

Mr. Stephen Denny

# The Benfleet Dental Clinic

## Inspection Report

174 High Road, Benfleet, Essex  
SS7 5LD

Tel: 01268755357

Website: <http://benfleetdentalclinic.co.uk/>

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### Overall summary

We carried out this announced inspection on 18 October 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 specialist dental adviser.

We told the NHS England area team that we were inspecting the practice. They did not provide any information.

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

The Benfleet Dental Clinic is in Benfleet and provides NHS and private treatment to patients of all ages.

There is concrete ramp access for people who use wheelchairs and pushchairs. Car parking spaces for patients including for those with disabled badges are available at the front and rear of the practice.

The dental team consists of ten dentists including two foundation dentists, 12 dental nurses including two trainee dental nurses, six trainee dental hygienists, seven receptionists and the practice manager (who is a qualified dental nurse). Staff work across both The Benfleet Dental Clinic and the sister practice. The Benfleet Dental Clinic has five treatment rooms.

# Summary of findings

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

During the inspection we spoke with three dentists including the provider/owner, one associate dentist and one foundation dentist, three dental nurses including one trainee dental nurse, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday; 9am to 1pm and 2pm to 8pm.

Tuesday; 9am to 1pm and 2pm to 8pm.

Wednesday; 9am to 1pm and 2pm to 8 pm.

Thursday; 8am to 8pm.

Friday 8am to 2pm.

## Our key findings were:

- Strong and effective leadership was provided by the principal dentist and an empowered practice manager. Staff felt involved and supported and worked well as a team.
- The practice was visibly clean and well maintained.
- The practice had well organised systems to assess and manage infection prevention and control which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with the exception of some items that had passed their expiry date or were missing at the time of the inspection.
- The practice had systems to help them manage risk. The practice had an established process for reporting and recording significant events and accidents to ensure they investigated these and took remedial action.
- 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 practice asked staff and patients for feedback about the services they provided. Patients were wholly positive and happy with the quality of their treatment and the staff who delivered it.
- The practice dealt with complaints positively and efficiently. This included a review of all verbal complaints and comments.
- The appointment system met patients' needs. Patients could access treatment and urgent care when required.
- Staff had received training appropriate to their roles and were supported in their continued professional development by the principal dentist and practice manager.
- Through the training and educational programmes provided for students, dentists, hygienists' and staff, the practice were providing a proactive educational environment.

# 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. We found there were no cleaning schedules in place or evidence of the practice monitoring the external cleaning provider. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies. Some items of equipment were out of date and some items were missing and one drug was stored inappropriately. We discussed these and other items that were not required in the emergency kit with the management team and were assured these would be corrected immediately.

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 being of a high standard, caring and understanding. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

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

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 40 people. Patients were positive about all aspects of the service the practice provided. They told us staff were patient, helpful and friendly. They said that they were given helpful, honest explanations about dental treatment, 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.

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

No action



# Summary of findings

## 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.

The practice provided a weekly domiciliary service which included provision of treatment for some patients in local care or nursing homes and in their own homes. One dentist and a dental nurse provided assessment and treatment where required on referral for patients who were unable to attend the practice.

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

The practice took patients views seriously. They valued compliments 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 type and stored securely.

The practice was a training practice for students, dentists and hygienists'. In addition the practice was a British Dental Association (BDA) Expert practice, a quality assurance programme that allows its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities. Several of the practice dentists and nurses were studying post-graduate courses.

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. Comments from patients were wholly positive and where feedback had been given the practice had taken action. Practice newsletters, whole team annual meetings and other meetings such as three monthly reception/staff meetings provided forums for communication and shared learning.

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. There was scope to expand the range of incidents reviewed by the practice as a greater tool from which the practice could learn.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice management team understood the formal reporting pathways required following serious untoward incidents as detailed in the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

### 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 were able to give clear examples and discuss their responsibilities and actions with regard to the signs and symptoms of abuse and neglect and how to report concerns. 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. Not all of the clinicians followed relevant safety regulations when using needles and other sharp dental items. The practice had both syringe conventional and safe style systems in place and had considered the use of disposable matrix bands. We

found that whilst some were being used this was not followed by all staff. We discussed this with the management team and were assured this would be reviewed with all staff.

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. The practice had a reciprocal arrangement with its sister practice in the event of staffing or building events.

### Medical emergencies

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

Emergency equipment and medicines were available as described in recognised guidance with the exception of one missing airway and a missing paediatric self-inflating resuscitator. We also noted that the portable suction unit was incomplete and other items were un-bagged and dusty, such as the mask attached to the oxygen cylinder and we found some disposable syringes/needles that were out of date. Following the inspection the practice were able to confirm that the portable suction unit was complete.

In addition the emergency medicines contained Glucagen which was not stored in the fridge; the expiry date had not been amended to allow for its storage as recommended by the manufacturer. There was also an out of date (2016) Glucagen kit available. We discussed these and other items that are no longer required in the emergency kit with the management team and were assured these would be corrected immediately.

### Staff recruitment

The practice had a recruitment policy and procedure in place which was used alongside an induction training plan for new starters. We looked at the recruitment records for three staff members which evidenced the practice had completed appropriate checks for these staff. For example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references. The systems and processes we saw were in line with the information required by Regulation 19, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Are services safe?

We saw evidence of Disclosure and Barring Service (DBS) checks for all relevant staff. The DBS carries out checks to 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.

The practice manager had a clear process for checking clinical staff maintained their registration with the General Dental Council (GDC) and that their professional indemnity cover was up to date.

## **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.

A dental nurse worked with the dentists when they treated patients. We were told the dental hygienists worked alone.

The practice had carried out annual fire risk assessments; the latest was completed in January 2017. The practice carried out annual fire drills which were discussed at practice meetings, the last fire drill was completed in January 2017. External specialist companies were contracted to service and maintain the smoke detectors, intruder alarm and fire extinguishers, the latest checks were completed in January 2017. We saw annual servicing records for these which were all within the last year.

## **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 completed in July 2017, 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.

The practice was clean when we inspected and patients confirmed this was usual. We found there were no cleaning schedules in place or evidence of the practice monitoring the quality of the external cleaning provider. We discussed this with the management team who confirmed these would be put in place.

## **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 and storing emergency medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance. We were told the practice did not currently review its prescribing patterns, but were in the process of introducing an audit and tracker system to monitor its antibiotic prescribing.

## **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.

The practice had records showing they audited the technical quality grading of the X-rays each dentist took. Dental records showed X-rays were justified, graded and reported upon to help inform decisions about treatment. These findings showed the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

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. The dentists also peer reviewed each other's records and results to ensure consistency across the practice team.

The practice did not provide sedation services; patients who required sedation were referred elsewhere or to the practice's sister practice, this gave patients a choice with regard to where they received their treatment.

### Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The hygienists provided practical support and advice around good oral hygiene to patients and could be directly accessed by patients.

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 based on an assessment of the risk of tooth decay for each child.

The dentists told us they 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.

### 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. These included referring patients for sedation services and 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.

### 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 understood their responsibilities under the act when treating adults who may not be able to make informed decisions. 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. The patients CQC comment cards we received verified this.



# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were unfailingly helpful, approachable and pleasant. We saw that staff treated patients with patience and understanding and with great empathy 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.

Staff were aware of the importance of privacy and confidentiality. Staff told us that 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 was a television in the main waiting room. The practice provided drinking water on request.

A comments book and thank you cards were available for patients to read.

### **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. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. Patient CQC comment cards reported that staff explained treatment options in detail.

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 and treatments for gum disease and more complex treatment such as dental implants.

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options. The hygienist's also used models and diagrams 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. Patients commented that 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 described to us the support they offered patients for whom they needed to make adjustments to enable them to receive treatment.

Staff told us that they emailed patients to confirm their appointment and then sent a text reminder to make sure they could get to the practice.

The practice provided a weekly domiciliary service which included provision of treatment for some patients in local care or nursing homes and in their own homes. One dentist and a dental nurse provided assessment and treatment where required on referral for patients who were unable to attend the practice.

There were protocols and processes in place for the provision of this service. There were no risk assessments in place to mitigate the risk for provision of this service. For example; the premises and vehicles used, the availability of emergency equipment on site, the transport of emergency equipment and storage of portable oxygen and the transportation of clinical waste and used instruments. We discussed this with the practice management team and were assured the entire process would be reviewed and risk assessed.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities by having step free access. There was no assisted toilet to accommodate those with limited mobility however, the toilet on the ground floor was wide enough to support the use of some mobility aids.

The practice did not have a portable hearing loop to assist patients who wore hearing aids. Staff said they could

provide information in different formats and languages to meet individual patients' needs. They had access to interpreter services and staff described how they supported patients with impaired hearing and/or vision.

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website. We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept two hours of appointments 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 commented they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

The practice offered evening appointments from 2pm to 8pm Monday to Thursday for those patients unable to attend during usual opening hours.

### 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. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager 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 they were not satisfied with the way the practice dealt with their concerns. The practice manager audited verbal comments and complaints each month. These were then reviewed and discussed with staff at meetings to identify trends and seek improvement.

We looked at comments, compliments and complaints the practice received in the previous 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 registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. 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.

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 apologetic to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager 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 practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings. Staff received monthly staff newsletters which provided health, staff and practice information for staff. It was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. 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, 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 registered manager and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses and reception staff had annual

appraisals. The practice were looking to introduce appraisals for dentists and hygienists'. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The registered manager was an Outreach trainer teaching fourth year dental students, we were told this had resulted in many of the students applying for their foundation training at the practice. There were three educational supervisors for the two annual full time foundation year dental student placements at the practice. These placements included day release for study for newly qualified dentists. The practice was a hygienist training centre for local universities with seven clinical educators for hygienist students at the practice. In addition the practice was a British Dental Association (BDA) Good Practice Excel member; a quality assurance programme that allows its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities. Several of the practice dentists and nurses were studying post-graduate courses. Through the training and educational programmes provided for students, dentists, hygienists' and staff, the practice were providing a proactive educational environment.

The registered manager was forward thinking and had plans in place to redevelop the structure and lay out of the practice. These plans included development of the second floor in one section of the premises to expand and improve the training facilities available at the practice.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys, comment cards and a comment book and verbal comments to obtain staff and patients' views about the service. 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. The

## Are services well-led?

practice's results for August, September 2017 and as of 23 October 2017, showed that 100% of patients who responded were extremely likely to recommend the practice to friends or family.

The results from the practice satisfaction surveys completed in 2016 and 2017 were very positive with 100% of patients who responded being satisfied with the quality of care they received and 100% responding they felt they gave full and informed consent to their treatment.