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The Goldthorp & Becker Dental Practice

Inspection Report

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Overall summary

We carried out a comprehensive inspection of The Goldthorp & Becker Dental Practice on 20 January 2015.

The practice offers mainly NHS treatment services for its patient population but they do provide limited private treatment. The Goldthorp & Becker Dental Practice has a principal dentist, an associate dentist who works one day a week, a dental nurse and a receptionist who is also currently undertaking training as an apprentice dental nurse.

The principal dentist is legally responsible for making sure the practice meets CQC requirements as the registered manager.

We spoke with one patient who used the service on the day of our inspection and reviewed 22 CQC comment cards that had been completed by patients prior to the inspection. The patient we spoke with was very complimentary about the service. They told us they found the staff to be extremely person-centred and felt they were treated with respect. The comments on the CQC comment cards were also very complimentary about the staff and the service provided.

During the inspection we toured the premises and spoke with all three staff on duty that day. This included the principal dentist. To assess the quality of care provided by the practice, we looked at practice policies and protocols and other records. Our key findings were as follows:

- There were systems in place for staff to report incidents. There were sufficient staff on duty to deliver the service. There was enough equipment available for staff to undertake their duties and we saw the premises was in a satisfactory state of repair and clean and tidy.
- Patient's needs were assessed and care was planned and delivered in line with current guidance. This included the promotion of good oral health. We saw evidence staff had received training appropriate to their roles and further training needs were identified and planned through the appraisal process.
- The patient we spoke with and all comment cards we reviewed indicated that patients were consistently treated with kindness and respect by staff. It was reported that communication with patients and their families, and access to the service and to the dentists was good. The patient reported good access to the practice with emergency appointments available the same day.

Summary of findings

- The practice had procedures in place to take into account any comments, concerns or complaints that were made to improve the practice.
- The practice had an accessible and visible principal dentist and staff on duty told us they felt supported by the principal dentist. Staff reported that patients were at the heart of the practice. This included the promotion of good oral health. Staff had received training appropriate to their roles and there was an effective appraisal system in place.

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?

Staff were aware of their responsibilities to raise concerns and report incidents and accidents. There were regular practice meetings that had items on the agenda regarding safety that demonstrated the practice was committed to providing a safe service for its patient population. All information about safety was recorded, monitored, appropriately reviewed and addressed. The practice assessed risks to patients and managed these well. There were also safe systems in place for infection prevention and control, management of medical emergencies, both in the dental chair and in the practice in general, and dental radiography. We found that all the equipment used in the dental practice was well maintained.

Are services effective?

National Institute for Health and Care Excellence (NICE) and local clinical guidelines were considered in the delivery of dental care and treatment for patients. The treatment provided for the patients was effective, evidence based and focussed on the needs of the individual. Staff received training appropriate to their roles. Continuing professional development (CPD) for staff was supported by the principal. This enabled staff to meet the requirements of professional registration. There was evidence that the practice worked together with other health professionals.

Are services caring?

The patient we spoke with told us they were treated with compassion, dignity and respect and they were involved in all their care and treatment decisions. The comment cards and practice patient surveys we reviewed demonstrated that patients, their families and carers felt well supported and involved with their treatment plans. There was sufficient information available for patients to help them understand the dental care available. We observed that staff treated patients with kindness and respect and were aware of the importance of confidentiality.

Are services responsive to people's needs?

We saw evidence patients had good access to appointments at the practice and that emergency appointments were available on the same day. There were good dental facilities in the practice and sufficient well maintained equipment, to meet the dental needs of their patient population. There was a clear complaints system with evidence that demonstrated the practice had measures in place to respond quickly if an issue was raised.

Are services well-led?

There was a visible, transparent and open leadership culture in the practice. The practice had an ethos of continuing improvement of the service they provided. There was a leadership structure and staff felt supported by the principal dentist. The practice had an organised management system and met regularly with staff to review all aspects of the delivery of dental care and the management of the practice. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this was acted upon.

The Goldthorp & Becker Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by the CQC.

- We carried out an announced inspection on 20 January 2015. This inspection was carried out by a CQC inspector.

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?

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the information we had about this provider from the previous inspection. The practice sent us their statement of purpose and informed us they had not received any complaints for a number of years. We also reviewed further information on the day of the inspection. This did not highlight any significant areas of risk across the five key question areas.

Are services safe?

Our findings

Learning and improvement from incidents

Staff we spoke with were aware of, and had access to, the incident reporting system. This allowed staff to report all incidents including near misses where patient safety may have been compromised. There had been no incidents and accidents in the practice for a number of years. We saw evidence there were systems and processes in place to manage accidents and incidents if they occurred. This was through policies and procedures, and the incident reporting system.

Reliable safety systems and processes including safeguarding

During our visit we found that the care and treatment of patients was planned and delivered in a way that ensured patients safety and welfare. A written medical history was obtained prior to the commencement of dental treatment in all cases and this was reviewed on every further visit. The clinical records we reviewed were well-structured and contained sufficient detail. This enabled another dentist if required to tell what the treatment plan was, what had been done so far, what were the next steps and details of any possible alternative treatment. This demonstrated that the dentists and other staff were always aware of any risks to patients and would ensure they were safe during a consultation.

Each staff member we spoke with was able to describe their responsibilities in respect of safeguarding patients in their care and they had an understanding of the different types of abuse. Staff were able to tell us to whom they should report a safeguarding concern. Contact details for the local authority safeguarding team were displayed and accessible to all staff in the staff room. We also looked at the practice policies and procedures for child protection and safeguarding vulnerable adults. The principal dentist had been trained to level 3 safeguarding vulnerable adults and children.

Infection control

We observed the practice appeared clean and well maintained. We reviewed the cleaning schedules. This was supported by cleaning specifications for the surgery, decontamination room, toilet, reception and the waiting room. We also saw that all cleaning equipment was stored appropriately in line with Control of Substances Hazardous to Health (COSHH) 2002. COSHH is the law that requires employers to control substances that are hazardous to health.

The principal dentist was the lead for infection prevention and control in the practice. We saw records that demonstrated all staff had received training in infection prevention and control. There was a current policy in place for infection control.

We saw evidence the practice was compliant with the essential quality requirements of Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). HTM01-05 is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination.

Decontamination of dental instruments was carried out in a designated decontamination room. There was a protocol in place for the manual cleaning of dental instruments. The dental nurse demonstrated the decontamination process from taking the dirty instruments through to clean and ready for use again. We observed that dirty instruments did not contaminate clean processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. The practice used a system of manual scrubbing and rinsing, known as temporal separation, followed by inspection of each item under a magnifying lamp before sterilisation.

When instruments had been sterilised they were pouched and stored until required. All pouches were dated with an appropriate expiry date. The dental nurse also demonstrated to us systems were in place to ensure that the autoclave used in the decontamination process was working effectively. An autoclave is a pressure chamber used to sterilise equipment. We noted that data sheets were used to record the essential daily and weekly validation checks of the sterilisation cycles. We also saw the six monthly maintenance schedules were in date, ensuring that equipment was maintained to the standards set out in current guidelines.

The segregation and storage of dental waste was in line with current guidelines issued by the Department of Health. The treatment of sharps waste was in accordance with current guidelines. We saw sharps containers were

Are services safe?

well maintained and correctly labelled. The practice sharps injury protocol was clearly understood when talking with practice staff. This demonstrated staff were protected against contamination by blood borne viruses. The practice uses an appropriate contractor to remove dental waste from the practice. Waste consignment notices were available for inspection; we reviewed these and found them to be in order.

The dental unit water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. Flushing of the water lines was carried out in accordance with current guidelines and supported by an appropriate practice protocol. A Legionella risk assessment had been completed and an interim health check of Legionella undertaken in October 2014. Legionella is a germ found in the environment which can contaminate water systems in buildings.

Equipment and medicines

We found all of the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments and the x-ray equipment. There was a method in place that ensured tests of equipment were carried out at the correct intervals and there were records of service histories. Portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process by which electrical appliances are routinely checked for safety.

A recording system was in place for the prescribing and recording of the medicines used in clinical practice. The systems we viewed were complete, provided an account of medicines prescribed, and demonstrated patients were given their medicines as prescribed. The batch numbers and expiry dates for local anaesthetics were always recorded. These medicines were stored safely for the protection of patients.

The practice followed NHS Protect guidance on the security of prescription forms for practice managers and for prescribers. Blank prescriptions were stored securely.

Monitoring health & safety and responding to risks

The practice manager showed us a very comprehensive file of risk assessments covering all aspects of health and safety. These were maintained, up to date and included risk assessments for the autoclave, biological agents (the risk of infection from blood, saliva, bacteria etc.) and waste disposal.

There was a fire risk assessment that had been reviewed annually. Fire extinguishers were also serviced annually and fire drills were held at regularly intervals and recorded.

Medical emergencies

There were arrangements in place to deal with foreseeable emergencies and we reviewed the practice medical emergencies policy. The practice had suitable equipment including an Automated External Defibrillator (AED), emergency medicines and oxygen available for dealing with medical emergencies. An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The guidance for emergency equipment is in the Resuscitation Council guidelines.

The practice followed guidelines about how to manage emergency medicines in general practice in accordance with the British National Formulary (BNF). The British National Formulary (BNF) is a pharmaceutical reference book that contains a wide spectrum of information and advice on medicines. The emergency medicines were all in date and securely kept along with emergency oxygen in a central location known to all staff. The expiry dates of medicines and equipment was monitored using a check sheet which enabled staff to replace out of date medicines and equipment in a timely manner. Staff were trained in how to manage medical emergencies.

Staff recruitment

There was a practice recruitment policy in place. This policy set out the standards it followed when recruiting staff. Records we looked at contained evidence appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. We saw all staff were currently undertaking a criminal records check through the Disclosure and Barring Service (DBS).

Radiography

We were shown a well maintained radiation protection file and the principal dentist was the legal person responsible as the radiation protection supervisor. This file contained

Are services safe?

all the necessary documentation pertaining to the maintenance of the X-ray equipment. These included critical examination and acceptance reports of X-ray equipment along with the maintenance logs. A copy of the local rules was displayed with the X-ray set. We also reviewed the annual X-ray safety report which was satisfactorily completed in October 2014.

The clinical records we saw showed dental X-rays were justified, reported on and quality assured every time. We also saw a copy of the most recent radiological audit. This was an audit to improve the quality of bitewing X-rays. We saw this met the criteria of the clinical audit cycle and was used to improve clinical dental practice. The measures described demonstrated patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. We spoke with one patient who used the service. They told us they were given clear treatment options which were discussed in easy to understand language by the dentists. This was also confirmed when we spoke to the dentist. This evidence was supported by the results of the practice patient survey. The practice had a policy for treatment planning and consent for treatment that had been recently reviewed. We saw consent was consistently recorded when we reviewed patient records

The dentist we spoke with explained how they would support a patient who lacked the capacity to consent to dental treatment. This was supported by a policy to guide staff in assessing a patient's mental capacity to consent to treatment.. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met. Where patients did not have the capacity to consent, the dentist acted in accordance with legal requirements and vulnerable patients were treated with dignity and respect.

Monitoring and improving outcomes for people using best practice

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual dental treatment plan. We looked at a sample of treatment records. The records contained details of the condition of the teeth, gums and soft tissues lining the mouth. These were carried out at each dental health assessment and indicated the patient was made aware of changes in the condition of their oral health. Where patients were diagnosed with more aggressive forms of gum disease then a more detailed assessment of the gums was carried out by individual pocket depth charting. Patients would then be provided with more complex care by the dentist. The dentist determined the recall interval by using a risk based approach based on current National Institute for Health and Care Excellence (NICE) guidelines. The recall interval was set following discussion of these risks with the patient.

Working with other services

The practice worked proactively with other dental providers to co-ordinate care and meet patient's needs when required. The practice involved other professionals and dental therapists in the care of their patients where this was in the best interest of the patient. Patients were referred to hospital services appropriately. There was a patient referral form, NHS online referral system, which included urgent two week referrals for mouth cancer and also for referrals to an orthodontic specialist if required.

Health promotion & prevention

The patient we spoke with was aware they were treated under the NHS arrangements. The practice used a variety of methods for providing patients' with information. These included a practice website and patient information leaflet. We also saw that the website was currently under construction. This had information about the practice, information about fees, opening times and contacts. Information displayed included good oral hygiene, early detection of oral cancer and children's oral health. Products for maintaining oral health were displayed and sold in reception. There was also information and contact details displayed about how patients could access urgent dental care if required.

Staffing

Staff received appropriate professional development. We were told the practice ethos was all staff should receive appropriate training and development. This was demonstrated by making the time available for professional development and the training programme in place. This included training in safeguarding vulnerable adults and children, infection control and decontamination in dentistry, cardiopulmonary resuscitation (CPR), and dental emergencies. Staff we spoke with confirmed they had undertaken this training.

We reviewed the system in place for recording training that had been attended by staff working within the practice. We also reviewed information about continuing professional development (CPD), current criminal records bureau (CRB) certificates for dentists (now known as disclosure and barring service (DBS) checks), current General Dental Council (GDC) registration and immunisation status and found them all to be in order. We also reviewed information about the induction programme to the practice, contract of employment and other employment policy documents.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had an equality, diversity, human rights and confidentiality policy that had been recently reviewed. We observed all staff treated patients with dignity and respect. The patient we spoke with was positive about the care and treatment they had received from the practice. They told us they were given choices and options with respect to their dental treatment in language they could understand. They said they were treated with respect and dignity at all times.

Staff were clear about the importance of emotional support needed when delivering care for patients who were very nervous or phobic of dental treatment. Staff were sensitive to the needs of their patients and there was a strong focus on reducing anxiety and supporting people to feel comfortable in the surroundings.

Maintaining patient confidentiality was high on the agenda at this practice. This was captured as part of the patient survey and also in the patient handbook. We observed staff were careful to follow the practice's confidentiality policy when discussing patient's treatments so that confidential information was kept private.

Staff and patients told us all consultations and treatments were carried out in the privacy of a surgery and we observed this to be the case. We observed the treatment room door was closed during consultations and that conversations taking place in these rooms could not be overheard.

Staff told us if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the principal dentist. These would then be investigated and any learning identified would be shared with staff at practice meetings if necessary.

Involvement in decisions about care and treatment

The practice used posters displayed in the waiting area and surgery to give details of NHS dental charges. There was also information and contact details displayed regarding how patients could access urgent dental care if required.

The dentist and dental nursing staff we spoke with confirmed treatment options, risks and benefits were discussed with each patient to ensure the patient understood what treatment was available so they were able to make an informed choice. During appointments the dentist asked questions about each patient's current oral hygiene practice and gave suggestions how this could be improved to prevent oral health problems. Where a patient's carer attended an appointment with the patient they ensured the carer was involved in the discussion. Patients who had received treatment were given explanations about what to do to minimise discomfort and prevent problems.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to the needs of patients and had systems in place to maintain the level of service provided. Each patient contact with a dentist was recorded in the patient's record card. Patients who were new to the practice were asked to complete a comprehensive medical history and a dental questionnaire. This enabled the practice to gather important information about their previous dental, medical and social history. They also aimed to capture details of the patient's expectations in relation to their needs and concerns through discussion with them. This helped to direct the dentists in providing the most effective form of care and treatment for them.

The practice ensured there were time slots available for emergencies each day and we observed a patient requesting an appointment at short notice. The practice managed to find an appointment that suited the patient's requirements.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services.

Staff we spoke with confirmed they were aware of the equality and diversity policy. When we reviewed the policy we noted that all staff had signed to say they had read and understood the policy. There was also an equality and human rights policy in place.

The premises was on an upper floor and therefore was inaccessible to patients who had mobility problems and could not manage the stairs. However the practice had arrangements in place with another practice to offer appointments for patients with mobility difficulties. We saw work was already underway to create a ground floor surgery that would meet the needs of people with disabilities or mobility problems.

Access to the service

Information was available to patients about appointments in the practice and on the practice website. This included how to arrange urgent appointments. There were also arrangements to ensure patients received urgent dental assistance when the practice was closed.

Patients were generally satisfied with the appointments system. Comments received from patients showed that those in need of emergency treatment had been able to make appointments on the same day of contacting the practice. The opening hours for the practice at the time of our inspection were:

- Monday 09:00 – 18:00
- Tuesday 09:00 – 17:00
- Wednesday 08:00 – 15:30
- Thursday 09:00 – 17:00
- Friday 08:00 – 15:30

Patients could book appointments in person, via the phone and online.

Concerns & complaints

We arranged for a Care Quality Commission (CQC) comments box to be placed in the waiting area of the practice several days before our visit and 22 patients chose to comment. All of the comment cards completed were complimentary about the service provided.

The practice had a system in place for handling complaints and concerns. Information about how to complain was on the practice website, in the practice leaflet and displayed in the waiting area. Any verbal complaints were handled in the practice by the principal dentist. The patient we spoke with knew how to raise concerns or make a complaint. Although patients were made aware how to complain, the patient we spoke with never felt the need to complain.

Are services well-led?

Our findings

Leadership, openness and transparency

We saw the practice had a statement of purpose which gave the aims and objectives of the service, types of service provided, details of registered manager, contact details and detail of the location which the services provided for the purposes of carrying on the regulated activity.

The practice statement of purpose indicated the overall ethos of the practice was to provide high quality dental care to their patients. The practice aimed to provide a full range of treatments to secure and maintain patient's oral health. There was an understanding in the practice that some people are quite apprehensive about dental treatment and therefore they aimed to do everything to help ease patients concerns about dental treatment. The practice also ensured all patients were fully involved in any decisions about dental treatment.

We reviewed minutes from practice staff meetings, which were held regularly. There was an agenda for the meeting that included updates about responsibilities, confidentiality, policies, risk assessments and training. These minutes also indicated actions to be taken which included an update of safeguarding training. Staff we spoke with confirmed this. Staff told us there was an open culture within the practice and they had the opportunity and were happy to raise issues at any time.

We reviewed a number of policies which were in place to support staff. This included a bullying and harassment policy, and a whistleblowing policy.

Governance arrangements

The principal dentist undertook quality checks at the practice. This included checks on regarding health and safety, risk assessments, waste management, staffing and safeguarding. The information we reviewed demonstrated the practice was performing at a satisfactory level in these areas. We reviewed information from a recent record card audit. This included checking patient's personal details, medical history, X-rays and whether consent was consistently applied. This was a favourable audit that highlighted the importance of good record keeping as there were no immediate actions to be taken.

Practice staff were clear about what decisions they were required to make, knew what they were responsible for as well as being clear about the limits of their authority. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

It was clear who was responsible for making specific decisions, especially decisions about the provision, safety and adequacy of the dental care provided at the practice and this was aligned to risk.

The practice had a number of policies and procedures in place to govern activity and these were available to all staff. These included how to report adverse incidents, information governance, access to records, confidentiality and complaints.

We reviewed information on risk assessments covering all aspects of health and safety and clinical governance. These were very well maintained and up to date.

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

Patients were involved in making decisions about their care and treatment. The practice used a patient survey to capture information about how the patients viewed the quality of dental care they received. This included sections about the waiting area and reception, toilet facilities, practice information and dental care. We reviewed the results of the recent surveys and results obtained showed a good level of satisfaction with the quality of service provided. Patients who used the service said the service was very professional, friendly and welcoming.

The patient we spoke with was satisfied with the standard of care provided. They described how helpful and friendly the practice staff were, and were satisfied with appointment waiting times and the cleanliness of the practice. This was further supported by observing the results and comments contained in the patient surveys and on the CQC comment cards.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistle blowing policy which was available to all staff.

Are services well-led?

Management lead through learning and improvement

Staff told us the practice supported them to maintain and develop through training and mentoring. We saw regular appraisal took place. Appraisal included delivering change in dentistry, providing a quality service, communication and planning. These were supported by comments and action. Staff we spoke with told us the appraisal process was a two way communication process with the principal dentist.

All dentists and nurses who worked at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Staff were encouraged and supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

Staff we spoke with told us the practice was very supportive of training and provided them with eLearning. The practice offered a range of on-site, hands-on learning and development opportunities for dentists, dental nurses and their supporting teams.