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Burwell Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 19 November 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Burwell Dental Surgery is a well-established practice that offers private treatment to patients. The dental team includes four dentists, four dental nurses and two hygienists.

There is ramp access for people who use wheelchairs and those with pushchairs. The practice has its own car park and there is on-street parking nearby.

The practice is open from 8.30am-5.00pm Monday-Thursday and 8.30am-4.00pm on a Friday

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.

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

15 cards were completed, giving a patient response rate of 30%. During our inspection, we spoke with two dentists and three dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Patients were positive about all aspects of the service the practice provided and commented positively on the treatment they received and of the staff who delivered it.
- Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Patients' care and treatment was provided in line with current national guidelines.
- Patients received clear explanations about their proposed treatment and were involved in making decisions about it.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- There was a clear leadership structure and staff felt supported and valued. The practice proactively sought feedback from staff and patients, which it acted upon.

There were areas where the provider could make improvements. They should:

- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the availability of an interpreter service for patients who do not speak or understand English.

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?	**No action** ✓
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**No action** ✓
Are services well-led?	**No action** ✓

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

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. Information about how to report concerns was available on the staff notice board and in the patient information folder, making it easily accessible. We saw evidence that staff had received safeguarding training and the principal dentist was the appointed lead for safeguarding concerns.

All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults.

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

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

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

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. Records showed that fire detection and firefighting equipment was regularly tested, and staff undertook timed fire evacuations. Four staff had received specific fire marshal training. A fire risk assessment of the premises had been completed in 2017 and its recommendation to keep a fire log had been actioned.

The practice had a business continuity plan describing how staff would deal with events that could disrupt its normal running.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and the practice had the required information in their radiation protection file. The dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography. We noted that only one of the two X-ray units had rectangular collimation to reduce radiation exposure to patients.

Risks to patients

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff.

Staff followed relevant safety laws when using needles. Not all clinicians were using the safest type, although a risk assessment had been completed for this. Sharps bins, although not wall mounted, were sited safely and had been labelled correctly. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. Eye wash and bodily spillage kits were available. Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year.

There was a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for all materials used within the practice.

The practice 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 (HTM01-05) published by the Department of Health and Social Care. Staff completed

Are services safe?

infection prevention and control training and received updates as required. Staff carried out infection prevention audits, and the latest audit showed the practice was meeting the required standards.

The practice had suitable arrangements for cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. Staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised them that manual cleaning was the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.

Staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We noted that all areas of the practice were visibly clean, including the waiting area, toilets and staff areas. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. We noted they changed out of their uniforms at lunchtime.

The practice used an appropriate contractor to remove dental waste from the practice. The external clinical waste bins were secured in an enclosed locked area at the rear of the practice.

Safe and appropriate use of medicines

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

There was a 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. The practice's name and address were displayed on all dispensed medicines containers as required.

Glucagon was kept in the fridge and its temperature was monitored daily to ensure it operated effectively.

Information to deliver safe care and treatment

We looked at a sample of dental care records to confirm our findings and noted that records were written in a way that kept patients safe. Dental care records we saw were accurate, complete and legible. They were kept securely and complied with The Data Protection Act and information governance guidelines.

Lessons learned and improvements

The practice had procedures in place to investigate, respond to, and learn from significant events and complaints, and staff were aware of formal reporting procedures. However, we noted several incidents recorded in the practice's accident book, including sharps injuries. There was limited evidence to show that these had been fully investigated and discussed with staff to prevent their recurrence.

One of the senior nurses received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and implemented any action if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 15 comment cards that had been completed by patients prior to our inspection. All the comments received reflected high patient satisfaction with the quality of their dental treatment and the staff who delivered it.

Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken, and the advice given to them. Our discussions with the dentists demonstrated that they were aware of, and worked to, guidelines from National Institute for Heath and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. The practice had systems to keep dental practitioners up to date with current evidence-based practice.

The practice used intra-oral cameras to enhance the delivery of care to patients.

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. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate. One patient told us 'staff have produced excellent information about my oral health, not only for my pregnancy but going forwards to breastfeeding as well'.

Two part-time dental hygienists were employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss.

The principal dentist told us she had visited a local primary school to deliver oral health sessions to pupils there and plans were in place to visit other schools. The practice sponsors the local village carnival each year,providing information and advice about oral health care.

Consent to care and treatment

The practice 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. Patients confirmed clinicians listened to them and gave them clear information about their treatment.

Dental records we examined demonstrated that treatment options, and their potential risks and benefits had been explained to patients.

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. Staff were aware of the need to consider this when treating young people under 16 years of age.

Effective staffing

The dentists were supported by appropriate numbers of dental nurses and staff told us there were enough of them for the smooth running of the practice. Both hygienists worked with chairside support in line with best practice guidance.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role.

Co-ordinating care and treatment

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. There were clear systems in place 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.

The practice monitored both private and NHS referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as caring and attentive. One patient told us, 'I have been treated with so much care and consideration over the past six years by staff'. Another stated, 'a very calming dentist, especially good with children'.

Staff gave us specific examples of where they had gone out of their way to support patients. For example, walking them home and offering additional support to one recently bereaved patient. A dentist described to us the way they had successfully supported a very distressed child. The practice also offered some free services to a local care home for people with learning disabilities.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it. The waiting area was separate from the reception, allowing for some privacy. Reception staff told us of the practical ways they tried to maintain confidentiality when talking to patients on the phone and face to face.

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy. We noted blinds on the downstairs treatment room windows to prevent passers-by looking in.

Involving people 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. One patient told us, 'my treatment has been good, well-explained, options and costs all made clear. Staff communicate clearly'.

Dental records we reviewed showed that treatment options had been discussed with patients. The dentists used intra-oral cameras, videos, models and leaflets to help patients better understand their treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had its own website that provided general information about its staff and services.

The waiting area had magazines to read and a folder which provided patients with information on a range of topics including how to complain, GDPR requirements, recognising sepsis and treatment costs.

The practice had made reasonable adjustments for patients with disabilities. These included ramp access, a downstairs treatment room, a lowered reception desk area, an accessible toilet and a hearing loop to assist those who wore a hearing aid. Large print information was available if needed. However, there was no information in relation to translation services for patients who did not speak English, and reception staff were not aware of the service.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. Reception staff told us that routine appointments were available within a few days and emergency appointment slots were available each day.

Appointments could be made by telephone or in person and the practice operated a text and email reminder service. Appointment reminder letters were written to patients who preferred this method of communication. The practice offered patients an out of hours emergency service that could be accessed by phone. The practice had trialled Saturday morning openings, but this had not proved successful, with little take up of appointments.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Details of how to complain were available in the waiting area for patients.

We viewed paperwork in relation to a recent complaint and found that the patient's concerns had been investigated and responded to appropriately.

Are services well-led?

Our findings

Leadership capacity and capability

We found that staff had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable and clearly committed to providing a good service to patients. One dentist was a clinical advisor to the General Dental Council (GDC) and one of the hygienists sat on the GDC's fitness to practise panel.

There were clear responsibilities, roles and systems of accountability to support good governance and management. We noted staff took immediate action to address the minor shortfalls we identified during our inspections, demonstrating their commitment to improve the service.

Culture

Staff described to us a positive and supportive working environment, in which they felt valued and respected. They told us the principal dentist was approachable and responsive to their needs. We noted that all staff attended the feedback session at the end of our inspection, demonstrating an open and transparent culture.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it.

Governance and management

There were clear and effective processes for managing risks, issues and performance. The practice had comprehensive 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 used an on-line governance tool to assist with the management of the service.

Communication across the practice was structured around scheduled meetings which staff told us they found beneficial. We viewed minutes of the meetings which were detailed and demonstrated that staff were actively involved in, and consulted about, the running of the practice. The meetings were also used to discuss key policies and procedures such as the safe use of X-rays and infection control.

The practice was a member of the British Dental Association's quality assurance scheme and had recently been assessed by them. We read the report which stated the practice was meeting all good practice requirements and no areas needed improvement.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate.

Engagement with patients, the public, staff and external partners

The practice had its own survey and patients were asked for feedback in relation to appointments, complaints and suggestions for improvements. We noted that the results of the survey had been shared at a recent staff meeting and patients' suggestions for later opening times had been discussed. There was also a comments box in the waiting area and patients' suggestions for a daily newspaper, and a specific radio station to be played had been implemented.

Staff were encouraged to offer suggestions for improvements to the service and told us these were listened to and acted upon.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, and infection prevention and control. These audits were undertaken by the nurses to ensure their objectivity. Staff kept records of the results of these audits and the resulting action plans and improvements.

Not all staff had received an annual appraisal in the last year, but plans were in place to achieve this.