

Butler & Finnigan Dental Practice (B.C.) Ltd

Butler and Finnigan Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 10 May 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.

We did not have information from either the NHS England area team or Healthwatch to take into account in our planning for this inspection.

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 providing well-led care in accordance with the relevant regulations.

Background

Butler and Finnigan Dental Practice is in Bishops Castle and provides NHS and private treatment to patients of all ages.

Summary of findings

Many of Bishops Castle's streets are steep and the practice is at the top of a hill but there is level access into the building for people who use wheelchairs and pushchairs. A small number of car parking spaces are available near the practice.

The dental team includes seven dentists, six dental nurses (one of whom is the practice manager), and one dental hygienist. The dental nurses share reception duties. Most members of the team at the practice are part time. The practice also has a small bank team of two dental nurses and a receptionist to provide cover during annual leave and sickness. The practice has two treatment rooms.

The practice is owned by a 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 Finnigan and Butler Dental Practice is one of the two company directors, both of whom are dentists at the practice.

On the day of inspection we collected 21 CQC comment cards filled in by patients. Young children had filled in three of these. They had drawn pictures of smiling faces and written that they liked the dentist. This information gave us a positive view of the practice.

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

The practice is open Monday to Friday from 9am to 5pm. Staff have a lunch break between 1pm and 2pm but told us they often continue to answer the telephone and deal with people who call in. On days when they close for lunch they put the answerphone on and put a sign on the door.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- 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 had a staff recruitment policy but did not have detailed guidance about the information required when recruiting new 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.

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

- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and their responsibilities under the Act as it relates to their role.
- Review procedures relating to staff recruitment so these include the specific recruitment checks described in the relevant legislation.

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

Staff were qualified for their roles. The practice completed recruitment checks but did not have detailed guidance about all of the information they might need to obtain about staff they appointed.

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

The practice had suitable arrangements for dealing with medical and other emergencies.

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 exemplary and said the dental team was thorough and caring.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. Staff did not have a sufficient awareness of their responsibilities under the Mental Capacity Act 2015.

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.

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 21 people including three children. Patients were positive about all aspects of the service the practice provided. They told us staff were welcoming, kind and supportive. They said the dentists gave clear explanations about the treatment they needed and the reasons for this. 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



Summary of findings

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 and were reviewing what facilities they might need to provide 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 providing well-led care in accordance with the relevant regulations.

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

The practice team kept complete patient dental care records which were 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.

No action



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 incidents to reduce risk and support future learning. The practice had a specific form for recording information governance incidents but relied on the accident records and an incident log for recording other types of event. They said they would adapt the information governance incident form and use this to record other types of significant event in future.

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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. 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 with 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. The practice had been checking the oxygen and defibrillator once a month. They confirmed that they would immediately increase this to weekly. The refrigerator used to store temperature sensitive items had a thermometer. Staff told us they checked the temperature whenever they opened the fridge. They did not have a record of the temperature checks but compiled a form for this as soon as we raised it.

Staff recruitment

The practice had a staff recruitment policy to help them employ suitable staff. This did not include guidance on the checks required if applicants have previously worked with children or vulnerable adults or in health or social care. We looked at the staff recruitment file for the only member of the team recruited in the three years since the practice changed its registration. This showed the practice had obtained the required information for that person. They had obtained a verbal reference from a previous dental employer. We highlighted that they had not recorded information about this to provide evidence they had done so.

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 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 and dental hygienist when they treated patients.

The practice had a folder containing control of substances hazardous to health data sheets for all the products they

Are services safe?

used. There was no structured information to confirm these were up to date. The practice manager said they would review all the data sheets to make sure the practice had the current information for each product. They said they would also set up a system to record review dates.

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 twice a year. 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 was clean when we inspected and patients confirmed this was usual.

The practice had a policy and a procedure for staff to follow if they injured themselves with a needle or other sharp dental instrument. The policy did not include guidance about approaching patients about having a blood test when this happened. The registered manager said they would review the policy.

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 medicines and fluoride toothpaste. The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

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 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 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 all children based on an assessment of their dental health.

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. 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 logged urgent and other referrals so they could review whether they had been dealt with. The dentists told us that the local NHS referral system was in the process of changing. In future they would be able to check the progress of every NHS referral on-line.

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 did not include specific information about the Mental Capacity Act 2005 (MCA) but staff were aware of it and the practice had a copy of the code of practice. The team were not all fully aware of their responsibilities under the act when treating adults who may not be able to make informed decisions. The dentists were confident all their current patients were able to make informed decisions. They told us they would investigate MCA training opportunities so they would be prepared if this changed.

The consent 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 people's diversity and human rights.

Patients commented positively that staff were kind, helpful and supportive. We saw that staff treated patients in a positive and welcoming way and were friendly towards patients at the reception desk and over the telephone. Nervous patients said staff were understanding and put them at ease.

Staff were aware of the importance of privacy and confidentiality. The practice was aware the layout of reception and the waiting area did not provide privacy when reception staff were dealing with patients. The rented premises did not have scope to change this. 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. They stored previous paper records, X-rays and letters received on open shelves and had obtained estimates for upgrading this to more secure storage.

Information leaflets about the practice and a variety of oral health topics were 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 and discussed options for treatment with them. A dentist told us they used various information leaflets to help patients understand their treatment options.

The practice did not have a website or use social media; they were considering whether these would be helpful for providing patients with information.

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 and patients confirmed this. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they had some patients for whom they needed to make adjustments to enable them to receive treatment. Staff described how they looked at the list of patients each morning to check who might need assistance. For example, they arranged for patients with reduced mobility to park close by at another local business which had more parking spaces than the practice. They told us they kept a look out for patients who needed help and went to help them out of their cars and into the practice.

Promoting equality

The practice had made reasonable adjustments for patients with disabilities. These included step free access and an accessible toilet with hand rails. The practice did not have a hearing loop to assist patients who used hearing aids with a setting for this. They said they would carry out a survey of patients to check whether anyone would benefit from this.

Staff said they could provide information in different formats and languages to meet individual patients' needs but no patients needed this at present. The practice was close to the border with Wales and the practice leaflet informed patients that they had staff who could speak

Welsh. They had access to NHS interpreter and translation services which included British Sign Language. Staff confirmed they had no patients who used braille. They said they would look into where they could obtain information in braille if needed in the future.

Access to the service

The practice displayed its opening hours in the premises and in their information leaflet. 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 to four appointments free for same day appointments depending on whether one or two dentists were working. They took part in an emergency on-call arrangement with some other local practices. The information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment 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. One of the directors and the practice manager were responsible for dealing with these.

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

We looked at the two complaints the practice received during the last year and at others since the change of registration. 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 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. The registered manager and practice manager were aware they had more than one copy of some policies and risk assessments which could lead to confusion. The practice manager had begun re-organising all the practice's records to address this.

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

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 and supportive culture at the practice. They said the directors and 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 directors and practice manager were approachable, would listen to their concerns and act appropriately. Staff 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. They had recently implemented a list of set topics to include at all meetings. 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. We saw an audit reviewing staff injuries from needles and other sharp instruments over a number of years up to April 2017. This showed a significant decrease in the number of this type of accident.

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 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.

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. This included paying staff for the time spent on training courses and their course fees.

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

The practice used patient surveys to obtain staff and patients' views about the service. The most recent survey was in October 2016. Patients had not suggested any specific improvements.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. During the previous six months 47 patients filled in an FFT form. 45 said they were extremely likely to recommend the service and two said they were likely to.