

College Road Dental Practice

College Road Dental Practice

Inspection Report

2 College Road
Bromsgrove
Worcestershire
B60 2NE

Tel: 01527 872050

Website: www.collegeroaddentalpractice.co.uk

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Overall summary

We carried out this announced inspection on 14 November 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 providing well-led care in accordance with the relevant regulations.

Background

College Road Dental Practice is one of the longest established practices in Bromsgrove. It was started in the late 1950's and has steadily grown over the years providing NHS and private treatment to patients of all ages.

There is ramped access into the practice for people who use wheelchairs and pushchairs. The ground floor of the practice consists of a reception area with a large waiting room with a children's corner, an office, an accessible patient toilet, three dental treatment rooms and a decontamination room for the cleaning, sterilising and packing of dental instruments. On the first floor there are

Summary of findings

a further three dental treatment rooms and a patient toilet. The second floor is accessed by staff only and consists of a staff room, staff kitchen, staff toilet and changing room and the practice manager's office. Car parking spaces are available for up to one hour on the road outside of the practice. Parking for patients who are blue badge holders or who have long appointments is available in the dedicated car park at the front of the practice.

The dental team includes six dentists, seven dental nurses, one trainee dental nurse, one dental hygienist, three receptionists, an assistant manager and a practice manager, who is also a qualified dental nurse. The practice has six treatment rooms.

The practice is part of a group of six practices 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 College Road Dental Practice is the Clinical Dental Director of the company.

On the day of inspection we collected 18 CQC comment cards filled in by patients and looked at results from recent friends and family test and practice patient satisfaction surveys. This information gave us a positive view of the practice.

During the inspection we spoke with four dentists, four dental nurses, the assistant manager 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: 8.40am – 7pm

Tuesday: 8.40am – 7pm

Wednesday: 8.30am – 5.30pm

Thursday: 8.40am – 5.30pm

Friday: 8am – 4.00pm

Our key findings were:

- The practice was visibly clean and a cleaning company were responsible for the day to day cleaning.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were mostly available. On the day of our inspection we found out of date disposable equipment in the medical emergency kit. Replacements were immediately ordered on the day of our inspection.
- The practice mostly had systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. We found several dental materials in the fridge and three materials in one of the surgeries that were out of date. These were immediately removed and material stock expiry dates were added to the weekly check sheet.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had recruitment policies and procedures and used these to help them check the staff they employed were suitable for their roles.
- The clinical staff provided patients' care and treatment in line with current guidelines. Dental care records provided comprehensive information about patients care and treatment.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs. Patients could access treatment and urgent and emergency care when required.
- The practice had effective leadership. Staff we spoke with felt well supported by the practice manager and were committed to providing a quality service to their patients.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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. We found several dental materials in the fridge and three materials in one of the surgeries that were out of date. These were immediately removed and material stock expiry dates were added to the weekly check sheet.

Staff used learning from incidents and complaints to help them improve; this was shared with the team at staff meetings.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. One of the dentists and the practice manager were the safeguarding leads in the practice.

Staff were qualified for their roles and the practice completed essential recruitment checks.

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

The practice mostly had suitable arrangements for dealing with medical and other emergencies. On the day of our inspection we found that one medicine had not been stored in the fridge which meant its shelf life needed to be reduced by 18 months rendering it out of date. We also found an out of date disposable syringe and an incorrect needle in the medical emergency kit. Replacements were immediately ordered on the day of our inspection.

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 explained thoroughly, excellent and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice provided hygiene appointments. The practice were committed to supporting the local community and providing preventive oral hygiene advice. One of the dentists and a dental nurse visited local schools several times a year to provide tooth brushing and dietary advice.

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.

No action



Summary of findings

We received feedback about the practice from 18 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, knowledgeable and very caring. They said that they felt valued and that they had always been treated in a thoroughly professional and very caring manner. Many of the comment cards received described a high level service where honest explanations about dental treatment were given by dentists who listened to them. Patients commented that staff 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 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. The practice displayed their complaints policy in the patient waiting room and on their website.

No action



Are services well-led?

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

Strong and effective leadership was provided by the principal dentist and an empowered practice manager. The practice manager and other staff had an open approach to their work and shared a commitment to continually improving the service they provided. There was a no blame culture in the practice. Staff told us that they felt well supported and could raise any concerns with the practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work.

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.

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.

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 reported that there had been two incidents in the past 18 months that required investigation. The records we saw demonstrated that the reporting forms had been completed in full with details of how the incidents could be prevented in future. Both incidents had been discussed at subsequent staff meetings and learning shared.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff at staff meetings, acted on and stored electronically 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 reported there had been no safeguarding incidents that required further investigation by appropriate authorities.

The practice had a whistleblowing policy which included contact details for NHS England and for Public Concern at Work, a charity which supports staff who have concerns they need to report about their workplace. 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. These included risk assessments which the practice manager reviewed annually. 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 comprehensive business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice. Copies of this were held off site so they could be accessed in the event of an incident.

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 mostly available as described in recognised guidance. We noted however that one medicine was not stored in the fridge and the expiry date had not been adjusted to reflect this rendering it now out of date. We also found an out of date disposable syringe and an incorrect needle in the medical emergency kit. Replacements were immediately ordered on the day of our inspection. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice obtained Disclosure and Barring Service (DBS) checks when appointing any new staff. We saw evidence of DBS checks for all members of staff.

The practice had a recruitment policy and procedure in place which was used alongside a comprehensive induction training plan for new starters. We looked at the recruitment records for six staff members which showed the practice had completed appropriate checks for these staff. For example, proof of their identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references. The systems and processes we saw were in line with the information required by Regulation 19, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The practice used the annual appraisal process to monitor that clinical staff maintained their registration with the General Dental Council (GDC) and that their professional indemnity cover was up to date.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed annually by the

Are services safe?

practice manager to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance which was up to date.

A dental nurse worked with the dentists and dental hygienist when they treated patients.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

Infection control

The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures.

There was a dedicated decontamination room which served all six treatment rooms and was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in all treatment rooms and the decontamination rooms with signage to reinforce this. These arrangements met the HTM01-05 essential requirements for decontamination in dental practices.

Staff completed infection prevention and control training every year, which was last completed in May 2017.

The practice carried out infection prevention and control audits twice a year. The latest audit completed in October 2017 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.

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.

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

We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and blood spillage.

Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). The records were well maintained and included most of the expected information such as the local rules and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. The records showed the required maintenance of the X-ray equipment was carried out. We noted that rectangular collimators were not available for use in three of the dental treatment rooms. We were informed on the day of our inspection that these would be ordered. The practice was unable to locate the Health and Safety Executive (HSE) notification confirmation; the practice contacted the HSE following our inspection to request a copy for their records.

We saw training records which confirmed the dentists, hygienist and nurses had received appropriate training for core radiological knowledge under IRMER 2000 Regulations.

The practice had records showing they audited the technical quality grading of the X-rays each dentist took. Dental records showed X-rays were justified, graded and reported upon to help inform decisions about treatment. These findings showed the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

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 last audited patients' dental care records in June 2017 to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice was very focussed on the prevention of dental disease and the maintenance of good oral health. To facilitate this aim the practice appointed a dental hygienist to work alongside the dentists in delivering preventative dental care.

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 practice were committed to supporting the local community and providing preventive oral hygiene advice. One of the dentists and a dental nurse visited local schools several times a year to provide tooth brushing and dietary advice. We saw handwritten thank you letters from the pupils and the school which showed that this service was greatly appreciated.

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 which included opportunities for new staff to shadow their more experienced colleagues. At the time of our inspection the practice were supporting a trainee dental nurse to become qualified. 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 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 friendly, knowledgeable and very caring. They said that they felt valued and that they have always been treated in a thoroughly professional and very caring manner. Many of the CQC comment cards received described a high level service where honest explanations about dental treatment were given and by dentists who listened to them. We saw that staff treated patients respectfully 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 provided some 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. They stored paper records securely.

Music was played in the treatment rooms and there were magazines and a children's area in the waiting rooms. The practice provided drinking water, tea and coffee.

Information boards, patient survey results and thank you cards 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, 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.

Each treatment room had a screen so the dentists could show patients photographs, videos 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.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access via a ramp, a lowered area of the reception desk for wheelchair users and a low level sink in the patient toilet for children and wheelchair users. The toilets were accessible to all patients as one was on the ground floor with grab rails and an assistance bell. The practice did not have a portable hearing loop to assist patients with hearing impairments.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to telephone interpreter/translation services which included British Sign Language and braille.

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 several appointments free for same day appointments. They took part in an emergency on-call arrangement as a practice for their private and Denplan patients. 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 and a copy of the complaints policy was displayed in the waiting room. The practice manager was responsible for dealing with complaints. 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.

We looked at comments, compliments and complaints the practice received in the past 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 principal dentist 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 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, 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 six weekly staff 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 practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The receptionists

and dental nurses received 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 dentists completed annual personal development plans to ensure they were completing appropriate training updates and courses.

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.

The practice was a British Dental Association (BDA) good practice member, a quality assurance programme that allows its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities.

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

The practice used patient surveys, comment cards, appraisals and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on for example, following a complaint relating to services offered under the Denplan scheme the practice team discussed communication and highlighting services which were not included to patients.

The practice employed an external company to conduct a patient satisfaction survey programme every three years whereby surveys were available for patients to complete in the waiting room. These surveys were collated and analysed for improvements. We looked at the feedback results from April 2016 which showed high levels of patient satisfaction and that 92% of the respondents had complete trust in the dental team. Comments received included 'service always excellent', 'a friendly and helpful team' and 'approachable, honest and caring'.

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. We saw results from October 2017 where 100% of the 13 respondents would recommend this practice to friends and family.