

Shropshire Dental Limited

Bellstone Dental Practice

Inspection Report

Bellstone Dental Practice
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Overall summary

We carried out this announced inspection on 25 June 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Background

Bellstone Dental Practice is located in Shrewsbury, Shropshire and provides NHS and private treatment to adults and children. The practice is one of two within Shropshire registered under the same provider.

Bellstone Dental Practice is in the town centre. There is no dedicated parking due to the location of the practice. The practice is easily accessible via public transport with a bus stop within 200m. This bus stop is also utilised by the local park and ride service. Access into the reception area is up two small steps. There is no access for wheelchair users.

The dental team includes four dentists including the registered manager, two dental nurses, three trainee dental nurses, one dental hygienist, one practice administrator and one practice manager. The practice

Summary of findings

manager predominantly works from the other practice. The practice has three treatment rooms. Due to the age of the building, the practice has limited scope for alterations of the treatment room locations. One treatment room is on the ground floor and down two small steps. The two other treatment rooms are on the first floor, accessible via stairs with a railing.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Bellstone Dental Practice is the principal dentist.

On the day of inspection, we collected 36 CQC comment cards filled in by patients and spoke with one other patient.

During the inspection we spoke with two dentists including the registered manager, one dental nurse, the practice administrator 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 to Friday from 9am to 5pm.

The practice is closed on Saturdays and Sundays.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- The infection control lead did not have up to date training. We received evidence of completed training after the inspection..
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- We saw evidence of only two staff members having completed safeguarding training to the required level. We received evidence after the inspection that all staff had completed training to the required level.

- The provider had staff recruitment procedures. We saw evidence these had not been adhered to and required improvement. The recruitment policy was updated after inspection.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- We did not see evidence of how complaints had been dealt with.
- The provider had information governance arrangements which required improvements.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Full details of the regulations the provider was not meeting are at the end of this report.

We identified regulations the provider was not complying with. They should:

- Review the practice's processes and systems for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

Are services safe?

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

No action ✓

Are services effective?

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

No action ✓

Are services caring?

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

No action ✓

Are services responsive to people's needs?

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

No action ✓

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notice section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Requirements notice ✗

Are services safe?

Our findings

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

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The systems to keep patients safe required some improvements.

The provider had safeguarding policies and procedures however these had not been adhered to. We saw evidence that only two members of staff had safeguarding training. We later received evidence that all staff at the practice had completed safeguarding training to the required level. Staff knew how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as communication within dental care records.

The provider had a whistleblowing policy but this was not easily accessible to staff and required further contact details to be added for example the CQC and NHSE. This was rectified on the day of inspection. Staff felt confident they could raise concerns without fear of recrimination.

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. The provider would utilise its other practice within the county should the need arise.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at three staff recruitment records.

We saw evidence the recruitment policy and procedure required improvement and had not been adhered to. The recruitment policy did not include a Disclosure and Service Barring (DBS) check prior to offer of employment however the fit and proper persons policy did include this check. DBS checks had not been carried out on all staff working at the practice. No risk assessments had been carried out for these members of staff. The recruitment policy was updated after the inspection to include a DBS check prior to offer of employment. We viewed the personnel files for two staff and noted one had recently been employed without any references having been obtained.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection and firefighting equipment were regularly tested and serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Not all clinical staff completed continuing professional development (CPD) in dental radiography. Following inspection, we received evidence that this had been completed.

Risks to patients

The systems to assess, monitor and manage risks to patient safety required improvements.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety

Are services safe?

regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken but the sharps policy was not up to date. We received evidence to show this was actioned after the inspection.

The provider did not have a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and four staff records had no evidence that the effectiveness of the vaccination had been checked and no risk assessments were in place to mitigate the risk. We saw no evidence that a risk assessment had been carried out for these staff members.

We saw no certificates on the day of inspection to evidence all staff were trained in emergency resuscitation and basic life support (BLS) every year. We did see evidence that training had been carried out within the last 12 months and after the inspection we received training records which confirmed all staff were certified in BLS.

Emergency equipment and medicines were available as described in recognised guidance however the practice did not have all recommended medication for use for seizures in the format required. This was ordered on the day of inspection. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

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

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

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in

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

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

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

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The infection control lead had no evidence of up to date infection control training. After the inspection we received evidence that all staff had completed infection control training at the required level. Infection prevention and control audits were carried out twice a year. The latest audit showed the practice was meeting the required standards.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

Are services safe?

The provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines.

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

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

There were systems for reviewing and investigating when things went wrong, and these were discussed verbally at staff meetings.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Track record on safety and Lessons learned and improvements

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The dentists and clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services, free water initiative and oral healthcare in pregnancy. They directed patients to these schemes when necessary.

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

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

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the

risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

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

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

Effective staffing

Staff new to the practice had a period of induction based on a structured programme. We found not all clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. Staff were given time to complete their CPD. In house training was provided for Basic Life Support (BLS) and airway management.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

Are services effective?

(for example, treatment is effective)

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were friendly, caring and helpful. We saw that staff treated patients in a compassionate manner, respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were professional and understanding.

Practice and treatment information was available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given). We saw:

- Interpretation services were available for patients who did speak or understand English. Patients were also told about a telephone translation service should they require it.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, X-ray images and an intra-oral camera. The intra-oral cameras and microscope with a camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

Patients with dental phobia were given extra time for appointments. Patients with autism were offered quieter times to attend appointments.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. There was a hearing loop installed and reading? glasses available from the reception desk. The stairs to the first floor had a hand rail.

A disability access audit had been completed and an action plan formulated to continually improve access for patients. The age, location and structure of the building limits any further changes to be carried out. Patients who found stairs challenging were offered a consultation on the ground floor but down two small steps. Wheelchair users were not able to access the practice.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent

appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice's information leaflet and answerphone provided the NHS 111 telephone number for patients needing emergency dental treatment during the working day and when the practice was not open. Out of hours information was clearly displayed outside the practice. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The provider had a policy providing guidance to staff on how to handle a complaint. We looked at the complaints log for the preceding twelve months and found the complaints policy was not being followed. We did not find any documented responses or audit trails to evidence how the practice had managed these complaints. We saw no documented evidence of how the practice had responded to concerns or complaints. Two complaints had been settled in house, but we saw limited evidence as to how this had been achieved. One complaint was unresolved. Staff told us that incidents and complaints were discussed during monthly staff meetings however there was limited evidence to support this.

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

The principal dentist and practice manager 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 had dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the preceding twelve months of the inspection date.

Are services well-led?

Our findings

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notice section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. The principal dentist had the experience, capacity and skills to deliver the practice strategy and address risks to it however the lack of physical presence of the practice manager was making this challenging due to the clinical commitments of the principal dentist.

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and had begun to address them since acquiring the practice. The principal dentist was visible and approachable on the day of inspection.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice. Some staff had worked at the practice for many years.

There was a disciplinary procedure in place. Leaders informed us that poor performance had been managed in accordance with this however we saw no evidence to support this during the inspection. Following the inspection, the provider stated that they had not needed to use performance management processes.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

We found ineffective complaint procedures in place, not all complaints had been followed up appropriately in line with the practice policy.

The recruitment procedures within the practice were not effective. Documents were not sought at point of employment and no risk assessment were in place to mitigate the risks.

The system to review medical emergency drugs and equipment to ensure it is in line with recognised guidance as not effective.

The principal dentist who was the registered manager had overall responsibility for the management and clinical leadership of the practice. The principal dentist was responsible for the day to day running of the service. The practice manager spent one day every six months at the practice. The majority of the practice manager's time was spent at the other practice. Staff knew the management arrangements and their roles and responsibilities but felt the leaders were not always accessible.

The provider had a system of clinical governance in place which included some policies, protocols and procedures that were accessible to staff. We found these had not been regularly updated or reviewed hence there was no clear or effective process for managing risks, issues or performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

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

Engagement with patients, the public, staff and external partners

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

The provider used patient surveys and verbal comments to obtain staff and patients' views about the service but did not show evidence of acting on these.

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.

Are services well-led?

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and radiographs. They had records of the results of these audits and the resulting action plans and improvements. We were told there was a named infection control lead however they had not completed training to support this role. We received evidence after the inspection this had been completed.

The dental nurses had annual appraisals. They discussed learning needs, general well being and aims for future professional development. We saw evidence of completed appraisals in four of the staff folders.

We found inconsistent information available to show staff completed 'highly recommended' training as per General Dental Council professional standards. After the inspection we received evidence that all staff had completed this training.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>There were ineffective systems in place to monitor highly recommended training for staff.</p> <p>The system to monitor medical emergency drugs and equipment was not effective.</p> <p>Recruitment procedures were not consistently documented. This included reference requests for staff employed and DBS checks.</p> <p>The practice showed inconsistent records of complaints received. Complaints had not been fully documented, investigated or responded.</p> <p>Infection prevention and control and Radiography audits were not undertaken at regular intervals to help improve the quality of service.</p>

This section is primarily information for the provider

Requirement notices

There was no system in place to ensure that untoward events were appropriately documented, investigated and analysed to prevent their re occurrence. ·

Regulation 17 (1)