IDH Limited

Victoria Bridge Dental Practice

Inspection Report

Victoria Bridge Dental Practice
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Overall summary

We carried out this announced inspection of Victoria Bridge Dental Practice 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. A CQC inspector, who was supported by a specialist dental adviser, led the 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

Victoria Bridge Dental Practice provides mostly NHS treatment to patients of all ages. The practice is part of IDH Limited who have a large number of dental practices across the UK. The practice employs 14 staff, including three dentists, three nurses and a practice manager. A hygienist visits once a week. The practice has three treatment rooms and is open on Mondays to Fridays, from 8.30am to 5.30pm.

Summary of findings

There is level entry access for people who use wheelchairs but no disabled access toilet facilities.

The practice is owned by IDH Ltd 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. At the time of the inspection, the practice did not have a registered manager in post.

On the day of our inspection we collected 25 comment cards filled in by patients; we also spoke with another two during our inspection.

During the inspection, we spoke with two dentists, two dental nurses, reception staff and the interim practice manager. We looked at the practice's policies and procedures, and other records about how the service was managed.

Our key findings were:

- Patients were happy with the quality of their treatment and with the staff who delivered it.
- The practice had systems to help ensure patient safety. These included safeguarding children and adults from abuse, learning from incidents and responding to medical emergencies.
- Risk assessment was robust and action was taken to protect staff and patients.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance. Members of the dental team were up-to-date with their continuing professional development and were supported to meet the requirements of their professional registration.
- 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 effective arrangements for essential areas such as infection control, clinical waste, the management of medical emergencies and dental radiography (X-rays). They used learning from incidents and complaints well to help them improve.

Staff were qualified for their roles and the practice completed essential recruitment checks. Staff had received safeguarding training and were aware of their responsibilities regarding the protection children and vulnerable adults.

No action ✓

Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The staff received professional training and development appropriate to their roles and learning needs.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals, although staff did not routinely follow up urgent referrals for suspected oral malignancy to ensure their safe arrival

No action ✓

Are services caring?

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

Patients were positive about all aspects of the service the practice provided and spoke positively of the treatment they received and of the staff who delivered it. Staff gave us specific examples of where they had gone out their way to support patients. We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

No action ✓

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 some facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with hearing loss.

No action ✓

Summary of findings

There was a clear complaints' system and the practice responded professionally and empathetically to issues raised by patients.

Are services well-led?

No action 

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

The practice had a number of policies and procedures to govern its activity and held regular staff meetings. There were systems in place to monitor and improve quality, and identify risk. However, the practice's performance in a number of areas had fallen short in the months prior to our inspection. This indicated that the provider's oversight and governance arrangements had not been effective.

The practice proactively sought feedback from staff and patients, which it acted on to improve services to its patients.

Victoria Bridge Dental Practice

Detailed findings

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. We found that untoward events were recorded and managed effectively. For example, we viewed practice meeting minutes of June 2017 where the back door to the practice had been left unlocked after work. The incident had been discussed in full, as well as the measures taken to prevent its reoccurrence.

All incidents were reported on-line so the provider could monitor any trends or themes across all its practices. The provider produced a quarterly bulletin, which gave details of incidents that had occurred, so that learning from them could be shared widely across the organisation. We viewed a recent bulletin which outlined learning from incidents in relation to sharps' injuries and filing cabinets.

The practice manager received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Staff we spoke with were aware of recent alerts affecting dental practice

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 noted detailed information around the practice regarding safeguarding matters. Contact telephone numbers of local safeguarding agencies had been placed in patients' toilets to make them easily accessible. Staff received safeguarding training, and a member of staff held a level three qualification in child protection.

All staff had DBS checks in place to ensure they were suitable to work with vulnerable adults and children.

The practice had a whistleblowing policy, which provided guidance to staff who might want to raise concerns about a colleague's practice.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments that staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items, and staff were aware that sharps' bins needed to be disposed of after a period of three months. 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 it would deal with events that 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 medical simulations were rehearsed at meetings by staff so that they were clear about what to do in the event of an incident at the practice.

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. In addition to this, two staff had received specific training in First Aid and the practice had an eyewash station, first aid, bodily fluid and mercury spillage kits available.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. Staff files we reviewed showed that appropriate pre-employment checks had been undertaken for staff including proof of their identity and DBS checks. In addition to this, all staff were required to complete a maths and English functional skills test.

All staff received an induction to their new role, although there was no documented evidence that a recently recruited member of staff had received this.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had appropriate professional indemnity cover. The practice had current employer's liability insurance.

Monitoring health & safety and responding to risks

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We reviewed comprehensive practice

risk assessments that covered a wide range of identified hazards in the practice. These also detailed the control measures that had been put in place to reduce the risks to patients and staff.

Health and safety was a standing agenda item at staff meetings and the provider produced a quarterly health and safety bulletin to ensure staff were kept up to date with relevant issues.

The practice had a fire risk assessment in place and we noted that its recommendations to purchase a power surge protector and undertake weekly checks of the fire extinguishers had been implemented. Fire detection and equipment such as extinguishers was regularly tested, and we saw records to demonstrate this. Full evacuations of the premises were rehearsed to ensure that all staff knew what to do in the event of an emergency. The practice had appointed specific staff who had been trained as Fire Marshals.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for all materials used within the practice.

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

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. The practice had comprehensive infection control policies in place to provide guidance for staff on essential areas such as hand hygiene, the use of personal protective equipment and decontamination procedures. The practice conducted infection prevention and control audits, (although not as frequently as recommended), and results from the latest audit undertaken in December 2017 indicated that it met essential quality requirements.

There were cleaning schedules in place, and we noted that most areas of the practice were visibly clean and hygienic, including the waiting areas, corridors and stairway. However we noted that some other areas such as the patient toilet and practice's X-ray room had not been cleaned effectively.

Staff's uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination, although we noted that staff did not change out of their uniforms at lunchtime. Records showed that all dental staff had been immunised against Hepatitis B.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We noted that the bowl used regularly to manually clean instruments was too small to be effective however and dental instruments were not being kept moist after use and prior to their sterilisation. A lead decontamination nurse from another practice was working with staff to help speed up and improve instrument cleaning.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored externally in a locked area.

Equipment and medicines

The practice had recently purchased a second ultra-sonic bath to help speed up the sterilisation of instruments. Staff told us they had the equipment needed for their roles although one staff member stated there were not enough fast hand pieces in each surgery, resulting in her leaving the treatment room three to four times a week in search of clean ones.

Woodwork and doorframes around the practice were chipped and tatty looking. We were told that this would be addressed in the forthcoming refurbishment of the practice.

The condition of all equipment was assessed each day by staff as part of the daily surgery checklist to ensure it was fit for purpose. The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of decontamination cycles to ensure that equipment was functioning properly. Other equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this.

The practice had suitable systems for prescribing and dispensing medicines and a logging system was in place to account for any issued to patients. Prescription pads were kept securely in a safe

Are services safe?

We found that not all dentists were aware of the British National Formulary's website for reporting adverse drug reactions, and there were no patient group directions available for the practice's direct access hygienist.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had the required information in their radiation protection file. Rectangular collimation was used to reduce the dosage to patients. Mechanical and electrical testing had last been undertaken in August 2016 and was overdue, but had been booked to take place at the time of our inspection.

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

We received 25 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the quality of their dental treatment. Dentists we spoke with understood national guidelines that applied to dentistry and kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. Each dentist had a specific 'app' that alerted them if they had failed to complete patients' dental records.

The practice regularly audited each dentist's dental care records to check that the necessary information was recorded.

Health promotion & prevention

The dentists were aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate. A part-time direct access dental hygienist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. Staff had visited three local schools to deliver oral hygiene sessions to pupils there, and the practice held regular 'kids club days, where goody bags containing dental products were given to children.

There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. General information about oral health care for patients was available in the waiting area including information about local smoking cessation services.

Staffing

At the time of our inspection, the practice was experiencing difficulty in recruiting permanent staff and was relying on agency dental nurses to cover vacant shifts. Despite this however, staff told us that there were enough of them and that patient care had never been affected. The practice had access to staff working in other Mydentist services nearby if needed to cover unexpected shortages.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we reviewed showed they had undertaken appropriate training for their role.

Working with other services

Staff 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.

The practice kept a central log of patients' referrals so they could be tracked, although they did not routinely follow up urgent referrals for suspected oral malignancy to ensure their safe arrival

Consent to care and treatment

The practice's consent policy included information about the Mental Capacity Act 2005. Staff understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, although not all staff were aware of the need to consider this when considering consent issues in the treatment young people under 16.

The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Dental records we reviewed demonstrated that treatment options had been explained to patients.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We received positive comments from patients about the quality of their treatment and of the staff who provided it. They described staff as patient and understanding. Staff gave us specific examples of where they had supported patients. For example, reception staff had given patients change so they could park their car, had provided them with bottled water and given children pens and paper to draw with whilst they waited.

The main reception area itself was not particularly private and those waiting could easily overhear conversations between reception staff and patients. Reception staff assured us that they were careful not to give out patients' personal details when speaking on the phone and music was played to distract those waiting. A room was available to discuss private matters if required.

Computers were password protected and screens displaying patient information were not visible to patients. All consultations were carried out in the privacy of the treatment room and we noted that the door was closed during procedures to protect patients' privacy.

Involvement in decisions about care and treatment

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. We noted leaflets available in the waiting rooms, providing patients with good information about a range of dental conditions and treatments. There was also good information on the practice's website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had its own website that provided general information about its staff and services.

The waiting area provided magazines and leaflets about various oral health conditions and treatments, although there was very little to occupy children and young people.

Patients told us they were satisfied with the appointments system and that getting through on the phone was easy. One patient described registering and getting appointments at the practice as being smooth and efficient.

Each dentist had 45 minutes available for emergency appointments so they could see patients in dental pain. Details of out of hours contact was available on the front door should a patient come when the practice was closed.

Promoting equality

The practice had made some reasonable adjustments for patients with disabilities. These included a downstairs treatment room and a hearing loop to assist those who wore a hearing aid. However, the toilet was not suitable for wheelchairs users or those with limited mobility. Patients had access to translation services and the staff team spoke a wide range of languages between them.

Concerns & complaints

The practice had a complaints' policy that clearly outlined the process for handling complaints, the timescale within which they would be responded to, and details of external agencies patients could contact if unhappy with the practice's response. Details of how to complain were available in the waiting areas for patients and in the practice's information leaflet. Reception staff spoke knowledgeably about how they would deal with a patients' complaint.

All complaints received by the practice were logged on-line where they were monitored centrally by the provider's patient support team to ensure they were managed within timescales.

Patient feedback was a standing agenda item at each practice meeting and we noted that details of a recent complaint had been discussed at a meeting in November 2017.

Are services well-led?

Our findings

Governance arrangements

Management arrangements at the practice had been unstable for some time and one staff member told us there had been four different managers in the previous two years. They commented that this had been unsettling for staff and had led to some staff leaving as a result. At the time of our inspection, there was no registered manager in place and an interim manager from another practice was overseeing it. Staff spoke positively about the improvements the interim manager was implementing and a permanent manager was to take up post in January 2018.

The lack of effective and permanent management had led to some performance issues within the practice. For example, in the previous six months to our visit, decontamination logbooks had not been completed; infection control audits had not been undertaken; some risk assessments were overdue for review; staff had not received appraisals or kept up to date with some training requirements; and patient recalls had not been issued. The interim manager was aware of these shortfalls and was working to address them. These shortfalls indicated that the provider's governance systems had not been effective in identifying them sooner. However we were shown a new compliance tool which will support in maintaining all compliance data going forward.

Leadership, openness and transparency

We received mixed feedback about the quality of leadership within the practice. Some staff told us they enjoyed their work, and felt supported and valued. Other staff said that the lack of stable management arrangements had affected their morale and that their ideas and suggestions had not been responded to. One staff member told us they would value specific nurses' meetings to discuss a range of issues and ensure consistency of working practices.

Communication across the practice was structured around key scheduled meetings which staff told us they found beneficial. There were standing agenda items such as health and safety, infection control, patient feedback and practice performance.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it.

Learning and improvement

The practice had a training programme for staff via its academy that covered essential topics such as safeguarding, infection control and fire safety and additional training such as radiography, oral cancer, and health and safety. Some staff members had fallen behind on their non-essential training but plans were in place for them to catch up.

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. Staff also received appraisal of their performance, but this had become overdue for some of them.

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

The practice used surveys, comment cards and verbal comments to obtain patients' views about the service. The practice had introduced the NHS Friends and Family test as another way for patients to let them know how well they were doing. Recent result showed that patients would recommend the practice.

Patients were able to leave feedback about their experience on the provider' website and details of the provider's patient support team were also available for them to contact.

Feedback left by patients on the NHS Choices web site was monitored by the provider's patient support services, who responded to any comments left. At the time of our inspection, the practice had scored 3.5 out of 5 stars, based on nine patient reviews. Patient feedback was a standing agenda item on the monthly staff meetings so that it could be shared across the team.