Berners Holdings Ltd

Berners Dental Practice

Inspection Report

40 Berners Street
Ipswich
IP13LU
Tel: 01473258557
Website:

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Overall summary

We carried out this announced inspection on 4 June 2018 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

Berners Dental Practice is a well-established practice based in Ipswich which provides both NHS and private dentistry to about 13,900 patients. The dental team includes five dentists, eight nurses, two hygienists, a practice coordinator and two receptionists. There are six surgeries and the practice opens from 9am to 5.30pm, Monday to Friday.

There is level access at the rear of the property for people who use wheelchairs and those with pushchairs.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

Summary of findings

On the day of inspection, we collected nine CQC comment cards completed by patients and spoke with three other patients. We spoke with the owner of the practice, two dentists, three dental nurses and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice had effective systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.
- Patients received their care and treatment from well supported staff, who enjoyed their work
- Patients' needs were assessed and care was planned and delivered mostly in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance. Some clinicians were following guidance set out in the Department of Health's (DOH) Better Oral Health toolkit more closely than others.
- The practice had thorough staff recruitment procedures.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Members of the dental team were up-to-date with their continuing professional development and were supported to meet the requirements of their professional registration.
- The practice had effective leadership and a culture of continuous audit and improvement.
- The practice asked staff and patients for feedback about the services they provided. Staff felt involved and worked well as a team.
- The quality of dental care records varied within the practice. Not all clinicians were recording patients' caries risk effectively or reporting on the radiographs they took.
- Not all clinicians were using rubber dams to protect patients' airways.
- Untoward events were not always reported appropriately and learning from them was not shared across the staff team.

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

- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- 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 protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the security of prescription pads in the practice and ensure there are systems in place to track and monitor their use.

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

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.

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.

Untoward events were not always reported appropriately and learning from them was not shared across the staff team. Not all dentists routinely used rubber dams to protect patients' airways.

Are services effective?

No action

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. Not all patients received a caries risk assessment and not all dentists were following guidance set out in the DOH's Better Oral Health toolkit.

Patients told us they were very happy with the quality of their treatment. 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.

Are services caring?

No action

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 told us they were very happy with the quality of their treatment. 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.

Summary of findings

Are services responsive to people's needs?

No action

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

We received feedback about the practice from 12 people. Patients were positive about all aspects of the service the practice provided. Patients said staff treated them with dignity and respect. They told us staff were caring and empathetic to their needs.

Patients reported that they were given honest explanations about dental treatment that their dentist listened to them. Patients commented that staff made them feel at ease, especially when they were anxious.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

Are services well-led?

No action

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

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

Staff considered patients' differing needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

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

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

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 and they showed us an NHS safeguarding application they had downloaded onto their smart phones to provide them with instant information if needed. Information about protection agencies was available in the reception office, making it easily accessible.

The practice had a thorough recruitment procedure in place which included two interviews, and a maths and literacy test where appropriate for potential employees. Staff files we reviewed showed that appropriate pre-employment checks had been undertaken including proof of their identity and DBS checks to ensure they were suitable to work with vulnerable adults and children. We spoke with a recently employed member of staff who told us their recruitment had been thorough and they had received a good induction to their role.

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

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances. Records showed that fire detection and firefighting equipment was regularly tested. One staff member was a trained fire marshal and staff undertook fire evacuations every six months. This did not include patients so it was not clear how they would be managed in the event of an incident. The practice's fire risk assessment could not be found during our inspection. In response to this, the principal dentist immediately organised a company to undertake a new one.

The practice had 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. Dentists told us that the sensors on some X-ray units were poor, leading to blurred images. Not all X-ray units we checked had rectangular collimators installed to reduce radiation dosage to patients.

The practice carried out radiography audits every year following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography. We found that not all dentists justified, graded and reported on the radiographs they took.

The practice had a business continuity plan describing how it would deal with events that could disrupt its normal running. This was not kept off site to ensure access to it in the events of an incident.

Risks to patients

The practice followed relevant safety laws when using needles and other sharp dental items, although clinicians were not using the safest types of sharps. Sharps bins, although not wall mounted, were sited securely and labelled correctly. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus. The principal dentist was aware of forthcoming changes in regulations in the use of dental amalgam.

We found that not all dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment to fully protect patients' airways.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year, although they did not undertake regular medical emergency simulations to keep their skills and knowledge up to date. 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.

There was a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for all materials used within the practice, although there were no data safety sheets available for products used by the external cleaner.

Are services safe?

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Staff carried out infection prevention and control audits four times a year. The latest audit showed the practice was meeting the required standards.

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

A legionella risk assessment had been completed in November 2017 and the practice had implemented procedures to reduce the possibility of Legionella or other bacteria developing in the water system. We noted that water temperature testing at sentinel taps had not been undertaken as recommended.

We noted that all areas of the practice were visibly clean, including the waiting area, treatment rooms, toilets and staff areas. We noted some loose and uncovered instruments in treatment room drawers that risked becoming contaminated. We also noted some rusty burs, and the build-up of limescale on one treatment room tap that needed to be removed to ensure effective cleaning.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored in a locked container externally. The container needed to be securely anchored to improve its security.

Safe and appropriate use of medicines

There were suitable systems for prescribing and managing medicines and the practice stored and kept records of NHS prescriptions as described in current guidance. The dentists were aware of current guidance about prescribing medicines. Antimicrobial prescribing audits were carried out annually.

We noted that Glucagon was not stored in the practice's fridge. Its expiry date had not been reduced to accommodate this and it may have become out of date for safe use as a result. We found there was no system in place to monitor and track individual prescriptions to quickly identify their loss or theft.

Information to deliver safe care and treatment

Dental care records were kept securely and complied with data protection requirements. Patients' paper records were stored securely in fireproof cabinets in a locked separate room. The principal dentist was aware of new guidelines in relation to the management of patient information and was updating information governance systems accordingly.

Lessons learned and improvements

The practice had a significant events' policy that provided guidance on RIDDOR Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)requirements. There was no other guidance for staff on how to manage other types of events**.** We found that staff had a limited understanding of what might constitute an untoward event and they were not recording all incidents to support future learning. For example, we were aware of several untoward incidents including a staff sharps' injury. There was no evidence to demonstrate how learning from this incidents had been used to prevent their reoccurrence.

The practice had signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). These were monitored by the principal dentist who actioned them if necessary.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received nine comments cards that had been completed by patients prior to our inspection. All the comments reflected patient satisfaction with the quality of their dental treatment.

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. Most dentists assessed patients' treatment needs in line with recognised guidance, although we noted improvement was needed for one clinician in updating patients' medical histories, assessing caries risk and justifying radiographs. The practice audited each dentist's dental care records to check that the necessary information was recorded. We noted that one clinician scored significantly lower in terms of the quality of their records.

Helping patients to live healthier lives

The practice's website provided useful information to patients about oral health including gum disease, how to brush your teeth and tooth decay. There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. Two part-time dental hygienists were employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. Dentists used fluoride varnish for children based on an assessment of the risk of tooth decay.

Not all dental care records we reviewed showed that comprehensive oral health advice had been given to patients. We found there was limited use of the practice's intra-oral camera and diet sheets to assist patients' understanding their oral health.

Consent to care and treatment

The practice 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. Patients confirmed their dentist listened to them and gave them clear information about their treatment. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

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 may not be able to make informed decisions. Staff were aware of the need to consider this when treating young people under 16 years of age.

Effective staffing

The dentists were supported by appropriate numbers of dental nurses and administrative staff and staff told us there were enough of them for the smooth running of the practice. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role. Some of the dental nurses had acquired additional qualifications in dental radiography, impression taking, and fluoride application.

Co-ordinating care and treatment

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. There were clear systems in place 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 monitored all referrals to make sure they were dealt with promptly, although did not routinely offer patients a copy of the referral for their information.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and comment cards we received described staff as caring and empathetic to their needs. One patient told us that their dentist was very good at calming their nerves, another that they were made to feel as the most 'significant person' in the room.

Staff told us about some of the practical measures they implemented to support nervous patients. One dental nurse told us they had managed to make a patient laugh during their tooth extraction, to help distract them from the procedure.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it. All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy.

Involving people in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. We noted information leaflets available to patients on a range of dental health matters including root canal treatment, implants, fluoride varnishes and orthodontics to help patients better understand their treatment.

Dental records we reviewed showed that treatment options had been discussed with patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice offered a full range of NHS treatments and patients had access to private treatments including orthodontics, dental implants and teeth whitening. The practice's website contained useful information to patients about the services provided.

Patients had access to a dental payment plan scheme to help them manage the costs of private dental treatment.

The practice had made reasonable adjustments for patients with disabilities. These included level access entry, downstairs treatment rooms, a fully accessible toilet, a hearing loop and access to translation services. One dentist spoke Polish and regularly saw Polish patients as a result.

Timely access to services

At the time of our inspection the practice was accepting all new NHS Patients. Appointments could be made by telephone or in person and the practice operated an email appointment reminder service. Patients told us that getting through on the telephone was easy and they were rarely kept waiting once they had arrived for their appointment. One patient told us they were always able to get appointments for both them and their partner at the same time, which they found helpful.

Nine emergency appointments were available each day which reception staff told us was adequate to meet patients' need. The practice was part of an emergency rota to provide dental care to unregistered patients in the area.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Details of how to complain were available in the waiting area for patients, and on the practice's website.

The principal dentist took responsibility for dealing with all complaints and monitored them closely to identify themes and patterns for individual clinicians. She clearly understood the importance of obtaining patients' concerns and using them to improve her service. She told us the practice received about five to 10 complaints a month, mostly in relation to limited car parking and appointment access. In response to these, a staff car share scheme had been introduced to free up parking spaces, and a dedicated receptionist had been recruited to free up dental nurses.

We viewed information in relation to recent patients' complaints received by the practice. This demonstrated they had been managed in a timely, professional and empathetic way.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had overall responsibility for the management and clinical leadership of the practice and was well supported by their staff. There was a clear staffing structure within the practice itself with specific heads of department in place for areas such as clinical practice and operations. Processes were in place to develop staff's capacity and skills for future leadership roles.

We found that the principal dentist was responsive and acted quickly to remedy the shortfalls we identified during our inspection, such as organising for a new fire risk assessment to be completed.

An external consultant had been brought into the practice to help staff manage significant changes because of the retirement of two long time serving members. Staff told us this had been a very useful exercise and had welcomed the changes that had been made as a result. Staff told us their suggestions to improve the service were listened to and acted upon by the principal dentist. For example, having of a dedicated daily decontamination nurse, to splitting their lunch breaks and colour coding instrument trays had been implemented.

Vision and strategy

We viewed a recent presentation to staff given by the principal dentist where she outlined the practice's code of conduct and delivery objectives to ensure all staff were aware of them. They also outlined the practice's future plans which included expanding the services on offer and investing in equipment. Staff were aware of these developments and told us they felt involved in them.

Culture

Staff told us they enjoyed their job and felt supported, respected and valued in their work. One staff member told us they had received excellent support from the principal dentist for their college course. They also told us the principal dentist always took time to explain unfamiliar clinical language to help them learn.

Staff reported they could raise concerns and were encouraged to do so. They described their morale as good, citing effective leadership, access to training and good teamwork as the reason. They told us of regular social events, supported by the principal dentist, which they enjoyed.

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

Governance and management

There were clear and effective processes for managing risks, issues and performance. The practice had comprehensive 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.

Communication across the practice was structured around a daily morning meeting, and a monthly practice meeting that all staff attended. Staff told us the meetings provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them. Staff were also parts of a 'WhatsApp' group, to help them communicate any urgent issues.

Appropriate and accurate information

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate.

Each year the practice completed an information governance toolkit to ensure it handled patients' information in line with legal requirements. The practice had achieved level two on its most recent assessment, indicating it managed information in a satisfactory way.

Engagement with patients, the public, staff and external partners

The practice used surveys and verbal comments to obtain patients' views about the service. The practice had introduced the NHS Friends and Family Test and recent results showed that 100% of patients would recommend the practice based on 30 responses.

Continuous improvement and innovation

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. The principal dentist encouraged staff to carry out professional development

Are services well-led?

wherever possible. There was a specific training budget for each member of staff and the staff team. As a result, dental nurses had taken additional qualifications in dental radiography, fluoride application and impression taking. Staff also told us of regular lunch and learns which kept them up to date with products and any new policies and procedures. One member of staff told us the practice co-ordinator regularly gave informative power point presentations on a range of dental issues.

There was a specific audit calendar in place indicating which audits had to be completed each month of the year. In addition to standard audits for infection control, radiography and dental records; we reviewed additional audits planned for areas such as hand hygiene, clinical waste and staff appearance. A more rigorous audit of clinicians' notes might highlight areas for improvement and the delivery of best practice.

We noted some staff had not received an appraisal since 2013. The principal dentist was aware of this and had plans in place to address the issue. The appraisal documentation for dentists we saw was comprehensive and demonstrated a meaningful appraisal process for staff. Areas covered included rapport with patients, clinical competence and dental knowledge.