

## Bellcourt Dental Limited

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## Inspection Report

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### Overall summary

We carried out this announced inspection on 17 May 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.

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**

Bellcourt Dental Limited is in Broadgate, London and provides private treatment to patients of all ages.

The practice is on the third floor and there is lift access for people who use wheelchairs and pushchairs. There are three surgeries.

The dental team includes one dentist, one dental nurse, one dental hygienist and two receptionists. The practice has two treatment rooms.

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.

# Summary of findings

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 Bellcourt Dental Limited was the principal dentist.

On the day of inspection we collected 52 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with the dentist, the dental nurse, dental hygiene therapist, and the receptionists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: 9.00am to 4.30pm Monday to Thursday and 9.00am to 3.00pm on Fridays.

## **Our key findings were:**

- The practice was clean and well maintained.
- The practice had infection control procedures which mostly reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines although this was not always documented in dental care records.
- Staff treated patients with dignity and respect.
- 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.

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff knew how to recognise the signs of abuse and how to report concerns. Most staff had completed recent training

Staff were qualified for their roles and the practice recruitment procedures include all the essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising dental instruments. Instruments were not stored fully in line with guidance.

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

No action



### Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance, although this was not always reflected in dental care records. Patients described the treatment they received as gentle and skillful. The dentist 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 52 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, professional and courteous. They said that they were given knowledgeable and 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 elderly. The practice had access to telephone interpreter services and online translation and had arrangements to help patients with sight or hearing loss.

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

No action



## Are services well-led?

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

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

The practice team kept complete patient dental care records which were, clearly written or 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 policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. There had not been any accidents or incidents in the last 12 months.

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 some staff had received safeguarding training. Staff that had not completed training demonstrated a good knowledge of safeguarding and issues related to it. The practice manager assured us that staff who had not completed training would attend as a priority.

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 followed relevant safety laws when using needles and other sharp dental items. The dentist told us that they used rubber dams in line with guidance from the British Endodontic Society when providing most root canal treatment. In cases where rubber dam was not used, other preventative methods were used to protect the patients' airway.

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. In 2015. The current certificates were due to expire in November 2018. The practice manager advised us that they were considering completing training annually in line with published guidance.

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.

### 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. All of the staff had been working in the practice for many years. The information required at the time of their employment was on the files. These showed the practice followed their recruitment procedure.

Clinical staff 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. 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 dentist and dental hygienist when they treated patients.

A fire risk assessment had been carried out in May 2016. No actions were required to the area the practice occupied. Fire drills were completed twice a year and the smoke alarms were tested at least once a week.

### Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed

# Are services safe?

guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking and sterilising instruments in line with HTM01-05. However arrangements for storing instruments could be improved to be fully in line with guidance. Some instruments and hand pieces were on trays, loose in the drawers. We discussed this with the principal dentist and whilst they felt their current methods still ensured instruments were stored appropriately they advised us they would review the guidance and make any adjustments if they deemed it necessary.

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

The practice carried out an infection prevention and control audit yearly. The latest audit showed the practice was meeting the required standards. We discussed guidance published infection control guidance and the recommendation to carry out infection control audits every six months. The provider advised us they would consider the guidance for audit planning.

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

We saw cleaning schedules for the premises. There were full schedules for daily, weekly and monthly cleaning of all areas of the practice. Checklists were signed off daily. The practice was clean when we inspected and patients confirmed this was usual.

## Equipment and medicines

We saw servicing documentation for the equipment used. We saw certificates of servicing for the previous years including servicing in January 2017 and the amalgam separator, serviced in October 2016. The practice had an ultrasonic bath for cleaning used dental instruments. We noted that the manufacturer's guidance stated that as long as regular tests were carried out, servicing was not required. We saw that regular tests were being completed in line with the manufacturer's guidelines.

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

## Radiography (X-rays)

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

We saw evidence that the dentist justified, graded and reported on most X-rays they took but not all. We discussed this with the principal dentist and they assured us they would improve on this area.

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist described how they treated patients and this was in line with recognised guidance; improvements could be made to the documentation of this information in the dental care records. We discussed this with the dentist and they confirmed that they would ensure the records reflected the treatment and advice given.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

### Health promotion & prevention

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

The dentist and hygienist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had noted in a recent audit that written information on smoking and alcohol cessation would be useful for patients and they were in the process of designing this. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

### Staffing

Staff new to the practice had a period of induction based on an 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

The dentist 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 for implants and extractions. They also referred patients with suspected oral cancer under the national two week wait arrangements. Referrals were followed by a telephone call and/or letter to the specialist referred to. 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 dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed that the 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 dentist was aware of Gillick competency and 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.

# Are services caring?

## Our findings

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

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

Patients commented positively that staff were caring, respectful and courteous. We received responses from patients who had been with the practice for many years. Their comments reflected the fact that they had always been treated with dignity during the time they were patients. We saw that staff treated patients appropriately and were friendly towards patients at the reception desk and over the telephone.

The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. We observed that the surgery door was sometimes left open during treatment. Conversations could be overheard if passing the room or from the waiting area. We discussed this with the principal dentist and they assured us that they would close the door at all times during treatment. None of the comment cards we received from patients raised privacy as an issue.

The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

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

There were magazines and reading material in the waiting room. The practice provided drinking water and tea and coffee, if requested.

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

The practice gave patients clear information to help them make informed choices. Price lists were displayed in the patient waiting area and information leaflets relating to the various treatments were also available in the waiting area. Patients confirmed that staff listened to them, and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us through the comment cards that 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 dentist could show patients photographs, videos and X-ray images when they discussed treatment options.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. This included making appointment slots longer for nervous and vulnerable elderly patients and also arranging parking spaces with the landlord for disabled patient (the practice was in the City of London with restricted parking facilities).

Staff described to example of patients with dental phobia who were very nervous. Staff made sure they interacted with them in the waiting room and whilst they were in the chair to reassure them and calm their nerves.

Staff told us that they telephoned some older patients or their carers on the morning or the day before their appointment to make sure they could get to the practice and they remember.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included lift access and accessible toilet.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services. The staff team was multi lingual; this included Spanish, Romanian and Afrikaans.

### Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing dental pain on the same day and kept at least two appointments free for same day appointments. The website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. They had arrangements with other dentists who provided cover when the dentist was away.

### 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. All complaints were referred to the principal dentist before formally responded to.

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. This included the Dental Complaints Service.

# Are services well-led?

## Our findings

### Governance arrangements

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 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. There was a staff handbook/ folder for staff to refer to which outlined the practice ethic, GDC standards, CQC standards and the main policies in the practice. The principal dentist told us that he encouraged staff to read the handbook regularly to refresh their knowledge.

### 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 knew who to raise any issues with and told us principal dentist was approachable, would listen to their concerns and act appropriately. The principal dentist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

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

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records (completed in December 2016), X-rays (completed January to April 2017) and infection prevention and control (completed in December 2016). They had clear records of the results of the record card and infection control audits and the resulting action plans and improvements. The X-ray audits did not have actions noted. We discussed this with the principal dentist and they confirmed they would improve on this.

The whole staff 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 training regularly. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys and comment cards to obtain staff and patients' views about the service. We reviewed the patient surveys and saw that patients were very positive. One suggestion patients had made was the ability to book appointments on-line. The practice manager told us that this had not happened yet but the practice were looking into it.

Staff had the opportunity to make suggestions during the regular staff meetings. They told us this made them feel valued and included.