B & M Dental Care Limited

Merrifield Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 18 June 2019 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 and a second specialist dental advisor observer.

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

Merrifield Dental Practice is in Sidmouth and provides private treatment to mainly adults.

There are two ground floor surgeries, with a step access from the road. Parking for disabled patients is available at the rear of the practice, with level access from a rear surgery entrance. Other car parking spaces are available near the practice.

The dental team includes two dentists, five dental nurses, two dental hygienists, a receptionist and a practice administrator. The practice has two treatment rooms.

Summary of findings

The practice is 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 Merrifield Dental Practice is the principal dentist.

On the day of inspection, we collected 40 CQC comment cards filled in by patients. We also received 20 on-line responses directly to CQC from patients. This gave us a positive view of the practice.

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

The practice is open: Mon – Weds 8.45am – 5.15pm. Thu 8.45am – 2pm. Fri 8.45am – 1pm.

Our key findings were:

- The practice appeared clean and well maintained.
- Staff knew how to deal with emergencies.
- The provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health, taking into account the guidelines issued by the Department of Health publication 'Delivering Better Oral Health: An Evidence-Based Toolkit For Prevention'.
- Review the practice's protocols for completion of dental care records, taking into account the guidance provided by the Faculty of General Dental Practice.
- Introduce protocols regarding the prescribing of antibiotic medicines and antibiotic stewardship, taking into account the guidance provided by the Faculty of General Dental Practice.

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?	**No action** 
Are services effective?	**No action** 
Are services caring?	**No action** 
Are services responsive to people's needs?	**No action** 
Are services well-led?	**No action** 

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had clear systems to keep patients safe.

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 provider 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, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at two staff recruitment records. These showed the provider followed their recruitment procedure.

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

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection and firefighting equipment were regularly tested and serviced. The practice had a brief written assessment of fire risk. We discussed this with the practice management team. Following the inspection, they acted to arrange for a professional service to reassess the fire risk at the practice.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file. We noticed that isolation labels for X-ray switches were not available. We raised this with the practice team, who took immediate steps to put labels in place.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. We noticed the practice sharps risk assessment did not refer to the full range of sharp dental instruments used in the practice. We raised this with the management team. Following the inspection, they sent us a revised sharps injury risk assessment, which covered the relevant areas.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure these were available, within

Are services safe?

their expiry date, and in working order. We found one piece of emergency equipment was not available. We raised this to the practice management team, who took immediate action to order the equipment.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

Improvements could be made to ensure the practice staff followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. However, there was no clear protocol for the cleaning and sterilising of dental instruments and cleaning and sterilising processes were not being robustly validated. The decontamination room was not secure and was potentially accessible to patients and the public. There was no six-monthly infection control audit taking place and in discussion with the provider, no clear plans for moving toward best practice. We also noticed damp damage in one surgery. Following the inspection, the practice wrote to us to tell us that a revised protocol for the cleaning and sterilising of dental instruments had been written and relayed to relevant staff. Also, that the decontamination room was now secure. That hand washing dental instruments processes had been reviewed and revised and that sterilisation validation cycles were now checked each time. They also confirmed audits would be completed on a six-monthly basis.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed. However, we found some old mouldy dental impressions, intended for staff training purposes, in a fridge. We brought this to the attention of the management team. They wrote to us following the inspection to tell us the items had been disposed of.

We saw there was a brief written risk assessment to inform the procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. We discussed this with the management team. Following the inspection, they informed us that a professional service had been booked to carry out a comprehensive Legionella risk assessment.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. We did, however, find some out of date dental materials in a fridge. We raised this with the practice management. They wrote to us, following the inspection, to tell us the items had been disposed of and re-ordered.

Improvements could be made regarding antibiotic stewardship. Guidance was not always followed when prescribing antibiotics, there had been no antibiotic audit and no policy to support staff/patient sepsis awareness. Following the inspection, the practice wrote to us to tell us that they had commenced a staff education awareness programme at the practice, which included a written protocol.

Track record on safety and Lessons learned and improvements

Are services safe?

There were risk assessments in relation to safety issues. Staff monitored and reviewed incidents.

In the previous 12 months there had been no safety incidents.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice.

The practice offered dental implants. These were placed by the principal dentist, who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance. We did, however, notice there was no audit of outcomes from dental implants. We raised this with the dentist for future consideration.

Helping patients to live healthier lives

The practice was broadly providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. However, improvements could be made. We checked four patient dental care records and saw no evidence of the recording of basic periodontal examinations, soft tissue checks or extra oral examinations. We raised this with the management team. They wrote to us, following the inspection, to tell us that a protocol had been revised during dental examinations, whereby the nurse checked for confirmation by the dental practitioners that checks had taken place and were recorded.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The dentists/clinicians where applicable, 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.

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in-patient records. 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 might not be able to make informed decisions. The policy did not refer to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Not all staff were aware of the need to consider this when treating young people under 16 years of age. We raised this with the management team. They wrote to us, following the inspection, to tell us that in-house training on Gillick competence, supported by a policy guidance, was scheduled for the next staff meeting.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals and in staff meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

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.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems for 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 was not pro-actively monitoring all referrals to make sure they were dealt with promptly. We discussed ways of actively chasing up that referrals were actioned in a timely way with the practice management team.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights. Patients commented positively that staff were polite, understanding and gentle when treating them. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Information folders and thank you cards were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' 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.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the requirements under the Equality Act to make sure that patients and their carers can access and understand the information they are given. Interpretation services were available for patients who did speak or understand English. Staff told us they could print off dental information, upon request, in large fonts.

Staff gave patients clear information to help them make informed choices about their treatment. 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.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care, such as patients with dental phobia, vulnerable people in care homes, and people living with dementia and long-term conditions. We discussed the patient group at the practice, the older local population and ways the practice could accommodate further their specific healthcare needs.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had made reasonable adjustments for patients with disabilities. These included steps free access, a hearing loop, a magnifying glass and accessible toilet with hand rails.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website. Patients could also take a virtual tour of the practice via the interactive website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients 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.

The practice's 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.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The provider was responsible for dealing with these. Staff would tell them about any formal or informal comments or concerns straight away so patients received a quick response. 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 provider had dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last five years. 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

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

Leadership capacity and capability

The principal dentist had the capacity and experience to deliver high-quality care. They worked closely with others to make sure they prioritised compassionate and inclusive leadership.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

There were roles and systems of accountability to support good governance and management.

The principal dentist was responsible for the day to day running of the service.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The provider used patient surveys and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, in addressing space for disabled parking at the practice.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Some audits had action plans. We discussed the benefits of clear action plans to drive further improvements.

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.