Mr. Zaki Bashir

Bromley Dental Practice

Inspection Report

115 Masons Hill
Bromley
Kent. BR2 9HT
Tel:020 8460 6206
Website: www.info@bromleydentalpractice.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 15 December 2015

to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

Bromley Dental Practice is located in Bromley in south-east London. The practice consists of two treatment rooms, a waiting room, decontamination area, reception area and patient toilet facilities situated on the ground.

The practice provides private dental treatment to children and adults. The practice offers a range of dental treatments such as routine examinations, general dental treatments, orthodontics, oral hygiene care, and restorative treatments such as veneers, crowns, bridges and implants.

The practice is open Monday 8.30am - 5.30pm, Tuesday 11am-7.30pm, Wednesday 8.30am-9pm, Thursday 8.30-5.30 and Friday's 8.30am-1pm.

The staff structure consists of a principal dentist, a dental nurse, two receptionists and hygienists.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons 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 inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We received 23 CQC comment cards completed by patients and spoke with three patients during our inspection visit. Patients we spoke with, and those who

Summary of findings

completed comment cards, were positive about the care they received from the practice. They were complimentary about the professionalism, friendly and caring attitude of the staff and were able to access appointments easily.

Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- There were effective systems in place to reduce and minimise the risk and spread of infection.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- The practice manager had a clear vision for the practice and staff told us they were well supported by the management team.
- Governance arrangements and audits were effective in improving the quality and safety of the services.

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 in place to minimise the risks associated with providing dental services. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. There was a system in place for updating policies and protocols, which informed the team of any requirements to review practice, audit or arrange training. This included the management of infection control, medical emergencies and dental radiography. We found the equipment used in the practice was well maintained and checked for effectiveness.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. There were regular and documented staff meetings to provide staff with feedback should the need arise.

Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence, (NICE) and the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers. Staff were undertaking continuous professional development (CPD) and were meeting the training requirements of the GDC.

Are services caring?

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

We reviewed 23 completed CQC comments cards and spoke with three patients on the day of the inspection. Patients were positive about the care they received from the practice. Patients commented they felt fully involved in making decisions about their treatment and felt listened to at all times.

We noted that patients were treated with respect and dignity during interactions at the reception desk..

Patients were invited to provide feedback via a satisfaction survey and the feedback was positive.

Are services responsive to people's needs?

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

The needs of people with disabilities had been considered. There was level access to the waiting area, treatment rooms and toilet facilities.

Patients had good access to appointments, including emergency appointments, which were available on the same day if required.

Patients were invited to provide feedback via a satisfaction survey. There was a clear policy in place which was used to handle complaints as they arose. We saw the complaints handling procedure had been shared with staff during the team meetings. The practice had not received any complaints in the last year.

Summary of findings

Are services well-led?

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

The practice had suitable clinical governance and risk management structures in place. There were processes in place for dissemination of information and feedback to all staff. There were appropriate audits used to monitor and improve care.

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the principal dentist. They were confident in the abilities of the management team to address any issues highlighted.

There was a strategy and vision in place to maintain the practice environment.

Bromley Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 15 December 2015. The inspection took place over one day and was led by a CQC inspector. They were accompanied by a dental specialist advisor.

During our inspection visit we spoke with three members of staff including the principal dentist, dental nurse and receptionist. We carried out a tour of the practice and looked at the maintenance of equipment and storage arrangements for emergency medicines. We asked the dental nurse to demonstrate how they carried out decontamination procedures of dental instruments.

Twenty-six people provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was an effective system in place for reporting and learning from incidents. There was a policy for staff to follow for the reporting of incidents or events. There had not been any incidents that had required to be reported.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Reliable safety systems and processes (including safeguarding)

There was a named practice lead for child and adult safeguarding. The safeguarding lead and staff were able to describe the types of behaviour a child might display that would alert them to possible signs of abuse or neglect. Staff had received training in safeguarding children and vulnerable adults and also had a good awareness of the issues around vulnerable patients and how to report any concerns.

The practice had a children and adults safeguarding policy which referred to national guidance and included local authority contact details for escalating concerns that might need to be investigated. The policy contained a follow flow chart for staff to follow.

The practice followed national guidelines on patient safety. For example, the practice used a non latex rubber dam for root canal treatments in line with guidance supplied by the British Endodontic Society. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth).

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, there was a risk assessment and associated protocols in relation to fire safety. Staff had received training in fire safety in November 2015 and there was a named fire marshal for the practice. Emergency exit routes were signposted and staff told us the assembly point was outside the practice main door. There was a diagram of the practice and fire drills were held monthly and the log confirmed this.

Medical emergencies

The practice had suitable arrangements in place to deal with medical emergencies. The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. Oxygen and other related items, such as manual breathing aids and portable suction, and an automated external defibrillator (AED) were available in line with the Resuscitation Council UK guidelines. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). We noted medical emergency training such as dealing with heart attacks; choking and asthma were discussed at staff training on a regular monthly basis and minutes we saw confirmed this.

The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff. Staff received annual training in using the emergency equipment. The staff we spoke with were all aware of the locations of the emergency equipment within the premises.

Staff recruitment

The practice staffing consisted of a principal dentist, a dental nurse, hygienists and two receptionists. The principal dentist was in charge of day to day management of the practice.

There was a recruitment policy in place. We saw that relevant checks to ensure that the person being recruited was suitable and competent for the role had been carried out. This included the use of an application form, interview notes, review of employment history, evidence of relevant qualifications, the checking of references and a check of registration with the General Dental Council. We noted that it was the practice's policy to carry out Disclosure and Barring Service (DBS) checks for all members of staff when initially employed. (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety policy in place. The practice had been assessed for risk of fire and there were documents showing that fire extinguishers had been recently serviced.

Are services safe?

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients and staff associated with hazardous substances were identified. COSHH products were securely stored. Staff were aware of the COSHH file and of the strategies in place to minimise the risks associated with these products.

The practice responded promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts, and alerts from other agencies, were reviewed by the principal dentist and receptionist and disseminated to the staff, where appropriate.

There was a business continuity plan in place. This had been kept up to date with key contacts in the local area.

Infection control

There were systems in place to reduce the risk and spread of infection. There was an infection control policy which included the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. One of the dental nurses was the infection control lead. Staff files showed that staff regularly attended training courses in infection control.

Staff had access to supplies of personal protective equipment which included gloves, masks, eye protection and aprons. There were hand washing facilities in both the treatment rooms and the toilets; there were posters displaying the correct hand washing techniques.

The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05).

We checked the cleaning and decontaminating of dental instruments which was carried out in the decontamination area adjacent to the main surgery. The decontamination room and the surgeries were well organised with a clear flow from 'dirty' to 'clean'. One of the dental nurses demonstrated the decontamination process and showed a good understanding of the correct processes. Following inspection of cleaned items, they were placed in an autoclave (steriliser) and were pouched, dated and stored appropriately.

The dental nurse showed us systems were in place to ensure all decontamination equipment such as the autoclaves were working effectively. These included the automatic control test and steam penetration tests for the autoclave, foil tests for the ultrasonic cleaning bath. The data sheets used to record the essential daily validation were fully completed and up to date.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. For example, we observed that sharps containers, clinical waste bags and domestic waste were properly separated and stored correctly. The practice used a contractor to remove dental waste from the practice. Waste consignment notices were available for inspection.

The practice had carried out practice-wide infection control audits every six months; the most recent audit conducted on 30 July 2015 and showed an overall compliance. The domestic cleaning was outsourced and effectiveness was audited by staff.

The dental water lines were maintained and checks were logged to prevent the growth and spread of Legionella bacteria (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The method described was in line with current guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. A Legionella risk assessment had also been carried out by an appropriate contractor.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, fire equipment and X-ray equipment had all been inspected and serviced in 2015. Portable appliance testing (PAT) had been completed also in 2015(P AT, is the name of a process during which electrical appliances are routinely checked for safety).

All prescriptions were generated electronically within the patient's dental care record. The principal dentist told us that they held some medication on site such as antibiotics. These were locked away and logged when dispensed. The amount of medication used and quantities held within the practice was audited on a monthly basis, checked by two members of staff and the logs we saw confirmed this.

Are services safe?

The expiry dates of medicines, oxygen and equipment were monitored using a daily and monthly check sheet which enabled the staff to replace out-of-date drugs and equipment promptly.

Radiography (X-rays)

The practice had a Radiation Protection Adviser in place and a nominated Radiation Protection Supervisor in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). A radiation protection file and local rules were displayed within the surgeries. Included in the file were the critical examination pack for the X-ray set, which included dose assessment reports, the maintenance log and appropriate notification to the Health and Safety Executive. The maintenance log was within the current recommended interval of three years and was last carried out on 03 February 2014**.** We saw evidence that staff had completed radiation protection training.

A copy of the most recent radiological audit carried out on 08 December 2015 and covering the period of 03 July- 30 November 2015 was available for inspection.. Staff told us that daily quality assurance checks were carried out and audits were carried out twice a year to ensure the quality was maintained and reasons for any retakes were documented. We checked a sample of dental care records to confirm the findings and noted that justification of all dental X-rays was appropriately documented in the dental care records.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised professional and General Dental Council (GDC) guidelines. The principal dentist described how they carried out patient assessments using a typical patient journey scenario. The practice used a pathway approach to the assessment of the patient which was supported and prompted by the use of computer software. The assessment began with a review of the patient's medical history. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues of the mouth. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment and the appropriate advice and actions taken.

Following the clinical assessment, the diagnosis was discussed with the patient and treatment options were fully explained. The dental care record was updated with the new treatment plan after discussing the options with the patient. The care given to patients was monitored at their follow-up appointments in line with their individual requirements.

During the course of our inspection we checked dental care records to confirm the findings. These showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw notes containing details about the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.) The principal dentist and hygienists worked closely and examined patients jointly to ensure that areas of concern were treated appropriately; this was usually carried out at each new dental health assessment. Details of the treatments carried out were also documented; local anaesthetic details such as type of anaesthetic, site of administration, batch number and expiry date were also recorded.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Staff told us they discussed oral health such as tooth brushing and dietary advice and where applicable smoking cessation and alcohol consumption with their patients.

The waiting area had health promotion material available as well as samples of toothpaste and interdental brushes to support patients with their oral hygiene. Health promotion material included information on how to prevent gum disease and how to maintain healthy teeth and gums.

Staffing

Staff told us they received appropriate professional development and training. We reviewed staff files and saw that this included training in responding to emergencies, infection control, safeguarding and X-ray training.

The practice carried out annual appraisals for each member of staff. This provided staff with an opportunity to discuss their current performance as well as their career aspirations. Notes from these meetings were kept in each staff member's file and these were made available at the inspection.

Working with other services

The principal dentist and one of the administrators explained how they worked with other services, when required. Dentists were able to refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. A referral letter was prepared and sent to the hospital with full details of the dentists' findings and a copy was stored in the patient's dental care records.

Consent to care and treatment

Consent was obtained for all care and treatment patients received. Staff discussed treatment options, including risks and benefits, as well as costs, with each patient. Notes of these discussions were recorded in the dental care records. Patients were asked to sign to indicate they had understood their treatment plans and formal written consent to treatment forms were completed. The forms also outlined the cost of the proposed treatment and patients we spoke with confirmed this.

Staff were aware of the Mental Capacity Act (2005). They could accurately explain the meaning of the term mental capacity and described to us their responsibilities to act in patients' best interests, if patients lacked some

Are services effective?

(for example, treatment is effective)

decision-making abilities. The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We collected comment cards from 23 patients. They were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were courteous and friendly at all times. During the inspection we observed staff in the main reception area as well as the waiting area. Staff were polite towards patients throughout the episode of care. Patients told us staff were welcoming and friendly. The patients we spoke with had been attending the surgery for a number of years and one patient told us that staff were very good, they were not kept waiting and had everything explained thoroughly.

All the staff we spoke with were mindful about treating patients in a respectful and caring way. They were aware of the importance of protecting patients' privacy and dignity. There were systems in place to ensure that patients' confidential information was protected. Dental care records were stored electronically. Electronic records were password protected. Staff understood the importance of data protection and confidentiality and had received training in information governance. Reception staff told us that people could request to have confidential discussions in one of the treatment room, if necessary.

The practice obtained regular feedback from patients via a satisfaction survey. We noted from the last patient satisfaction survey undertaken in April 2015 that the majority of feedback was positive and corroborated our own findings regarding the patients' satisfaction with care and treatment received. The results showed patients were 100% happy with the care they received. People completing the feedback stated they would be likely to recommend the practice to other people.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area regarding the dental charges. There were information leaflets and a folder in the waiting area which described the different types of dental treatments available and showed photographic examples. Patients were routinely given copies of their treatment plans which included information about their proposed treatments, and associated costs. We checked dental care records to confirm the findings and saw examples where notes had been kept of discussions with patients around treatment options, as well as the risks and benefits of the proposed treatments. Patients we spoke with confirmed they had received written copies of the cost of the private treatment they required.

We spoke with the principal dentist, the dental nurse and receptionist on the day of our visit. All of the staff told us they worked towards providing clear explanations about treatment plans and patients were given time to think about the treatment options prior to going ahead with the treatment.

The patients we spoke with and comments cards, together with the data gathered by the practice's own survey, confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. Staff told us they scheduled additional time for patients receiving complex treatments, including scheduling additional time for patients who were known to be anxious or nervous. Staff told us they were able to have enough time in between each patient to document care and prepare equipment for the next patient. Staff told us they had adequate and appropriate equipment to carry out all types of dental treatment and were able to meet their patients' needs at all times.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. The practice had access to a telephone translation service, if needed.

The practice had disability access to both treatment rooms, X-ray and toilet facilities to the ground floor. There was parking with in the immediate local area to the practice.

Access to the service

The practice is open Monday 8.30am - 5.30pm, Tuesday 11am-7.30pm, Wednesday 8.30am-9pm, Thursday 8.30-5.30 and Friday's 8.30am-1pm. The practice displayed its opening hours at their premises. Although the practice had an information leaflet which included the practice contact details and opening hours these were unavailable at the time of our inspection. The principal dentist told us the information leaflets were currently being reviewed. The information folder in the waiting room identified the practice opening times and treatments available.

Staff told us patients, who needed to be seen urgently, for example, if they were experiencing dental pain, could be accommodated. The principal dentist covered most out of hours emergencies were applicable.

Staff told us they had enough time to treat patients and that patients could generally book an appointment in good time to see the dentist. Staff told us that there were generally appointments available within a reasonable time frame. The feedback we received from patients confirmed that they could get an appointment within a reasonable time frame and that they had adequate time scheduled with the dentist to assess their needs and receive treatment.

Concerns & complaints

There was a complaints policy which described how the practice handled formal and informal complaints from patients. Information about how to make a complaint was displayed in the reception area and on the practice information folder in the waiting room.

There had not been any reported complaints recorded from October 2014-October 2015.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements with an effective management structure.

The principal dentist and the team had implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. There were relevant policies and procedures in place and a computer system was in place to ensure all policies were monitored and updated. Staff were aware of the policies and procedures and acted in accordance with them. Records, including those related to patient care and treatments, as well as staff employment, were kept suitably up to date and stored securely.

The principal dentist organised staff meetings on a monthly basis, to discuss key governance issues and staff training sessions. For example, we saw minutes of meetings from January to October 2015 where discussions relating to equipment maintenance, infection control and training were highlighted.

The practice had installed a computer system that provided information regarding changes in practice and any policies that needed updating. The system also gave reminders for maintenance of equipment and dates when audits were due these were disseminated by the principal dentist and lead receptionist.

Leadership, openness and transparency

The staff we spoke with described an open and transparent culture which encouraged candour. Staff said that they felt comfortable about raising concerns with the principal dentist.They felt they were listened to and responded to when they did so. Staff were aware of their responsibilities relating to the duty of candour. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

We spoke with the principal dentist about future plans for the practice. We were told the practice were implementing treatment co-ordinators to provide patients with additional support relating to their treatment plans. A new associate dentist had also recently been employed.

We found staff to be hard working, caring and a cohesive team committed to providing a high standard of care. There was a system of yearly staff appraisals to support staff in carrying out their roles to a high standard.

Learning and improvement

The practice had a rolling programme of clinical audit in place. These included audits for infection control, waiting times, and X-ray quality. Audits were repeated at appropriate intervals to evaluate whether or not quality had been maintained or if improvements had been made. We looked at some audits for example, on patient satisfaction and waiting times. The waiting times audit carried out between January and March 2015 showed the maximum wait to be 20 minutes. The practice also had a programme of risk assessments in place that were being successfully used to minimise the identified risks.

Staff were supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council (GDC). We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the GDC.

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

The practice gathered feedback from patients through the use of a patient satisfaction survey. The survey covered topics such as the quality of staff explanations, cleanliness of the premises, and general satisfaction with care. The questionnaire also asked whether patients would recommend the practice to their friends and family and 100% stated they would. The majority of responses indicated a high level of satisfaction. The practice had implemented free Wi-Fi connection as requested by patients in the recent survey.

Staff commented the principal dentist was open to feedback regarding the quality of the care they provided. Staff felt the appraisal system and staff meetings also provided appropriate forums to give their feedback.