

Drs A&A Gordon

Berkeley Dental

Inspection Report

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Overall summary

We carried out this announced inspection on 20 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

Berkeley Dental is in Rickmansworth, Hertfordshire and provides NHS and private treatment to adults and children.

The practice is located on the ground floor of a Victorian villa on a residential street. A portable ramp is used to gain access to the premises for people who use wheelchairs and those with pushchairs. The practice does not have designated parking, however it can provide patients with parking permits to use during their appointments. Car parking is also available in nearby commercial car parks.

Summary of findings

The dental team includes one dentist, two dental nurses who also work on reception, and one dental hygienist. The practice has one treatment room.

The practice is owned by a partnership 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 Berkeley Dental is the principal dentist.

On the day of inspection, we collected fourteen CQC comment cards filled in by patients.

During the inspection we spoke with one dentist, one dental nurse, a locum receptionist and a self-employed compliance advisor. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday from 8.30am to 7pm, Tuesday from 8.30am to 3pm, Wednesday from 8.30 to 1pm, Thursday from 10am to 6pm and Friday from 8.30am to 1pm. It is also open one Saturday a month from 9am to 1pm.

Our key findings were:

- The practice appeared clean and well maintained. There was a plan in place to replace the worn flooring and chairs.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.

We noted that not all sizes of clear face masks for self-inflating bags were held. These were ordered during the inspection to be delivered the following day. 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.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs. Patients benefitted from a 24 hour reception line, which meant that the on call dentist could call them back to provide support over the telephone or book in an emergency appointment.
- 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

Are services safe?

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

No action



Are services effective?

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

No action



Are services caring?

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

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



Are services well-led?

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

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 also had a system to identify adults that were in other vulnerable situations; for example those who were known to have experienced modern-day slavery or female genital mutilation.

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

The dentist used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

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 six staff recruitment records, including the record of the locum receptionist working on the day of inspection. 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 suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.

We saw evidence that the dentist 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. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

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.

Are services safe?

Emergency equipment and 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 their expiry date, and in working order. We noted that not all sizes of clear face masks for self-inflating bags were held. These were ordered during the inspection to be delivered the following day.

A dental nurse worked with the dentist when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. A risk assessment was in place for when the dental hygienist worked without chairside support.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

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

The practice occasionally used locum staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

The provider had an infection prevention and control policy and procedures. They followed most of the 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. However, the flooring in the treatment room needed to be replaced in line with national infection control guidance. The provider was aware of this and had obtained quotes for the work to be undertaken. A time line was in place for the work to be carried out.

Staff completed infection prevention and control training and received updates as required.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

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.

We saw staff had procedures to reduce the possibility of legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw daily cleaning schedules for the premises. A deep clean of the premises was also undertaken on a monthly basis. 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.

The provider/infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

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

The provider had reliable systems for appropriate and safe handling 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 saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentist was aware of current guidance with regards to prescribing medicines.

Are services safe?

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentist were following current guidelines. However, we noted that the dentist was supplying a week's supply of antibiotics for courses which were prescribed for five days only.

Track record on safety and lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

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

There were adequate systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons identified themes and acted to improve safety in the practice. Although there had not been any significant events reported in the previous year, the practice demonstrated a clear understanding of significant event reporting through discussions evidenced in meeting minutes.

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. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

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 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 dentist 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.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

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

The practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans with dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

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 dentist 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 also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check that the dentist/clinicians recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, dental nurses were supported with appropriate clinical training programmes and encouraged to access further managerial courses.

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. 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 dentist 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.

Staff monitored all referrals to make sure they were dealt with promptly.

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 caring, professional and provided exemplary treatment. One comment card stated that the patient 'wished they had found Berkeley Dental sooner'. Another comment card noted that the practice ensured that 'comfort was paramount at all stages'. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Staff gave us specific examples of where they had supported patients such as allowing additional time for nervous patients and providing after care phone calls. The practice team had a clear understanding of the needs of patients on the autistic spectrum and some of the extra support they might need to help them attend their visit.

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, a patient comment book 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 both the

Accessible Information Standards and the requirements under the Equality Act to make sure that patients and their carers could access and understand the information they were given. We saw:

- Interpretation services were available for patients who did speak or understand English, although these had not been required in the time that the provider had worked at the practice. The practice were also aware of British Sign Language translation services.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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. The 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.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included photographs, models, videos and x-ray images.

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.

Practice staff explained to us the measures they would take to support vulnerable members of society such as patients living in a care home, adults and children with a learning difficulty, and people living with dementia. Furthermore, practice staff were able to support patients with dental phobia with effective communication before, during and after treatment.

Patients described high levels of satisfaction with the responsive service provided by the practice. For example, a patient commented on their satisfaction with the practice's quick response to a phonecall made on the out of hours reception line.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. A portable ramp was provided for patients who required step free access.

A disability access audit had been completed and an action plan formulated to continually improve access for patients. The practice did not have an accessible toilet for patients who used a wheelchair due to the constraints of the building, and advised new patients of this.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

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.

The practice had an appointment system to respond to patients' needs. Patients benefitted from a 24 hour central reception line, which meant that the on call dentist could call them back to provide support over the telephone or book in an emergency appointment if required. The dentist described how this aided continuity of care and that there had been excellent feedback from patients in regard to this service.

Further to this, the practice took part in an emergency on-call arrangement with the 111 out of hour's service if the dentist were not on call, however this was rare.

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 discussed how they would respond 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. Information was available about organisations patients could contact if not satisfied with the way the principal dentist had dealt with their concerns.

The principal dentist was responsible for dealing with these. Staff discussed how they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The practice had not received any verbal or written complaints since the provider began at the practice in 2014.

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

We found the partners had the capacity and skills to deliver high-quality, sustainable care. The partners demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

The partners were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the partners were keen to increase the patient list and were looking at new ways of advertising the service locally.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

There was a vision and set of values. The practice's statement of purpose included the provision of a high quality and range of dental services to the whole community and to establish personalised dental health regimes for each patient to meet their dental care needs. The practice also focused on preventative work to promote good dental health in future generations.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice. One member of staff described how much they enjoyed their work and their working relationships with the team.

The staff focused on the needs of patients. The provider aimed to give a caring, traditional service to the patients who had been registered at the practice for a long time. There was a focus on giving patients as much time as they required.

We saw the provider took effective action to deal with staff poor performance.

The practice team demonstrated an understanding of how openness, honesty and transparency would be demonstrated when responding to incidents and complaints. 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 clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The principal dentist shared responsibilities with the dental nurses for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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. The partners contracted a self-employed compliance advisor who made regular visits to chair staff meetings and support the team with a wide range of clinical and administrative updates.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Staff involved patients, the public, staff and external partners to support high-quality sustainable services.

The provider used a comments' book to obtain staff and patients' views about the service. We saw examples of

Are services well-led?

suggestions from patients and staff the practice had acted on. Patients had left positive feedback about their treatment in the practice, and locum staff had commented on how much they had enjoyed working there.

The provider gathered feedback from staff through regular 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. They had clear records of the results of these audits and the resulting action plans and improvements.

The partners showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

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. The dental nurses were also encouraged to attend external training, such as a practice management course.