

## Bosworth Dental Limited

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### Inspection Report

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### Overall summary

We carried out this announced inspection on 28 September 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

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

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

#### **Background**

Bosworth Dental Practice is in Market Bosworth, a market town in Warwickshire and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. There are limited car parking spaces on site for patient use including one for disabled patients. There are also public car parks near to the practice which include spaces for blue badge holders.

The dental team includes six dentists (including a cosmetic and implant dentist), seven dental nurses,

# Summary of findings

(including one apprentice nurse), one dental hygiene/therapist, three receptionists and a practice manager. The practice has four treatment rooms, three of which are located on the ground floor.

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 Bosworth Dental Practice is one of the dental nurses who also acts as the clinical lead.

On the day of inspection we collected seven CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, four dental nurses, the dental hygiene/therapist, three receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday, Tuesday and Wednesday 8.30am to 5pm, Thursday 8.30am to 7pm and Friday 8.30am to 4pm.

## Our key findings were:

- The practice provided a wide range of NHS and private services to the community.
- Effective leadership from the provider, registered manager and practice manager was evident.
- Staff had been trained to deal with emergencies and appropriate medicines and lifesaving equipment was available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected current published guidance.
- The practice had effective processes in place and staff knew their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had adopted a process for the reporting of untoward incidents and shared learning when any incidents or complaints occurred.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- Staff were aware of the needs of the local population and took these into account when delivering the service.
- Patients had access to routine treatment and urgent care when required.
- Staff received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice.
- Staff we spoke with felt supported by the provider and were committed to providing a quality service to their patients.
- The practice asked staff and patients for feedback about the services they provided.

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

- Review the practice's sharps procedures and ensure compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the practice's audit protocols to ensure audits such as dental record keeping are undertaken at regular intervals to help improve the quality of service. The practice should also ensure, that where appropriate, these audits have documented learning points and the resulting improvements can be demonstrated.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

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

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

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, outstanding and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



### Are services caring?

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

We received feedback about the practice from seven patients. Patients were positive about all aspects of the service the practice provided. They told us staff were calm, caring and knowledgeable. They said that they were given detailed and informative explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease when visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



### Are services responsive to people's needs?

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

No action



# Summary of findings

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. Audits were undertaken involving dental phobic patients and these contained positive outcomes. The practice had access to interpreter services.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

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

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

**No action**



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice had recorded three untoward incidents during 2017. We reviewed minutes of staff meetings which showed that significant incidents were included as standing agenda items.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

### Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training regularly. The registered manager was the lead for safeguarding concerns and we noted they had undertaken appropriate training for the role. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice team discussed safeguarding processes on an annual basis to ensure staff were refreshed in their knowledge.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of retribution.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed. The practice had appointed one of the nurses as a lead for COSHH and data was reviewed annually to ensure their records were up to date.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. We noted that the practice had not implemented the safer sharps system, a requirement from EU Directive. They had however, taken measures to manage the risks of sharps injuries by using a safeguard when handling needles. We also noted that the practice used conventional matrix bands. We identified that three sharps' injuries had occurred within the previous two years as a result of matrix bands and one from a nurse discarding a needle. As a result of the needlestick injury, a procedure was introduced that only dentists could handle sharps. Our discussions held with nurses confirmed this procedure was followed. The documentation we were provided with did not identify the use of disposable matrix bands as a potential measure to reduce risk from these injuries.

Most of the dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We noted an exception in relation to one dentist we spoke with who was not routinely using them.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. The practice had arrangements with another practice to use their premises in the event of an emergency which affected the use of the practice building. The plan was last reviewed in July 2017.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were 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. We noted one product, glucagon had expired however. The practice took immediate action to remove the item and provided us with order details confirmation of their new purchase.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at four staff recruitment files. These showed the practice followed their recruitment

# Are services safe?

procedure. We noted that one staff file for a nurse did not contain a DBS check. The practice told us that the absence of the check had been an oversight and this had been identified prior to our inspection. The practice had applied for a new check and we were informed after the inspection that this had been completed with no areas for concern identified.

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. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and hygiene/therapist when they treated patients.

## **Infection control**

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. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, 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.

We looked at a small sample of dental instruments such as BPE probes and mirrorheads and found that some of these items contained signs of wear and required replacement.

The practice carried out an infection prevention and control audits twice a year. The latest audit in September 2017 showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The latest risk assessment had been undertaken in June 2017 and all recommendations were being followed.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

## **Equipment and medicines**

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

The practice had suitable systems for prescribing, dispensing and storing medicines.

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

## **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.

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

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. A sample of the dental care records we looked at showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the soft tissues lining the mouth and condition of the gums using the basic periodontal examination scores. We noted that more detailed information could be recorded in one of the dentist's patient records we examined, for example the recording of patient options or plans for treatments along with any advantages or disadvantages associated.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. We looked at an audit completed and identified that processes could be strengthened however. It was not evident that a detailed audit was undertaken with a clear action plan produced as a result.

### Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

One of the dental nurses was trained as an oral health educator and they had undertaken visits to eight schools and a care home within the previous two years. The objectives of the visits were to raise oral health awareness amongst some of the local population.

We noted that the staff had held discussions in practice meetings on topics such as Delivering Better Oral Health and the role of the hygienist.

### Staffing

We checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

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

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly. We noted that patients were not offered a copy of their referral letter.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice had adopted a policy about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The practice patient consent policy referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.



# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were welcoming and accommodating. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients.

We noted that discussions had taken place in a practice meeting following feedback from a patient regarding confidentiality in the reception area. The staff were aware that when they had implemented electronic forms for patients to update their medical history, a number of patients required support to use the devices. Staff had identified that this had resulted in the feedback received.

Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored old paper records securely.

We were provided with examples where practice staff considered they had provided care which was beyond patient expectations. For example, collecting lab work personally and assisting a patient who was outside the building and had a personal possession stolen.

Information folders and patient survey information were available for patients to review. The practice provided books and toys for patient use.

### **Involvement in decisions about care and treatment**

The practice mostly offered NHS dental treatments (75%) The costs for NHS and private dental treatment were displayed in the practice.

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.

Patients told us in our comment cards that staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry, treatments for gum disease, hygiene therapy and more complex treatment such as dental implants. The practice also offered some cosmetic procedures.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Staff we spoke with told us they would offer help and assistance to patients who they identified as requiring this, such as those with mobility problems.

During practice training days, staff were given tasks such as looking at small print so they could identify with patients who had sight impairments and effective communications skills were discussed.

The practice considered the needs of patients who were anxious. They had undertaken a pain, anxiety and control audit in January 2017 which sought to analyse the number of patients that required pain relief when they attended for treatment. Another audit had been undertaken into patient phobia which had resulted in a procedure being implemented to record detailed information in patients' records about any special needs requirements.

Staff told us that patients were contacted by way of text reminder or telephone call a day before their appointment to remind them to attend the practice.

### Promoting equality

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

The practice had access to interpreter/translation services.

### Access to the service

The practice displayed its opening hours in the premises, their information folder and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum where possible. We noted the next routine appointment was available within the next two working days.

The practice was committed to seeing patients experiencing pain on the same day and sought to provide appointments during lunchtime periods or if cancellations occurred.

The website, information folder and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. NHS patients were directed to the NHS 111 service. Patients confirmed they could make routine and emergency appointments easily and were not often kept waiting for their appointment.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information folder explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these if appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the past twelve months. The practice had received a large number of positive comments through personalised thank you cards sent. We looked at a sample of complaints the practice had received. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Information contained on the noticeboard in the kitchen invited staff to raise suggestions for discussions in practice meetings. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. We noted that audits in relation to dental record keeping could be strengthened however.

The registered manager and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Individual members of staff were asked to undertake research on topical issues and present their findings at practice meetings. Staff were also delegated areas of responsibility such as processing referrals, checks on emergency medicines and ordering of stock.

The dental 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. We noted examples of staff development, for example, one of the nurses had completed a fluoride application course.

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 used patient surveys and a suggestion book to obtain patients' views about the service. We reviewed the practice survey in 2016 which identified that further measures could be deployed to raise awareness about services offered such as oral health sessions for children.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. Results received since February 2017 showed that 11 respondents had submitted a response. Of these, nine patients were extremely likely to recommend the practice, one was likely to and one patient was unsure.