

## Birch Dental Practice Limited

# Birch Dental Practice Limited

### Inspection Report

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### Overall summary

We carried out this announced inspection on 8 August 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team that we were inspecting the practice. We did not receive any information of concern from them.

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**

Birch Dental Practice is in Rusholme, Manchester and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and pushchairs. The practice has a car park including spaces for patients with disabled badges.

The dental team includes three dentists (one of which is a foundation dentist), five dental nurses, a trainee dental hygienist therapist and a receptionist. The practice has five treatment rooms. Birch Dental Practice is a

# Summary of findings

foundation training practice. Dental foundation training is a post-qualification training period, mainly in general dental practice, which UK graduates need to undertake in order to work in NHS practice.

The practice is owned by a company 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 Birch Dental Practice was the practice manager.

On the day of inspection we collected 36 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, three dental nurses, the receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 9am to 5pm

Friday 9am to 1pm

## Our key findings were:

- The practice was clean and well maintained.
- Improvements were needed to infection control procedures.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk but improvements were needed to assess the risk from sharps.
- Not all staff had received training in safeguarding but the practice had suitable processes in place and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

## There were areas where the provider could make improvements and should:

- Review the practice's system for 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 practice's safeguarding staff training; ensuring it covers both children and adults and all staff are trained to an appropriate level for their role.
- Review the practice's infection control procedures and protocols 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.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment. Improvements were needed to ensure they used learning from incidents to help them improve.

Not all staff had received training in safeguarding but they knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. Decontamination procedures were not in accordance with national guidance for cleaning, sterilising and storing dental instruments but immediate action was taken to address this.

The practice had suitable arrangements for dealing with medical and other emergencies.

Improvements were needed to the process to assess the risk from sharps and minimise the risk of injury.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients commented that they were happy with the treatment they received and said the clinicians were caring and made them feel at ease. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

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

No action



### Are services caring?

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

We received feedback about the practice from 36 people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional, caring and friendly. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

No action



# Summary of findings

## Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children.

Staff could speak Urdu, Punjabi, Cantonese and Bengali and the practice had access to face to face interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



## Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

On the day of the inspection the practice were open to feedback and took immediate actions to address the concerns relating to decontamination processes raised during the inspection.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action





# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had procedures to report, investigate and respond to accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded and responded to incidents. We noted that the policy did not include guidance to staff of the types of incident to report or state the investigation process. There was no evidence of learning from recent sharps injuries or preventative measures taken. The practice manager confirmed these areas would be addressed and an action plan was received immediately after the inspection.

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

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that the clinicians had received safeguarding training. Other members of staff were yet to receive training but a plan was in place for this. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice had a basic sharps risk assessment but not all clinicians were familiar with safe needle re-sheathing techniques. We discussed this with the principal dentist who gave assurance that this would be reviewed and risk assessed more thoroughly. Staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of needles where necessary in order to minimise the risk of inoculation injuries to staff. Protocols were in place to ensure staff

accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

### Medical emergencies

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

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We noted that the emergency box was difficult to open and glucagon, which is required in the event of severe hypoglycaemia, was kept with the emergency drugs kit but the expiry date had not been adjusted in line with the manufacturer's instructions on storage temperature. The provider confirmed these areas would be addressed.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at staff recruitment files. These showed the practice followed their recruitment procedure.

Clinical staff were appropriately immunised against Hepatitis B. They were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

### Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. Staff had received fire safety training and carried out regular fire safety checks and fire drills. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental therapists when they treated patients.



## Are services safe?

### Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe and staff completed infection prevention and control training every year.

Decontamination procedures were carried out in a dedicated decontamination room, the process was not in accordance with HTM 01-05 guidance. We examined a sample of decontaminated instruments and found that several still had visible debris attached. This was brought to the attention of the practice manager. The practice took immediate action to inspect all instruments for debris. These were removed from use and sent for reprocessing or disposal if they could not be cleaned and sterilised. The practice reported the findings as a significant event and developed an action plan to review their decontamination protocol, provide additional staff training and introduce regular spot checks.

The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year.

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

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

### Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

### Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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

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

### Health promotion & prevention

The practice provided preventative care and support to patients in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children as appropriate.

We saw the practice was recently congratulated by NHS England for fluoride varnish on 79% of children compared with the locality rate of 59%.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health information to help patients with their oral health, including information in Bengali about the dangers and effects of using smokeless tobacco including paan or gutkha which is a mixture of ingredients, including betel nut, herbs, spices and tobacco, wrapped in a betel leaf and is popular with many people from south Asian communities.

### Staffing

Staff were provided with a practice handbook. Staff new to the practice had a period of induction based on a

structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included 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 urgent referrals to make sure they were dealt with promptly.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

The practice had installed CCTV in the reception area. Signage was displayed to advise people they were being recorded and the Information Commissioners' office had been informed of the use of CCTV.





## Are services caring?

### Our findings

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

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

Patients commented positively that staff were professional, caring and friendly. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone. Nervous patients said staff were compassionate, understanding and made them feel at ease.

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. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

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

Magazines and patient information were available in the waiting room. Patient survey forms, including specific feedback forms for children, a compliments and feedback book were available for patients to contribute feedback and read.

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

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

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.





# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

We saw that the dentists tailored appointment lengths to patients' individual needs and patients could choose from morning or afternoon appointments. Patients told us they had enough time during their appointment and did not feel rushed. Staff told us that patients who requested an urgent appointment were seen the same day.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patient notes were flagged if they were unable to access the first floor surgery or if they required a translator.

### Tackling inequity and promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access and an accessible toilet with hand rails and a call bell.

Staff at the practice could speak Urdu, Punjabi, Cantonese and Bengali to meet individual patients' needs. They had access to face-to-face interpreter services which included British Sign Language.

### Access to the service

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

The practice was committed to seeing patients experiencing pain on the same day and kept appointments

free for same day appointments. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

The practice monitored the availability of appointments and waiting times. We reviewed the availability of appointments and noted that there was a high demand for urgent care and patients commented that the practice were very responsive to requests for urgent appointments. Some patients commented that they sometimes experienced long waiting times but this had not detracted from their overall positive experience of the practice.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Governance arrangements

The practice was a member of a 'good practice' accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments which were regularly reviewed to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### Learning and improvement

On the day of the inspection the practice were open to feedback and took immediate actions to address the concerns raised during the inspection and send evidence

to confirm that action had been taken. We found they had not ensured staff were following the decontamination process effectively. The practice took immediate action to investigate our findings, carried out decontamination of the instruments which had visible debris on them and reviewed procedures to prevent this from happening again. They also submitted an action plan which included the implementation of training to follow this up and spot checks to prevent this happening again in the future.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays, oral cancer diagnosis and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed highly recommended training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development (CPD). Staff told us the practice provided support and encouragement for them to do so. A CPD notice board was available for staff in the office with information of forthcoming courses and events.

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

The practice used patient surveys, verbal comments and a staff survey to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on including providing additional emergency slots and the appointment of a Bengali speaking dental therapist.

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.