

Mr. Paul Mitchell

Bywood Dental Practice

Inspection Report

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Date of inspection visit: 30/10/2017
Date of publication: 07/12/2017

Overall summary

We carried out this announced inspection on 30 October 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

Bywood Dental Practice is based in Bracknell, and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces include spaces for patients with a disabled person's blue badge and are available in a public car park at the front of the practice.

The dental team includes the principal dentist, one hygienist, two dental nurses, and two receptionists. The practice has two treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 34 CQC comment cards filled in by patients and obtained the views of eight other patients.

During the inspection we spoke with the principal dentist, a dental nurse, and a receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open 9am to 6pm Monday to Thursday and 9am to 5pm on Friday. The practice closes for lunch between 1pm and 2pm every day.

Our key findings were:

- The practice appeared clean and well maintained.
- Not all the practice infection control procedures reflected published guidance.
- Staff knew how to deal with emergencies. Most of the appropriate medicines and life-saving equipment were available.
- The practice had some systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children but records to confirm training had been carried out were unavailable.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- Staff appraisals were not carried out.
- Improvements could be made to review the use of audits, such as those checking the quality of dental care records, to help monitor and improve the quality of service
- There were no records available to confirm that clinical staff completed all the continuous professional development required for their registration with the General Dental Council.

- There were no records available to confirm all clinical staff had Hep B immunity.
- The practice had a procedure in place to deal with complaints.
- Risk assessments had not been carried out for fire and electrical safety.
- There were no records available to confirm that a legionella risk assessment had been undertaken.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure that accurate, complete and contemporaneous records are maintained securely in respect of each service user.
- Ensure procedures are established to assess, monitor and improve the quality and safety of the services being provided.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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

- 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 its responsibilities to meet the needs of disabled people, including those with complex hearing impairments and the requirements of the Equality Act 2010.
- Review availability of an interpreter services for patients who do not speak English as a first language.
- Review the security of prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).

Summary of findings

- Review the practice's infection control procedures and protocols to take into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- Review the current infection control protocols and undertake a Legionella risk assessment and implement the required actions taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.'
- Review its responsibilities as regards the Control of Substances Hazardous to Health (COSHH) Regulations 2002 and ensure all documentation is up to date and staff understand how to minimise risks associated with the use and handling of these substances.

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 some systems and processes to provide safe care and treatment. Improvements were needed to manage risk, specifically fire and electrical safety.

Risk assessments had not been carried out for needle stick injuries. Records to confirm Hep B immunity clinical staff was not available.

We were told the principal dentist re-sheathed needles manually which was against practice policy.

Staff knew how to recognise the signs of abuse and how to report concerns. Records were not available to confirm staff had received the recommended level of safeguarding training.

Records confirmed staff were qualified for their roles.

The premises appeared clean. Equipment requiring attention included taped up dental suction lines and the dental treatment chair in the hygienist room.

The practice partly followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had arrangements for dealing with medical emergencies though some equipment was missing and the frequency of checks did not follow national guidance.

No action



Are services effective?

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

We were told the dentist assessed patients' needs and provided care and treatment in line with recognised guidance. We found that records of this were not kept.

Patients described the treatment they received as professional and questions were answered in a way patients could understand.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. Records of this were not kept.

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

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 42 patients. Patients were positive about all aspects of the service the practice provided. They told us staff were reassuring, exceptionally kind and patient.

They said that they were given always given detailed, technical explanations and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

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 a hearing loop available for patients who had a hearing loss but did not have access to language interpreter services or had arrangements in place to help patients with sight loss.

The practice took patients views seriously. They valued compliments from patients and had a system in place to respond 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.

The practice had some 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 records of meetings were not kept.

There was a clearly defined management structure and staff felt supported and appreciated. The practice asked for and listened to the views of patients and staff.

We found shortfalls with the systems and processes which would ensure good governance in accordance with the fundamental standards of care. Shortfalls identified were in risk assessment management, clinical audits, management of materials that come under COSHH regulations, policy management, business continuity and management of training records and appraisals.

Requirements notice



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had some policies to investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. Improvements were required to ensure records of the learning stage of the process were made with a view to preventing further occurrences and ensuring that improvements are made as a result. We were told the practice had not experienced an event which was significant or reportable

The practice told us they received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority but did not keep a record of these 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.

There were no records available which would confirm staff had received the recommended level of safeguarding training.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice did not have a whistleblowing policy however; staff told us they felt confident they could raise concerns without fear of reprimand.

We looked at the practice's arrangements for safe dental care and treatment. We noted there was no risk assessment in place for sharps and needle stick injuries. The practice did not follow relevant safety guidance when using needles and other sharp dental items. We were told the dentist did not use rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice did not have 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 generally available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We noted the frequency of checks of medicines was monthly and should be at least weekly and a number of items were missing which included masks and airways. We have since received evidence to confirm this shortfall has been addressed.

Staff recruitment

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

Staff at the practice had been employed prior to the service being registered with the Care Quality Commission. We noted that the practice did not have a recruitment policy.

Monitoring health & safety and responding to risks

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

The practice's health and safety policy was up to date and reviewed to help manage potential risk. We noted the health and safety risk assessments to help manage potential risk were not up to date. These included the lack of any fire safety management and no electrical wiring installation test. We have since received evidence to confirm these shortfalls are being addressed.

There were no records available to confirm staff had received fire safety training.

A dental nurse worked with the dentist when they treated patients. We were told the hygienist was not supported by an adequately trained member of the dental team.

Infection control

The practice had infection prevention and control policies which were in line with guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

Are services safe?

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

The practice generally followed national guidance for cleaning, sterilising and storing dental instruments. Areas requiring attention were the pouching instruments before being placed in the steam steriliser, the replacement of the out of date autoclave validation strips. We have since been told this shortfall has been addressed and bags with their own test strips are only used in a vacuum steriliser

We noted the foot operated bin in the decontamination room was broken. There were no records available to confirm hand washing audits had been carried out. We have since received evidence to confirm this shortfall has been addressed.

The practice carried out infection prevention and control audits once a year. We advised the practice the recommended frequency of audits was twice a year. Actions from the audit included the replacement of sinks. This remained outstanding

There were no records available to confirm staff had received the infection prevention and control training.

The practice measured water temperatures to reduce the possibility of Legionella or other bacteria developing in the water systems but there was not a Legionella risk assessment available at the time of our visit. The principal dentist told us they did not know its whereabouts and undertook to have a new one carried out as soon as practicably possible. We have since received evidence to confirm this shortfall is being addressed.

Equipment and medicines

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

Equipment requiring attention included taped up dental suction lines and the dental treatment chair in the hygienist room. We were told the chair was in the process of being replaced and the dental treatment chair in the ground floor surgery required servicing and this was also being arranged. We noted the floor in the treatment rooms were not sealed in places.

The practice did not have suitable systems for prescribing medicines. This included not recording prescribed medicines in patient's records and storage arrangements of prescriptions.

Radiography (X-rays)

The practice had some arrangements to ensure the safety of the X-ray equipment.

The principal dentist completed continuous professional development in respect of dental radiography.

There were no records available to confirm dental nursing staff had received the recommended level of radiography training.

We noted the principal dentist did not justify, grade or report on the X-rays they took. The practice did not carry out radiography audits in line with current guidance and legislation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We were told the dentist assessed patients' needs and provided care and treatment in line with recognised guidance.

Dental care records seen did not contain information about the patients' current dental needs, periodontal screening and management and past treatment histories. We spoke with the principal dentist who assured us they would correct this shortfall with immediate effect.

We were told medical histories were not taken for children and BPE assessments were not made for NHS patients.

Improvements could be made to review the use of audits, such as those checking the quality of dental care records, to help monitor and improve the quality of service

Health promotion & prevention

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The principal dentist told us believed in preventative care and supporting patients to ensure better oral health. They told us, where appropriate, they discussed smoking, alcohol consumption and diet with patients during appointments but did not record this in patient care records.

We spoke about the use of fluoride varnish and the prescribing of high concentration fluoride toothpaste. The dentist told us they had not used either for some time.

Staffing

We were told that staff new to the practice would have a period of induction but there were no induction process documents available to confirm this. We acknowledged that there had not been any new staff at the practice for a number of years.

We noted there were limited records available to confirm staff completed the continuous professional development required for their registration with the General Dental Council.

We were told appraisals were not carried out.

Working with other services

He principal dentist confirmed they referred patients to a specialist in primary care if they needed treatment the practice did not provide.

We spoke about 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 principal dentist told us the practice had not made any urgent referrals under the two week wait arrangement.

Consent to care and treatment

Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence 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.

There were no records available to confirm relevant staff had received the mental capacity act training.

The principal dentist understood the importance of obtaining patients' consent to treatment. They told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

The principal dentist told us they did not record consent in patient care records.

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 polite courteous and easy going, considerate and professional. We saw that staff treated patients in a calm and gentle way 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 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 paper records securely.

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 lovely and welcoming when they were in pain, distress or discomfort.

Each treatment room had a computer with an electronic patient education package on the dentist and hygienist could show patients photographs, diagrams and X-ray 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.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The principal dentist told us how the hygienist would use the ground floor surgery to treat patients who found stairs a barrier.

Staff described an example of a patient with had poor mental health who found it unsettling to wait in the waiting room with other patients. The team kept this in mind to make sure the dentist could see them at lunchtime when the practice was closed to other patients.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. This included wheelchair access to the ground floor treatment room by means of a portable ramp.

The layout of the practice did not allow for a wheelchair accessible toilet.

The practice had a hearing loop available for patients who had a hearing loss but did not have access to a sign language interpreter services or had arrangements in place to help patients with sight loss.

Access to the service

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

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

The 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.

The practice did not have a website or patient information leaflet.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The policy stated that a complaint would be acknowledged within three working days and an investigation response date would be advised.

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

Staff told us they would aim to settle complaints in-house and would invite 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.

We asked to see a log of the complaints the practice received in the last 12 months. We were told there had not been any made.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. Staff knew the management arrangements and their roles and responsibilities.

We noted there was no processes in place that would enable the principal dentist to assess, monitor and mitigate all the risks relating to the health, safety and welfare of service users and others who may be at risk. Risks included fire, electrical and legionella safety. We have since received evidence to confirm this shortfall has been addressed

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 requirement 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 principal dentist 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 principal dentist was approachable, would listen to their concerns and act appropriately.

Staff discussed concerns at lunchtimes in place of formal staff meetings and it was clear the practice worked as a team and dealt with issues professionally. We noted records of these discussions were not kept. We were assured records would be kept in future.

Learning and improvement

The practice did not have effective quality assurance processes to encourage learning and continuous improvement. Improvements could be made to review the use of audits, such as those checking the quality of dental care records, radiography and increasing frequency of infection prevention and control audits to help monitor and improve the quality of service

The principal dentist valued the contributions made to the team by individual members of staff.

Staff appraisals were not carried out.

Staff working on the day of our visit told us they completed in house training by reading policies and discussing their contents informally. The General Dental Council requires clinical staff to complete continuous professional development. We advised the principal dentist that policy reading was not classed as verifiable training for continuous professional development.

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

The practice used survey forms to obtain patients' views about the service. We were told patients were happy and there had not been any suggestions to change anything about the service. The feedback we received before and during our visit confirmed this.

Staff said they echoed this sentiment by saying they wouldn't change anything.

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 The registered person had systems or processes in place that operated ineffectively, in that they failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>In particular:</p> <ul style="list-style-type: none">• Risk assessments had not been carried out for sharps and needle stick injuries and protection from blood borne virus.• Staff training records were not collated to assess the status of individual staff competency.• Staff appraisals were not carried out. <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p> <ul style="list-style-type: none">• Clinical audits were not carried out <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user.</p> <p>In particular:</p> <ul style="list-style-type: none">• Contemporaneous notes were not recorded.• Medical histories were not taken for children.

This section is primarily information for the provider

Requirement notices

- Periodontal screening was not recorded.
- Soft tissue examinations were not recorded.
- Consent was not recorded.

Regulation 17(1)