

## Bishopsworth Dental Surgery

# Bishopsworth Dental Surgery

## Inspection Report

43 Whitchurch Road  
Bishopsworth  
Bristol  
BS13 7RU  
Tel: 0117 9642687  
Website:

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### Overall summary

We carried out an announced comprehensive inspection on 19 December 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

#### **Background**

Bishopsworth Dental Practice is a dental practice providing NHS and private treatment for both adults and children. The practice is based in two former terraced residential properties, located on a busy through road in Bishopsworth, an area situated outside the city of Bristol. The practice is undergoing renovations and improvements.

The practice has four dental treatment rooms, one of which is based on the ground floor and a separate decontamination room used for cleaning, sterilising and packing dental instruments. The ground floor is accessible to wheelchair users, prams and patients with limited mobility.

The practice employs three dentists, two dental therapists, two dental nurses, three trainee dental nurses, two receptionists and a practice manager.

The practice's opening hours were between 8:30 am and 5pm on Monday, Wednesday, Thursday and Friday, and Tuesday 8:30am and 6pm and Saturday 9am and 1pm. There are arrangements in place to ensure patients receive urgent medical assistance when the practice is closed. This was provided by an out-of-hours service. These arrangements were displayed in the practice and on a telephone answering service.

At the time of the inspection there was a practice manager in post, however the practice did not have a registered manager. A registered manager is a person

# Summary of findings

who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

The inspection took place over one day and was carried out by a CQC lead inspector, CQC inspector and specialist dental advisor.

We obtained the views of three patients on the day of our inspection and all were positive and supportive of the practice. We also received 11 feedback cards which corroborated with the patient feedback on the day of inspection. All 14 patients were positive about the care they received from the practice. They were complimentary about the friendly, professional and caring attitude of the dental staff and the dental treatment they had received.

## Our key findings were:

- We found that the practice ethos was to provide patient centred dental care in a relaxed and friendly environment.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available in accordance with current guidelines.
- The dental treatment rooms appeared clean and well maintained although some thoroughfares through the practice were dusty.
- There was appropriate equipment for staff to undertake their duties, and equipment was properly maintained.
- Infection control procedures generally followed published guidance although improvements could be made to streamline the process. For example the location of storage units and disinfection equipment inhibited the dirty to clean flow of instruments.
- The practice had identified a safeguarding lead professional and there were effective processes in place for safeguarding adults and children living in vulnerable circumstances.
- There was a process in place for reporting and shared learning when untoward incidents occurred in the practice.
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Patients could access urgent treatment and emergency care when required.
- Staff did receive mandatory training, for example first aid and cardio pulmonary resuscitation (CPR). However there was no appraisal system in place to ensure the training, learning and development needs of individual staff members.
- Staff we spoke with felt well supported by the principal dentist and the practice manager and were committed to providing a quality service to their patients.
- Information from 11 completed Care Quality Commission (CQC) comment cards gave us a positive picture of a friendly, caring, professional and high quality service.
- The practice had some clinical governance and risk management structures in place, but we observed several shortfalls in systems and processes. For example there was no legionella risk assessment, annual infection control statement, fire risk assessment, safer sharps assessment or mains electrical testing.

## We identified regulations that were not being met and the provider MUST:

- Ensure the practice's sharps handling procedures and protocols are in compliance with the Health and Safety (sharp instruments in Healthcare) Regulations 2013
- Ensure that the practice undertakes a fire safety risk assessment in compliance with the requirements of the Regulatory Reform (Fire Safety) Order 2005.
- Ensure that a practice mains wiring assessment is carried out in compliance with the Electricity at Work Regulations 1989 and the 16th Edition I.E.E. regulations (BS BS 7671).
- Ensure that the practice undertakes a legionella risk assessment and implements the required actions giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and the Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.

# Summary of findings

- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
  - Ensure the training, learning and development needs of staff members are reviewed at appropriate intervals and an effective process is established for the on-going assessment and supervision of all staff employed.
- There were areas where the provider could make improvements and SHOULD:**
- Review and develop strategies for formalising the capture and response to patient feedback.
  - Review the provision of a practice annual infection control statement in line with guidance provided by the Health and Social Care Act 2008: Code of practice on prevention and control of infection and its related guidance.
  - Review the provision of cleaning in the practice in line with the guidance issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and the Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance

- Review the protocols and procedures for use of X-ray equipment giving due regard to guidance notes on the Safe use of X-ray Equipment.

# 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 arrangements in place for essential areas such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We observed improvements were needed to the systems and processes underpinning the governance systems of infection control and dental radiography. We evidenced the equipment used in the dental practice was maintained in accordance with manufacturer's instructions.

The practice took its responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents.

Staff had good awareness of safeguarding issues, which were informed and supported by practice policies. Staff were able to illustrate scenarios of when they had identified concerns and raised queries to relevant authorities. We spoke with three staff on duty and they confirmed they had received training in safeguarding patients (adults and children).

Systems for staff recruitment, induction and appraisal were limited and did not fully meet requirements.

No action



### Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance from the National Institute for Health and Care Excellence (NICE) to guide their practice. The practice monitored patients' oral health and gave appropriate health promotion advice.

We saw examples of good teamwork within the practice and evidenced appropriate communication with other dental professionals.

Staff we spoke with told us they had accessed training in the last 12 months to maintain their continuing professional development. Staff had not received an appraisal and individual training needs had not been identified.

No action



### Are services caring?

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

No action



# Summary of findings

We obtained the views of three patients on the day of our visit. These provided a positive view of the service provided.

We reviewed the feedback from eleven CQC comments cards which demonstrated they received prompt and attentive service.

## Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took these into account in how the practice was run and patients treated.

Patients could access treatment and urgent and emergency care when required. The practice provided patients with access to telephone interpreter services when required.

There was level access into the building for patients with limited mobility and prams and pushchairs. Services were available on the ground floor.

The practice did not actively pursue patient feedback however there was a patient suggestion box in reception. Patient feedback received was not formally analysed or used to improve services at the practice.

There was a formal complaints procedure publicly displayed. The complaints procedure described how the practice handled complaints in a timely way.

No action



## Are services well-led?

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

We will be following up on our concerns to ensure they have been put right by the provider.

The practice had some clinical governance and risk management structures, however the practice was unable to provide assessments for fire risk assessment, mains electrical testing, safer sharps, legionella risk assessment, annual infection control audit and a complete dental radiography file.

Leadership was provided by the principal dentist and practice manager. There were clearly defined leadership roles within the practice and staff told us they felt well supported and enjoyed their work

The practice had limited systems for induction, monitoring staff training and appraisal to support and develop staff skills and knowledge to enable them to fulfil their role

Staff told us that they felt well supported and could raise any concerns with the principal dentist or practice manager. They told us the practice was a good place to work.

Requirements notice



## Summary of findings

Fourteen patients commented that the quality of care was very good. Patients told us staff were friendly and helpful and the dentists were good at explaining the treatment proposed.

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## Detailed findings

### Background to this inspection

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

We carried out an announced, comprehensive inspection on 19 December 2016. The inspection was carried out by a lead inspector, second inspector and a dental specialist adviser.

Prior to the inspection we reviewed information we held about the provider and received from NHS England. We also reviewed information received from the provider in advance of the inspection. During the inspection visit, we reviewed policy documents, staff training and recruitment records. We obtained the views of five members of staff, three patients and spoke with the provider/principal dentist. The staff gave positive feedback about the practice.

We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the systems that supported the patient dental care records.

Fourteen patients provided feedback about the service via CQC comment cards which had been left for them to complete prior to the inspection. We also looked at written comments left about patient experiences on-line via NHS choices. Patients were positive about the care they received from the practice. They reported the practice was friendly, professional and spoke of the caring attitude of the dental staff. Patients we spoke with on the day of the inspection commented they were likely to recommend the practice.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

There was a system in place for reporting and learning from incidents. There had been no significant events reported in the previous 12 months.

We discussed the investigation of incidents with the practice manager. They confirmed if patients were affected by something that went wrong, they were given an apology and informed of any actions taken as a result. Practice staff were aware of their responsibilities under the Duty of Candour.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We looked at accident records. There had not been any reportable incidents in the past 12 months.

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). Where relevant, these alerts were shared with all members of staff by the practice manager.

Whole staff team meetings were held monthly. Team meetings were recorded and we looked at a sample of meeting minutes. We saw there were records of when actions resulting from team meetings were addressed and completed.

### Reliable safety systems and processes (including safeguarding)

We spoke to the practice manager about the prevention of needle stick injuries within the practice. Although there were systems and processes in place to prevent needle stick injuries, improvements were required to comply with the safe sharps regulation 2013. It was not clear what system was in place for the recapping of needles following administration of a local anaesthetic. The practice manager explained equipment was available in the form of a single use delivery system but this we were told was not used by the dentists. The practice manager assured us they would take immediate action to ensure this system was used for the safety and protection of staff and patients. We were shown the infection control policy and asked to see a

detailed risk assessment in relation to the recapping of needles and were told one had not been undertaken according to the requirements specified in the Safe Sharps Regulations 2013.

We asked the staff how they treated the use of instruments used during root canal treatment. They explained these instruments were single patient use only. The dentists followed appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam. They explained that root canal treatment was carried out where practically possible using a rubber dam. We noted that the practice had a comprehensive kit of rubber dam in place. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. The principal dentist described what alternative precautions were taken to protect the patient's airway during the treatment if a rubber dam was not used.

The practice manager was the safeguarding lead professional, who was the point of referral should members of staff encounter a child or adult safeguarding issue. A policy and protocol was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Information was available in the practice that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported there had been no safeguarding incidents that required further investigation by appropriate authorities.

All staff were aware of the practice whistleblowing policy and felt they could raise concerns, which would be acted upon by the management team.

### Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and can deliver an electrical shock to attempt to restore a normal heart rhythm. Staff had received training in how to use this equipment.

The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The



# Are services safe?

practice had access to medical oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines available for use along with the oxygen cylinder were all in date and stored in a central location known to all staff.

The practice held training sessions each year for the whole team to ensure they maintained their competence in dealing with medical emergencies. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell.

## **Staff recruitment**

The staff structure of the practice consisted of three dentists and two dental hygienists. There was a practice manager, three dental nurses, a trainee dental nurse and two reception staff.

There was a recruitment policy which stated that all relevant checks would be carried out to confirm any person being recruited was suitable for the role. This included the use of an application form, interview, review of employment history, evidence of relevant qualifications, the checking of references and a check of registration with the General Dental Council. However, the systems and processes were not effectively implemented for the recruitment of staff and associates working in the practice to protect patients. On reviewing records for four out of 13 staff records we found references had not been taken up in three cases, one member of staff had not undergone a DBS check, one member of staff had not confirmed their hepatitis B status, evidence of identity had not been obtained in two cases, two members of staff had not provided an employment history. One member of staff, who had been working for six months had not had any checks completed or information gained. The practice manager and principal dentist acknowledged their non-compliance with recruitment requirements and said they would rectify this issue.

## **Monitoring health & safety and responding to risks**

The practice had some arrangements in place to monitor health and safety and deal with foreseeable emergencies, but there were some shortfalls.

For example, we were shown the practice had not undertaken a Legionella risk assessment (Legionella is a term for particular bacteria which can contaminate water

systems in buildings) using a competent person. The practice manager and practice dentist assured us they would arrange for a Legionella risk assessment to be completed in line with Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

The practice had not undertaken mains electrical testing as specified in the the Electricity at Work Regulations 1989 and the 16th Edition I.E.E. regulations (BS BS 7671) carried out by a competent person for the safety of patients and staff. The practice manager and principle dentist assured us they would arrange for an assessment to be completed.

The practice had not undertaken a fire safety risk assessment as specified in the Reform (Fire Safety) Order 2005 carried out by a competent person. This assessment is required to ensure that patients and staff were protected from the risk of injury due to a fire. The practice manager and principle dentist assured us they would arrange for an assessment to be completed.

The practice had not undertaken a safer sharps risk assessment as specified under the EU safer sharps directive 2010. The practice manager assured us that this would be arranged as soon as practically possible. The practice manager and principle dentist assured us they would arrange for an assessment to be completed

The practice had a comprehensive file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. They also had the appropriate equipment to manage spillages.

The practice had a system in place for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS). Relevant alerts were discussed during staff meetings which facilitated shared learning.

## **Infection control**

There were some systems in place to reduce the risk and spread of infection.

We saw the dental treatment rooms were visibly clean, tidy and clutter free. Clear zoning demarking clean from dirty

# Are services safe?

areas was apparent in all treatment rooms. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment rooms. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed. We noted some thoroughfares through the practice were dusty due to ongoing building works. The practice manager and principle dentist assured us they would review cleaning arrangements.

The drawers of two treatment rooms were inspected and these were clean, ordered and free from clutter. Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

We asked a dental nurse to describe to us the end-to-end process of infection control procedures at the practice. The protocols described demonstrated that the practice followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'

The dental water lines were maintained to prevent the growth and spread of *Legionella* bacteria and the method described which was in line with current HTM 01 05 guidelines.

The practice had a separate decontamination room. We noted the organisation of the room did not allow a free-flowing system from dirty through to clean. Also, the current arrangements meant the packaging of processed instruments was undertaken in the dental treatment rooms.

The practice had in place a combination of an ultra-sonic cleaning bath and manual scrubbing with two sinks for the initial cleaning process. We observed when dental nurses were manually scrubbing instruments following ultrasonic cleaning the scrubbing and rinsing process was carried out under a running tap rather than a full immersion technique as described by HTM 01 05. In discussion with the practice manager and principle dentist they acknowledged the system could be improved.

Following pre-sterilisation cleaning instruments were inspected with an illuminated magnifier; the instruments were then placed in an autoclave (a device for sterilising

dental and medical instruments). When the instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines.

We were shown the systems in place to ensure the autoclaves used in the decontamination process were working effectively. We were shown electronic data loggers used to record the parameters of the sterilisation cycles. The recommended tests utilised as part of the validation of the ultra-sonic cleaning bath were carried out in accordance with current guidelines, the results of which were recorded in an appropriate log file.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed sharps containers, clinical waste bags and municipal waste were properly maintained in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice. Clinical waste was stored in a secure and locked bin adjacent to the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection.

The practice carried out the placement of dental implants. The practice manager explained the practice would use a single use surgical drape pack system for patients undergoing the placement of dental implants to reduce the spread of infection. These would be ordered when required. The practice also used single patient use surgical irrigant packs used in the placement of dental implants.

We were told and saw documentary evidence general environmental cleaning was carried out by an external cleaning company according to a cleaning plan developed by the practice. We observed some non-clinical areas were dusty and pointed this out to the practice manager who agreed to speak with the company involved. Cleaning materials and equipment were stored in accordance with current national guidelines.

## Equipment and medicines

Documentary evidence was seen that equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the autoclaves had been serviced and calibrated in December 2016. The practice's X-ray machines had been serviced and calibrated as specified under current national regulations.

# Are services safe?

Portable appliance testing (PAT) had been carried out in November 2016. The practice compressor had been serviced according to the Pressure Vessel Regulations 2000 in 2015 which was within the recommended interval of not later than 26 months between inspections.

The practice had in place a prescription logging system to account for the prescriptions issued to prevent inappropriate prescribing or loss of prescriptions.

We observed the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and mercury spillage.

## **Radiography (X-rays)**

We were shown some documentation in line with the Ionising Radiation Regulations 1999 and Ionising Radiation

Medical Exposure Regulations 2000 (IRMER). This included the local rules and maintenance certificates for the X-ray sets. The local rules must contain the name of the appointed Radiation Protection Advisor, the identification and description of each controlled area and a summary of the arrangements for restriction access. Additionally, they must summarise the working instructions, any contingency arrangements and the dose investigation level. The local documentation we saw did not provide this information.

We found the practice did not maintain a dedicated radiation protection file and had not identified the need to comply with regulations. The principle dentist had appointed a company who would be working with the practice to ensure all appropriate radiation requirements were met. We saw correspondence to confirm this.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The dentists carried out consultations, assessments and treatment in line with recognised general professional guidelines. The dentist we spoke with described to us how they carried out their assessment of patients for routine care.

The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment, the diagnosis was then discussed with the patient along with the various treatment options.

Where relevant, preventative dental information was given to improve the outcome for the patient. This included dietary advice and general oral hygiene instruction such as tooth brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Dental care records shown to us by the dentist demonstrated the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. These were carried out where appropriate during a dental health assessment.

### Health promotion & prevention

The practice was focused on the prevention of dental disease and the maintenance of good oral health. To facilitate this aim, the practice appointed two dental therapists to work alongside of the dentists in delivering preventative dental care.

The dentist explained that children at high risk of tooth decay were identified and were offered fluoride varnish applications to keep their teeth in a healthy condition. Adults at a higher risk of tooth decay were prescribed high concentration fluoride tooth paste. They also placed fissure sealants (special plastic coatings on the biting surfaces of permanent back teeth in children who were particularly vulnerable to dental decay).

They went on to describe the advice given which included tooth brushing techniques explained to patients in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. This advice along with the preventative interventions such as optimum fluoride use and fissure sealants was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we observed demonstrated that the dentists had given oral health advice to patients.

We observed there were health promotion materials displayed in the reception area. These could be used to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition.

### Staffing

Staff told us they received appropriate professional development and training. We reviewed the staff recruitment files and saw this corroborated in some cases. The training covered the mandatory requirements for registration issued by the General Dental Council. This included responding to emergencies, safeguarding, infection control and X-ray training.

We were shown staff recruitment records. These records showed that for four out of 13 staff references had not been taken up. In three cases, one member of staff had not undergone a DBS check three members of staff had not had an induction course into the practice, one member of staff had not confirmed their hepatitis B status, evidence of identity had not been obtained in two cases, two members of staff had not provided an employment a work history. One member of staff, who had been working for six months had not had any checks completed or information gained.

# Are services effective?

(for example, treatment is effective)

The practice manager and principle dentist assured us that processes were now being put in place to ensure the practice recruitment policy and procedures were followed and the recruitment arrangements were in line with schedule 3 of the Health and Social care Act 2008 (regulated activities) Regulations 2014 to ensure necessary employment checks are in place and the required specified information in respect of persons employed by the practice is held.

We reviewed the systems and process which were in place for the monitoring of staff by appraisal or the supervision of trainee dental nurses. The practice manager told us that no appraisals had been completed for staff and these were to be completed during early 2017. There were no training plans in place for the three trainee dental nurses in line with General Dental Council requirements.

Many of the staff employed had worked at the practice for a number of years. Staff told us the principle dentist was supportive and invested in staff through regular training opportunities to promote clinical excellence at the practice.

## **Working with other services**

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients.

A dentist we spoke with explained how the dentists worked with other services. Dentists could refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as special care dentistry and orthodontic providers. These were maintained on the computerised records system, which were backed up remotely.

## **Consent to care and treatment**

The dentist we spoke with explained how they implemented the principles of informed consent; they had a very clear understanding of consent issues. The dentist explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they understood their treatment options.

The dentist went on to explain how they would obtain consent from a patient who suffered with any mental impairment which may mean they would be unable to fully understand the implications of their treatment. If there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. The dentist added they would involve relatives and carers if appropriate to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005 (MCA). The clinicians had completed formal training during 2016 in relation to the MCA.

All of the staff were aware of the Mental Capacity Act 2005. (The Mental Capacity Act 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves). Staff had completed formal training in relation to the MCA in 2016.

The dentist was familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

Treatment rooms were situated away from the main waiting areas and we saw doors were always closed when patients were with dentists.

Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patients' privacy. Patients' clinical records were stored in electronic and paper formats. Computers which contained patient confidential information were password protected and regularly backed up to secure storage. We saw the practice uploaded medical history forms, NHS and private treatment planning forms and any other correspondence into the patient's records. Paper records were stored in locked metal filing cabinets to protect confidential patient information from unauthorised access.

Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff were aware of the importance of providing patients with privacy and maintaining confidentiality.

During the inspection, we observed staff in the reception area were polite and helpful towards patients and the general atmosphere was welcoming and friendly.

### **Involvement in decisions about care and treatment**

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing NHS fees was displayed in the waiting area.

The dentist we spoke with paid attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. This included information recorded on the standard NHS treatment planning forms for dentistry where applicable and estimates and treatment plans for private patients.

The patient feedback we received on the day of the inspection confirmed patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' dental needs. The dentists and hygienist decided on the length of time needed for their patient's consultation and treatment according to patient need. The feedback we received from patients indicated they felt they had enough time with the dentist and were not rushed.

Staff told us patients could book an appointment in good time to see the dentist. The feedback we received from patients confirmed that they could get an appointment when they needed one, and this included good access to urgent appointments on the day they needed to be seen. Same day urgent appointments were scheduled for patients registered with the practice.

During our inspection we were shown examples of information available to patients, this included a printed patient information leaflet.

### Tackling inequity and promoting equality

The practice recognised the needs of different groups in the planning of its service. There was an equality and diversity policy to which staff could refer. We observed staff assisting older people with mobility problems around the building.

The practice consisted of two joined and converted terraced houses. This presented some challenges for accessibility as it was in an elevated position from the road. The building had narrow corridors and doors. A ramp had been installed to aid patients accessing the premises from street level. One of the surgeries was located on the ground floor of the building and was accessible for patients with

mobility issues. Whilst the practice had not completed a specific Equalities Act 2010 access audit, this was balanced by adjustments the practice had made to assist patients with specific needs.

### Access to the service

The practice opening hours were between 8:30 am and 5pm on Monday, Wednesday, Thursday and Friday, Tuesday 8:30am and 6pm and Saturday 9am and 1pm. There were arrangements in place to ensure patients receive urgent medical assistance when the practice is closed. This is provided by an out-of-hours service, which was available either through a telephone answering service, patient leaflets and a poster displayed in the waiting room.

The receptionists told us patients, who needed to be seen urgently, for example because they were experiencing dental pain, were seen on the same day they alerted the practice of their concerns. The feedback we received via comment cards confirmed patients had good access to the dentist in the event they needed emergency treatment.

### Concerns & complaints

Information about how to make a complaint was displayed in the reception area. There was a formal complaints policy describing how the practice handled formal and informal complaints from patients. There had been one complaint recorded during 2016 regarding dental costs. We looked at the complaint in detail. This was handled in a timely way and resolved to the satisfaction of the complainant.

Patients were also invited to give feedback in person or via a comments box at the reception desk. There was no strategy in place for seeking patient views to use as a method for improving services. The practice manager and practice principle told us they planned to implement a strategy to obtain and analyse patient feedback to develop the service.

# Are services well-led?

## Our findings

### Governance arrangements

The practice generally had some clinical governance and risk management structures in place however improvements were required and we were shown evidence these areas were being addressed.

The practice manager was responsible for the day to day running of the service. They took the lead role for individual aspects of governance such as complaints, risk management and audits within the practice and sought to ensure there were systems to monitor the quality of the service such as risk assessments.

We asked the practice manager if they had any evidence of audits undertaken at the practice to monitor and improve the quality of service provided. We were shown there was a programme of clinical audits taking place at the practice. These included infection control carried out in March and October 2016 and X-ray quality in April 2016.

The practice manager showed us a waiting time audit which had been completed in July 2015. However there was no analysis of this audit with outcomes identified and no action plan to address shortfalls. We also saw a clinical record keeping audit which had been undertaken by the provider in July 2016 and showed a significant number of areas for improvement. An action plan had been drawn up however there was no evidence that actions had been completed.

We were shown an infection control audit which had been completed in February 2016 and demonstrated a significant shortfall from the essential standards required with a score of 66% for the management of waste. The audit identified not all staff had received waste disposal training and were not confident of the various waste disposal protocols. We asked the practice manager for an action plan and were told one was not available. Staff we spoke with had not received specific waste management training since the audit.

The practice manager told us they were aware they lacked some of the skills and knowledge to operate an effective governance system to fully assess, monitor, mitigate risks

and improve the quality of service provided. The practice manager told us they were currently applying to be the registered manager and had asked the provider for help in preparing for this process.

The practice had a range of policies and procedures to support the management of the service. We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service. We saw risks such as those associated with recruitment of staff, environmental safety, infection control, sharps usage and medicine control had not been suitably identified and mitigated.

The practice undertook regular meetings involving all the staff in the practice and records of these meetings were retained. Lead roles, for example in infection control and safeguarding supported the practice had not been identified to manage risks and help ensure information was shared with all team members.

There were policies and procedures in place to govern activity and had been reviewed within the last 12 months. Staff were aware of the policies and procedures and acted in line with them in as much as their knowledge allowed. These included guidance about confidentiality, record keeping, managing violence and aggression, inoculation injuries and patient safety.

There were regular practice meetings to discuss practice arrangements. We saw minutes from meetings where issues such as infection control and patient care had been discussed.

### Leadership, openness and transparency

Leadership was provided by the principal dentist and was supported by the practice manager. The practice ethos focussed on providing patient centred dental care in a relaxed and friendly environment. The comment cards we saw reflected this approach.

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the principle dentist and the practice manager.

### Learning and improvement

Systems and process were not effectively managed for the monitoring of staff by way of induction, appraisal and the training of student nurses. Not all staff had undergone an



## Are services well-led?

induction, an appraisal, nor was there any evidence of a training plan in place for the trainee dental nurses employed; as specified in the standards and guidance provided by the General Dental Council. The practice manager told us they did not have comprehensive systems in place to consistently monitor staff training and ensure they had the skills and knowledge to fulfil their role. The practice manager told us they would implement a system for monitoring training and appraisal

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

The practice gathered feedback from patients through the use of a comments box in the reception area and by speaking with staff. The practice manager said that most of the comments were general opinions about upgrade to the premises, including waiting areas. The practice manager told us they would review the strategy for obtaining patient feedback, analysing and feeding results back to patients.

Staff told us the principle dentist and practice manager were open to feedback regarding the quality of the care.

## 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><b>The registered person did not have effective systems in place to ensure that the regulated activities at Bishopsworth Dental Practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• Systems were not in place to assess, monitor and mitigate risks related to the carrying on of the regulated activity. The practice had not risk assessed the practice in relation to fire protection, legionella testing, safer sharps or mains electrical testing for the safety and wellbeing of staff and patients.</li><li>• People who use services and others were not protected against the risks associated with recruitment processes The provider must evidence they employ 'fit and proper' staff who are able to provide care and treatment appropriate to their role and to enable them to provide the regulated activity.</li><li>• Staff did not receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to carry out. There was limited evidence of appraisals and limited evidence of induction for new staff when they started working at the practice.</li></ul>