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Bowling Green Dental Surgery

Inspection Report

Bowling Green Dental Surgery
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Overall summary

We carried out this announced inspection on 27 August 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.

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

Bowling Green Dental Surgery is a well-established practice that provides private treatment to approximately 1,700 patients. The dental team is small and consists of one dentist, one nurse and a receptionist. There are two treatment rooms, only one of which is in use.

Summary of findings

The practice opens on Mondays from 9am to 7pm; on Tuesdays, Wednesdays and Thursdays from 9am to 5pm, and on Fridays from 9am to 1pm. The practice also offers appointments on alternate Saturday mornings.

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.

On the day of inspection, we spoke with the dentist, the nurse, and the receptionist. We looked at practice policies and procedures and other records about how the service is managed. We collected 28 comment cards that had been completed by patients.

Our key findings were:

- Practice opening hours were good, and patients could get appointments in the evening one day a week, and on alternate Saturdays.
- 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 radiation management.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients' needs were assessed, and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance. Dental care records were of a good standard.
- Patients received their care and treatment from well supported staff, who greatly enjoyed their work.
- 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.

There were areas where the provider could make improvements and should:

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- Review the practice's protocols for monitoring and recording the fridge temperature to ensure that dental care products are being stored in line with the manufacturer's guidance.
- Review the availability of an interpreter service for patients who do not speak English as their first language.

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

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. Information about protection agencies was available behind the reception desk, and in the patients' waiting area, making it easily accessible. We noted that safeguarding procedures had been discussed at the staff meeting in October 2018, to ensure all were aware of their responsibilities.

The practice had a whistleblowing policy and staff told us they felt confident they could raise concerns without fear of recrimination.

The practice had a business continuity plan describing how it would deal with events that could disrupt its normal running.

The dentist used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment, evidence of which we viewed in patients records. However, we noted that the use by date for the non-latex dental dam had expired and therefore it was not fit for use.

Although the practice had not employed any new staff in many years, there was a recruitment policy and procedure which reflected the relevant legislation. All clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. The premises were leased, and the principal dentist assured us he would contact the landlord to get copies of the gas safety certificate and fixed wiring testing. The practice had both foam and CO2 fire extinguishers and there was a smoke and carbon monoxide alarm that was checked regularly by the principal dentist. Staff rehearsed evacuating the building. We noted that there was no signage to warn that compressed gas was stored in the building.

Stock control was effective and medical consumables we checked in cupboards and in drawers were within date for safe use. However, we noted that some temperature sensitive materials were stored in the practice's fridge and its temperature was not monitored to ensure it was operating effectively.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had the required information in their radiation protection file. The dentist had completed continuous professional development in respect of dental radiography. Dental care records we viewed showed that dental X-rays were justified, reported on and quality assured. Regular radiograph audits were completed, and the X-ray units were fitted with rectangular collimators to reduce patient exposure to radiation.

Risks to patients

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed the practice's risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff.

The dentist used disposable needles with needle guards to protect from needle stick injuries. We noted the sharps bins was not wall mounted but sited on the treatment room floor which compromised its safety. Staff were not aware that boxes should be removed after a period of three months and we noted the sharps box had been in use since May 2019.

Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Staff knew how to respond to 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, apart from portable suction, a spacer device, a blood glucose monitoring kit and Midazolam in buccal format. These were ordered immediately during our inspection. Staff kept records of their checks to make sure medicines and equipment held were available, within their expiry date, and in working order, although not as frequently as recommended.

Are services safe?

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, apart from products used by the practice's external cleaner.

We noted that all areas of the practice were visibly clean, including the waiting room, staff area, and toilet. We checked one treatment room and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. However, the flooring had not been sealed adequately and there was some buckled wooden cladding that was difficult to keep clean. We noted several unpouched instruments in the treatment room drawer which risked aerosol contamination.

Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination.

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 regular infection prevention audits and latest one showed the practice was meeting the essential required standards.

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

A legionella risk assessment had been completed and the practice had implemented procedures to reduce the possibility of Legionella or other bacteria developing in the water system.

The practice used an appropriate contractor to remove clinical waste from the practice and it was stored in a locked cupboard within the practice.

Safe and appropriate use of medicines

The principal dentist was aware of current guidance with regards to prescribing medicines and regular antimicrobial audits were carried out to ensure they were being prescribed according to national guidance. He showed us the web application he used frequently on his phone to check medicines and their possible reactions with other drugs.

The practice stored glucagon out of the fridge and had not reduced its expiry date to take account of this.

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.

Lessons learned and improvements

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. Staff we spoke with showed a good understanding of never events and their reporting procedures.

The principal dentist received alerts from the Medicines and Healthcare Products Regulatory Authority and national patient safety alerts, although there was no clear system for disseminating them to ensure all staff had seen and read them.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 28 comment cards that had been completed by patients prior to our inspection. All the comments received reflected patient satisfaction with the quality of their dental treatment and the staff who delivered it. One patient commented, 'all work is carried out to a very high standard and efficiently'; another told us 'I was very impressed with the treatment and understanding I received'.

Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken, and the advice given to them. Our discussions with the dentist demonstrated that he was aware of, and worked to, guidelines from National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in 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. We found that the provision of dental implants was in accordance with national guidance.

Staff had access to a Cerec machine, an intra-oral camera, and OPG machine to enhance the delivery of care to patients.

Helping patients to live healthier lives

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

The dentist 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.

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 dentist showed an understanding of the Mental Capacity Act and Gillick competence guidelines, and how they might impact on patient treatment decisions.

The dentist gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. He also used a range of education tools to enhance patients' understanding of their treatment and inform their consent.

Patients confirmed the dentist listened to them and gave them clear information about their treatment.

Effective staffing

The practice team was very small, but despite this staff told us there were enough of them for the smooth running of the service. The nurse told us that both they and patients did not feel rushed. Patients were given plenty of time for their treatment, with one hour 30 minutes set aside for root canal treatments, 45 minutes for hygiene appointments and 15 minutes for routine check-ups.

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. Staff told us they discussed their training needs at annual appraisals.

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 did not actively monitor non-urgent referrals to ensure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff. Patients described staff as caring and understanding of their needs. One commented, 'The dentist was so kind and caring when taking my daughter's teeth out today, he was great at calming her down'. Another told us, 'All the staff are kind, considerate and skilled. The dentist had been trained in anxiety management and hypnosis and told us he used these skills to help calm nervous patients.

We noted the receptionist had excellent communication skills and a very natural rapport with patients. Comment cards we received also reflected this.

Privacy and dignity

Staff were aware of the importance of patient privacy and confidentiality. Although the reception area was not

particularly private, reception staff told us some of the practical ways they tried to maintain patient privacy. Patients' records were stored in lockable filing cabinets behind reception.

All consultations were carried out in the privacy of the treatment room.

Involving people in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Dental records we reviewed showed that treatment options had been discussed with patients. The dentist described to us the methods he used to help patients understand treatment options discussed. These included the use of an intra oral camera, videos, visual aids and models. Information leaflets about specific treatments could be downloaded from the computer for patients.

Results from the practices' own patient survey indicated that respondents felt that they had been presented with different treatment options by the dentist.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had a website that provided information to patients about its services and the different types of treatment on offer. In addition to general dentistry, the practice also offered implants and some facial aesthetics.

The waiting room was comfortable, and patients had access to TV, water fountain and magazines to keep them occupied whilst they waited. There was good information available including the General Dental Council's nine principles, so that patients were aware of the standards they could expect from the service. The practice offered a dental payment plan to help patients spread the cost of private treatment.

The layout of the premises meant it was not fully wheelchair accessible and there was no accessible toilet, but staff told us they did manage some patients with mobility problems. Reading glasses were kept at the reception desk to help patients who had forgotten their own. However, the practice did not have a hearing loop to assist patients with hearing aids and there was no information about translation services for any patients who did not understand English.

Timely access to services

At the time of our inspection the practice was taking on new patients and the receptionist told us the waiting time for a routine check-up was just a few days. Opening hours were good and appointments were available one evening a week and on alternate Saturdays. Although no specific slots were held aside for emergency appointments, staff told us that any patient in dental pain would be seen the same day, regardless of working hours.

The practice offered a telephone appointment reminder service. Patients confirmed they could make routine and emergency appointments easily. One told us, 'The receptionist goes out of the way to help us get suitable appointments, even at short notice'.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information on how to raise concerns was available in the waiting area.

The receptionist spoke knowledgeably about how they would deal with a patient who wanted to complain and showed us the complaints form that could be given to patients to complete. The practice had not received any complaints in the previous few years, so we were not able to assess how complaints were managed on this occasion.

Are services well-led?

Our findings

Leadership capacity and capability

The dentist had overall responsibility for the management and clinical leadership of the practice and was well supported by the nurse and receptionist. They had worked together for many years, and it was clear there was effective teamwork and communication between them.

The nurse stated that the dentist always thanked her for her work at the end of the day, something she greatly appreciated.

The dentist was well prepared and organised for our inspection. We noted staff took immediate action following our visit to address minor shortfalls we had identified, demonstrating their commitment to improving the service.

Culture

The practice had a culture of high-quality sustainable care. Staff stated they felt respected, supported and valued and were clearly proud to work in the practice. The interaction we observed between them was friendly, co-operative and supportive. We found staff had an open approach to their work and shared a commitment to continually improving the service they provided.

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. We noted a large wall planner on the staff area wall, listing all activities that needed to be completed on a weekly, monthly and yearly basis. The principal dentist told us this was highly effective in ensuring all tasks were completed in a timely way.

Communication across the practice was structured around regular meetings, involving all three staff. These were themed with a different topic discussed each month. Staff told us they provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

The practice used surveys, comment cards and verbal comments to obtain patients' views about the service. The surveys asked patients for feedback about appointment times, the costs of dental care, if treatment options were discussed with them and how they were treated by staff. We viewed 15 completed surveys which indicated high satisfaction rates with the service. The practice also encouraged patients to complete Google reviews, and the practice had scored five stars out five based on 23 reviews at the time of our inspection.

The practice listened to its patients and where appropriate implemented their suggestions for improvement. For example, their suggestions for music in the treatment room, to be texted on the morning of their appointment and for a daily newspaper had been implemented.

The practice 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

The practice had quality assurance processes to encourage learning and continuous improvement. There was a culture of audit in the practice, and it was clear they were used effectively to monitor performance and drive improvement. The principal dentist was undertaking a two-year advance diploma implant training course which he told us he was enjoying, although hard work and time consuming.

Staff had annual appraisals which staff told us was useful. It covered, amongst other things, their rapport with patients, their listening skills, practice knowledge and teamwork.