started to offer tea and coffee to patients following staff feedback to improve the service.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Ensure the practice's recruitment policy and procedures were suitable and the recruitment arrangements were in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks were in place for all staff and the required specified information in respect of persons employed by the practice was held.