

Dr. George Bureau

# George Bureau Ltd

## Inspection Report

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### Overall summary

We carried out this announced inspection on 29 August 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. Two CQC inspectors, who were 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**

George Bureau Dental Surgery provides private dentistry to patients of all ages. The dental team consists of three part-time dentists, one part-time hygienist, five dental nurses and two receptionists, who between them support approximately 3000 patients. The practice has three treatment rooms and is open Mondays to Thursdays from 8.30am to 5pm, and on Fridays from 8.30am to 4pm.

There is access for wheelchair users at the rear of the building.

The practice is owned by Dr George Bureau who is the principal dentist there. He has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

# Summary of findings

During the inspection, we spoke with two dentists, two dental nurses and the practice manager. We looked at the practice's policies and procedures, and other records about how the service was managed. We collected 11 comment cards filled in by patients prior to our inspection and spoke with another five.

## **Our key findings were:**

- We received many very positive comments from patients about the dental care they received and the staff who delivered it.
- The practice was clean and well maintained, and had infection control procedures that reflected published guidance.
- Staff knew how to deal with emergencies, although not all recommended life-saving equipment was available.
- The practice had systems to help them manage risk.
- 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.
- There was a clear leadership structure and staff felt supported and valued by the practice manager and owner. The practice proactively sought feedback from staff and patients, which it acted on.

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

- Review the practice's recruitment policy and procedures to ensure appropriate references and DBS checks are undertaken for all new staff.
- Review safeguarding training requirements for staff.

# 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.

Most staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults. The practice had suitable arrangements for dealing with medical and other emergencies, although emergency equipment did not meet national recommended guidelines

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

There were sufficient numbers of suitably qualified staff working at the practice, although recruitment practices needed to be more robust.

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.

Clinical audits were completed to ensure patients received effective and safe care.

No action



### Are services caring?

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

We received feedback about the practice from 16 people. Patients were positive about all aspects of the service the practice provided. Patients spoke positively of the dental treatment they received, and of the caring and supportive nature of the practice's staff. Patients told us they were involved in decisions about their treatment, and did not feel rushed in their appointments.

Staff gave us specific examples of when they had gone above the call of duty to assist patients.

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 had good facilities and was well equipped to treat patients and meet their needs. Routine dental appointments were readily available, as were urgent on the day appointment slots. Patients told us it was easy to get an appointment with the practice.

No action



## Summary of findings

Good information was available for patients both in the practice's leaflet and on the provider's web site. The practice had made reasonable adjustments to accommodate patients with a disability.

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

### **Are services well-led?**

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

There was a clearly defined management structure and staff felt supported and appreciated. We found staff had an open approach to their work and shared a commitment to improving the service they provided. 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. 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 an incident policy in place, but this was narrow in scope and only covered serious events in relation to information governance. However, we found evidence to show that the practice did respond appropriately to, and record, any unusual incidents. For example, following a patient trip, the practice had displayed extra signage warning patients of uneven flooring.

The practice did not have a system in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and staff were unaware of recent alerts affecting dentistry. The day following our inspection, the practice manager contacted us to inform that she had signed up to receive these important alerts.

### 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. However, neither the practice manager or receptionist had received any safeguarding training and not all staff had recent DBS checks in place to ensure they were suitable to work with vulnerable adults and children.

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. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events that could disrupt the normal running of the practice, although it was not kept off site. This meant it was not accessible 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. We noted that staff did not regularly rehearse emergency medical simulations so that they had a chance to practise their skills. Most emergency equipment and medicines were available as described in recognised guidance, apart from portable suction, a spacer device, paediatric defibrillator pads or Midazolam available. The practice contacted us the following day to inform us these items had been ordered.

Staff kept records of their checks to make sure equipment and medicines were available, within their expiry date, and in working order.

### Staff recruitment

We checked the recruitment procedures for recent employees and noted that not all had appropriate references, and the practice had not conducted its own DBS checks, relying on historical checks from previous employment. However the day following our inspection, the practice manager contacted us and told us that new DBS checks had been applied for, for all relevant staff

The practice had a staff induction plan in place and one staff member told us they had received a thorough induction to their new role.

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

### Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics.

Firefighting equipment such as alarms and extinguishers were regularly tested, and staff rehearsed fire evacuations.

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

We noted signage around the practice indicating the location of fire exits, X-ray equipment, steep steps and unexpected changes in flooring levels.

### 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

# Are services safe?

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.

There were cleaning schedules in place, and we noted that all areas of the practice were visibly clean and hygienic including the waiting area, toilet, corridors and stairway. We checked two treatment rooms and surfaces including walls, floors and cupboard doors were free from visible dirt. The rooms had sealed work surfaces so they could be cleaned easily.

We noted that staff uniforms were clean, their hair tied back and their arms were bare below the elbows to reduce the risk of cross contamination. Records showed that they had been immunised against Hepatitis B.

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. The practice carried out infection prevention and control audits, and results from the most recent one in August 2017, demonstrated compliance with essential quality standards. We noted that action had been taken to address shortfalls such as uncovered keyboards in treatment areas.

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

The practice's arrangements for segregating, storing and disposing of dental waste reflected current guidelines from

the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste bins were kept at the back of the practice, although their security required review to ensure they could not be removed by the public.

## **Equipment and medicines**

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

Stock control was good and medical consumables we checked in cupboards and drawers were within date for safe use.

The practice had suitable systems for prescribing, dispensing and storing medicines. The practice kept glucagon in a fridge, although its temperature was not monitored to ensure it operated effectively.

## **Radiography (X-rays)**

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. Clinical staff completed continuous professional development in respect of dental radiography.

Dental care records we viewed showed that dental X-rays were justified, reported on and quality assured. The practice carried out X-ray audits every year following current guidance and legislation.

We noted that rectangular collimation was not in use on the X-ray units to reduce the dosage to patients.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We received 11 comments cards that had been completed by patients prior to our inspection and spoke with another five patients during it. All the comments received reflected that patients were very satisfied with the quality of their dental treatment.

We found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Our discussion with the dentists and review of dental care records demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines.

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

### Health promotion & prevention

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 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.

There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. Dental nurses we spoke with confirmed that the dentists always asked patients about their smoking and alcohol usage.

We noted that there was limited information about oral health care or smoking cessation for patients available in the waiting area and treatment rooms.

### Staffing

The practice had experienced a high turnover of staff due to its relocation and had employed four new dental nurses since May 2016. Staff told us there were enough of them to ensure the smooth running of the practice, and that they did not feel rushed in their work. A nurse always worked with the dentist and the hygienist.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council. A system for appraising staff was in place, although this did not include the practice manager so it was not clear how her performance was assessed.

### Working with other services

The 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. Referrals were not actively monitored by the practice to ensure they had been received, and patients were not routinely offered a copy of their referrals for their information.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. Staff had a good understanding of the Mental Capacity Act and how it affected their management of patients who could not make decisions for themselves.

Dental records we reviewed demonstrated that treatment options had been explained to patients. Patients confirmed the dentists listened to them and gave them clear information about their treatment.

# 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. Staff gave us specific examples of where they had provided additional assistance to patients such as providing one patient with a lift to obtain emergency treatment, and supporting another in their bereavement.

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. The reception area was not particularly private and the computer screen was visible to patients.

### **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. Results from the practice's own survey conducted in 2017 showed that 43 of 44 respondents felt that the clinicians took time to explain treatment options and answer their questions.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice was easily accessible with some parking on-site. In addition to general dentistry, the practice offered specialist treatments such as implants, bridges, removable dentures and cosmetic dentistry. A variety of information about the treatments provided by the practice and the clinical staff was available on its website.

Patients told us they were satisfied with the appointments system and the ease of getting through on the phone. Results from the practice's own survey conducted in 2017 showed that staff were helpful in finding patients a suitable appointment time. The practice offered telephone and email appointment reminders for patients and there were daily emergency appointment slots for those in dental pain. The dentists shared an on-call duty system for any out of hours' emergencies. One patient described this service as excellent, as he had had a tooth extracted on a Sunday morning.

### Promoting equality

The practice made some adjustments for patients with disabilities. These included electric wheelchair ramp access, downstairs treatment rooms and a fully accessible toilet. The practice did not have a portable hearing loop to assist patients who wore a hearing aid, or provide any information about its service in different formats or languages.

### Concerns & complaints

Information about the practice's complaints procedure was available in the waiting area. This included the timescales by which complaints would be responded to and other organisations that patients could contact to raise their concerns.

We reviewed documentation in relation to one complaint received in the previous year and found it had been managed appropriately.

# 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 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.

Most staff received an annual appraisal of their performance and training needs. The practice manager had not received an appraisal so it was not clear how her performance was being monitored and assessed.

### Leadership, openness and transparency

The practice manager took overall responsibility for the day-to-day running of the service and staff described her as supportive. She told us she had had a very busy year at the practice with its re-location to new premises and that some administrative procedures had suffered as a result. We found that the practice manager responded quickly and effectively to address the minor shortfalls we found during our inspection.

Staff told us they enjoyed their work and the small size of the practice, which meant that communication between them was good. They told us they felt supported and valued in their work and reported there was an open culture within the practice.

Communication across the practice was structured around quarterly practice meetings that all staff attended. Staff told us the meetings provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them.

The practice had a specific duty of candour policy, although not all staff were aware of their obligations under the policy.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits on the quality of dental care records, radiographs, and infection prevention and control. We viewed records of the results of these audits and the resulting action plans and improvements.

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

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

The practice had developed its own patient satisfaction survey, which asked patients if staff were helpful in finding them suitable appointment times and if clinicians explained things well. We viewed recent results based on 45 responses that indicated a high level of satisfaction with the service provided. In response to patients' feedback, the practice manager told us that a more visible sign for the practice had been put on display above the entrance, and a handrail had been installed beside steps.

Staff told us that the principal dentist listened to them and was supportive of their ideas. For example, their suggestions to use eye visors and disposable suction tips had been implemented.