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Bosden Farm Dental Practice

Inspection Report

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Date of inspection visit: 25 July 2017

Date of publication: 30/08/2017

Overall summary

We carried out this announced inspection on 25 July 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 second inspector.

We told the NHS England area team that we were inspecting the practice. We did not receive any information of concern from them.

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

Bosden Farm Dental Practice is in Offerton, Stockport and provides NHS and private treatment to adults and children. There are dentists who are specialists in periodontics, orthodontics and prosthodontics and the practice accepted private referrals for these services.

The practice is located in a parade of shops. There is a portable ramp for people who use wheelchairs and pushchairs. Car parking spaces, including for patients with disabled badges are available to the side of the practice.

Summary of findings

The dental team includes seven dentists (one of which is a foundation dentist), five dental nurses one of which is a trainee), a dental hygiene therapist and a receptionist. The practice has three treatment rooms.

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 collected 22 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists (one of which was the foundation dentist) and three dental nurses (including the trainee). We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Friday 9am to 5pm. Pre-booked Saturday appointments are also available.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice 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.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

We identified areas of notable practice through visible leadership within the practice. Staff felt empowered, were happy and confident in their roles. Examples of this include:

- The practice had introduced Continuing Professional Development (CPD) events, particularly in periodontal care, which other local dentists were invited to attend at no charge. Attendees had rated these events highly and were invited to suggest subjects for future events.
- The practice had responded after a recent medical emergency occurred in the local estate by re-locating their Automated External Defibrillator (AED) on the outside wall of the premises to be an emergency resource for the community which was welcomed by local residents.

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. The practice had responded after a recent medical emergency occurred in the local estate by locating the device on the outside wall of the premises to be an emergency resource for the community which was welcomed by local residents.

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, caring and comfortable. 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 received private referrals from other dental practices. A referral procedure and system was in place to manage these effectively.

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

The practice provided specialist orthodontics, prosthodontics and periodontal treatment and engaged with local oral health improvement programmes.

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 22 people. Patients were positive about all aspects of the service the practice provided. They told us staff were welcoming, caring and responsive to individual needs. They said that they were given helpful, honest explanations about dental treatment, good advice to improve their oral health, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

No action



Summary of findings

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

Are services responsive to people's needs?

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' different needs. This included providing facilities for disabled patients and families with children.

A member of staff could speak Urdu. Staff told us they had access to interpreter/translation services but these were rarely required.

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

No action



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.

Some of the staff had specific roles and responsibilities to support the principal dentist and we saw staff had access to suitable supervision and support for these.

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.

The practice held regular meetings and informal discussions. Staff told us they were encouraged to share ideas or raise any concerns.

The practice had introduced CPD events, particularly in periodontal care, which other local dentists were invited to attend at no charge. These events were used to inform other dentists about updates in periodontal care and the services which were offered at the practice.

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 received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff and acted on but they were not stored with details of actions taken for future reference. We discussed this with the registered manager who told us that relevant future alerts would be retained and evidence of this process was received after the inspection.

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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. In response to a recent request for information, they had introduced a new procedure to ensure that requests for information from other organisations are dealt with appropriately. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and a safer sharps needle system was in place. A basic sharps risk assessment had been carried out of the needles and syringes but this did not include the risk from other sharp dental items. We discussed this with the registered manager who told us they would review this to include all sharps and evidence of

this was received immediately after the inspection. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

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

Emergency medicines and medical oxygen 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. Not all the recommended emergency equipment items were available but evidence was sent that these were obtained immediately after the inspection. The practice had an Automated External Defibrillator (AED). The practice had responded after a recent medical emergency occurred in the local estate by locating the device on the outside wall of the premises to be an emergency resource for the community which was welcomed by local residents. There had not previously been an accessible AED in the community and this was the first due to this incident.

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 three staff recruitment files. These showed the practice followed their recruitment procedure.

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.



Are services safe?

A dental nurse worked with the dentists, specialists and dental 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, checking, 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.

The practice carried out infection prevention and control audits twice a year. The latest audit 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.

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.

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

Health promotion & prevention

The practice provided preventative care and support to patients in line with the Delivering Better Oral Health toolkit. The practice provided specialist periodontal treatment and one of the dental nurses had qualified as an oral health educator to facilitate this in the practice. Clinicians had received training and followed the practitioner's toolkit and care pathway approach for the management of periodontal disease which was produced as a result of Greater Manchester 'Healthy Gums Do Matter'. This is a primary care clinician-led project to improve the quality of periodontal treatment in NHS primary dental care.

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 children as appropriate.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments and patients commented that they appreciated the advice and oral health care demonstrations. The practice had a selection of dental product samples available and provided health promotion leaflets to help patients with their oral health.

Staffing

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.

The practice received private referrals from other dental practices and information about these services was available on the practice website. A referral procedure and system was in place to manage these effectively and inform the referring dentist of patients' progress or if they failed to attend appointments.

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's consent policy included information about the Mental Capacity Act 2005. The team had a good understanding of their responsibilities under the act when treating adults who may not be able to make informed decisions. Staff provided us with examples of when they had to apply the principles of the act. The policy also referred to Gillick competence and the dentists and dental nurses 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 were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were welcoming, caring and responsive to individual needs. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

The layout of reception and waiting areas did not provide privacy when reception staff were dealing with patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients and 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 paper records securely.

There were a variety of practice and oral health information, magazines, patient feedback forms and toys for children in the waiting room. The practice provided a cooler with drinking water.

Involvement 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. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us 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 and more complex treatment.

Each treatment room had a screen so the staff could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.



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 and patient comments confirmed this. 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. For example, patient notes were flagged if they needed the portable ramp.

Tackling inequity and promoting equality

The practice made reasonable adjustments for patients with disabilities. These included a portable ramp and accessible toilet with hand rails and a call bell.

A member of staff could speak Urdu. Staff told us they had access to interpreter/translation services but these were rarely required.

Access to the service

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

The practice actively monitored the availability of appointments. Patients were sent text message reminders for upcoming appointments. Patient comments confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day. A procedure for access to emergency appointments was clearly displayed for patients and reception staff and appointments were kept free for same day appointments. The 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.

Concerns & complaints

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

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

We looked at comments, compliments and complaints the practice received in the last 12 months. 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 principal dentist had overall responsibility for the management and clinical leadership and day to day running of the service. Some of the staff had specific roles and responsibilities to support the principal dentist and we saw staff had access to suitable supervision and support for these. 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. We saw evidence that these were regularly discussed at staff meetings and reviewed.

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 principal dentist 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 principal dentist was approachable, would listen to their concerns and act appropriately. The principal dentist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held regular meetings and informal discussions where staff could raise any concerns and discuss clinical and non-clinical updates. Staff were encouraged to record positive and negative feedback or occurrences on a notice board in the reception office which were discussed weekly. 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, appointments, prescribing, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses 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 told us they completed Continuing Professional Development (CPD) training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete CPD. Staff told us the practice provided support and encouragement for them to do so. The provider had encouraged and supported staff to undertake additional training. For example, in oral health education. The practice made use of lunch and learn sessions to provide additional team training.

The practice had also introduced CPD events, particularly in periodontal care, which other local dentists were invited to attend at no charge. These events were used to inform other dentists about updates in periodontal care and the services which were offered at the practice. We reviewed the evaluations of three recent events which attendees had rated highly and suggested subjects for future events.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on including providing additional handrails and updating the uniforms worn by the staff.

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.