

Hyare and Khroud Billericay Dental Studio

Inspection Report

43a High Street

Billericay

Essex

CM12 9AX

Tel:01277622834

Website:<http://www.billericaydentalstudio.co.uk/>

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Overall summary

We carried out this announced inspection on 23 January 2020 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 Care Quality Commission, (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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Billericay Dental Studio is in Billericay, Essex and provides NHS and private dental care and treatment for adults and children.

The practice is situated above a commercial business and is accessed via a flight of stairs. The practice informs all new patients wishing to register that they are not wheelchair accessible and signposts patients that cannot manage the stairs to other nearby practices. One

Summary of findings

dedicated car parking space for people with disabilities is available in the street opposite the practice, other car parking spaces are available in public car parks near the practice.

The dental team includes three dentists, one visiting implant specialist, two trainee dental nurses, one dental hygienist, two receptionists and a practice manager/lead dental nurse. The practice has three treatment rooms, a fourth treatment room is in the process of development and is nearing completion.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC 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 Billericay Dental Studio is the practice manager.

On the day of inspection, we collected 48 CQC comment cards filled in by patients and spoke with two other patients.

During the inspection we spoke with three dentists, one trainee dental nurse, one 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 from 8.20am to 8pm, Tuesday to Friday from 8.20am to 5.45pm.

Our key findings were:

- Patients received their care and treatment from staff who were well supported and enjoyed their work.
- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.

- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures. Hepatitis B immunity was not in place for some staff. The practice took immediate action to complete risk assessments and obtain immunity records.
- The practice undertook domiciliary visits where appropriate. There were limited processes to oversee this.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs. Extended hours appointments were available on Monday evening until 8pm.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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

- Implement protocols for domiciliary visits taking into account the 2009 guidelines published by British Society for Disability and Oral Health in the document "Guidelines for the Delivery of a Domiciliary Oral Healthcare Service".
- Improve the practice's sharps procedures to ensure the practice is in compliance with 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?	No action	✓
Are services effective?	No action	✓
Are services caring?	No action	✓
Are services responsive to people's needs?	No action	✓
Are services well-led?	No action	✓

Are services safe?

Our findings

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

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

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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

The provider also had a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation.

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

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw that records of water testing and dental unit water line management were maintained.

The practice manager confirmed that a new legionella risk assessment would be completed by an external provider once the building and refurbishment work had been completed. The practice would then ensure any recommendations in the assessment were identified and actioned.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. The external waste bin was locked but not secured.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy. The practice had access to a Freedom to Speak Up Guardian and staff felt confident they could raise concerns without fear of recrimination.

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

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

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

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

Are services safe?

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers throughout the building and fire exits were kept clear. As a result of the practice fire risk assessment and as part of the practice refurbishment plans the practice were in the process of updating the fire detection systems.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We noted there was no rectangular collimation available in the three first floor treatment rooms. A new rectangular collimator was in place in the newly built fourth treatment room. We discussed this with the practice manager and dentist and were assured these were ordered before we left the practice.

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

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

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

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

We looked at the practice's arrangements for safe dental care and treatment. The practice had not moved to a safer sharps system. However, all staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment and policy had been undertaken and was updated annually. There was scope to expand these to ensure they included all sharp dental instruments. Not all sharp bins were fixed in place.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus. We noted not all staff records had the effectiveness of the vaccination recorded. Immediately following the inspection

the practice provided evidence of a risk assessment undertaken for those staff undergoing a vaccination course or where the effectiveness of the vaccination had not been acquired from their GP.

We were told sepsis prompts for staff and patient information posters were displayed throughout the practice. However these had been temporarily removed whilst refurbishments were completed. These prompts helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team. Immediately following the inspection the provider undertook a risk assessment for when the dental hygienist worked without chairside support.

The provider had some risk assessments to minimise the risk that can be caused from substances that are hazardous to health. There was scope to ensure these were expanded to ensure they included all the relevant information for all the substances stored at the practice.

Information to deliver safe care and treatment

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

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

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Are services safe?

Safe and appropriate use of medicines

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

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

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

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

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

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were

comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

Where there had been safety incidents we saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future. There was scope for the practice to expand this into a more comprehensive educational tool by reviewing a wider range of incidents as events.

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

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The provider occasionally undertook domiciliary care for patients who were unable to attend the practice. We were told these were generally for the review of dentures. The practice did not have a protocol in place to ensure medical emergencies, risk assessments, chaperoning, infection prevention and control and the transporting of equipment were in line with the guidelines as set out by the British Society of Disability and Oral Health when providing dental care in domiciliary settings.

Clinical staff were aware of Local Safety Standards for Invasive Procedures (LocSSIPs). Staff described that the guidance on sepsis (a serious complication of an infection), had been displayed prior to the refurbishment.

Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken and the advice given to them.

Comments received from patients reflected high patient satisfaction with the quality of their dental treatment and the staff who delivered it. One patient advised us that the service provided was excellent, that the staff were always friendly, informative and gave full explanations and choices. In addition they commented that the recent refurbishments were a great improvement. Another patient commented how staff employed good humour, dignity and respect and their treatment was applied with care and sympathy.

The practice offered dental implants. These were placed by a visiting clinician who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

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

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

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

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

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under

Are services effective?

(for example, treatment is effective)

the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were helpful, caring and extremely thorough. One patient told us they took time to listen and were aware of their relatives' additional needs. We saw staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

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

Information folders with patient survey results were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

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

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard which was a requirement to make sure that patients and their carers can access and understand the information they were given. We saw:

- Interpreter services were available for patients who did not speak or understand English.
- Staff communicated with patients in a way that they could understand. We noted clinicians left their treatment rooms and came out into the reception area to invite patients through for their treatment. They engaged with patients in friendly and reassuring discussion prior to their treatments.
- Icons on the practice computer system notified staff if patients had specific requirements or a disability.
- Information about the practice, oral health and treatments was available in other formats and languages if required.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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

The practice's information leaflet provided patients with information about the range of treatments available at the practice. The practice's website was undergoing an update.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, study models, videos and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. Staff gave examples of the support they provided to patients when they were in distress or confused. We also observed how staff met the needs of more vulnerable patients. These were validated in some of the comments received from patients.

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

Two weeks before our inspection, CQC sent the practice 48 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

48 cards were completed, giving a patient response rate of 100%

100% of views expressed by patients were positive.

Common themes within the positive feedback were professional and friendly staff, customer consideration, ease of access to dental appointments and the improvements following the refurbishments. We noted several patients commented on how happy they were and the length of time they had remained with the practice. In one instance over 50 years.

We were able to talk to two patients on the day of inspection. Feedback they provided and our observations aligned with the views expressed in completed comment cards.

Staff described the support they provided patients for whom they needed to make adjustments to enable them to receive treatment.

Due to the location of the practice the provider had made reasonable adjustments for patients with disabilities. This included effective lighting and a hand rail either side of the stairs accessing the practice. The practice did not have a hearing loop but staff were aware that there had been no demand for this; we were told staff continued to review the need for this equipment. A disability access audit had been completed and an action plan formulated to continually monitor and improve access for patients.

Text appointment reminders were sent to patients who had given their consent. Staff also telephoned some more vulnerable patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

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

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Extended hours appointments were available on Monday evening until 8pm. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

When the practice was closed, the telephone answer machine referred patients to the emergency on-call arrangements which were held with the NHS 111 out of hours service.

The practice's information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily. However, we noted one patient commented on a longer than usual wait prior to their appointment. We discussed this with the practice manager who confirmed they would continue to review any appointment delays.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

Staff told us the provider and practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about 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 gave us examples of how they had discussed issues with the practice manager raised by patients. Staff would speak to the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

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

We looked at comments, compliments and complaints the practice received. 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

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

The practice demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions. The information and evidence presented during the inspection process was clear and well documented. They could show how they sustain high-quality sustainable services and demonstrate improvements over time.

Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service and understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at an annual appraisals and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. For example, through the provision of general dentistry the practice aimed to provide regular care at appropriate intervals for patients. In addition, the provision of domiciliary care

where appropriate. The practice strategy included the development, refurbishment and expansion of the practice. This included a fourth treatment room on the second floor and an office/staff area. The practice aimed to continually update and improve patient facilities.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

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 provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example surveys, audits, external body reviews were used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service.

Are services well-led?

The provider used patient surveys, comment cards and encouraged verbal comments to obtain staff and patients' views about the service. Patients commented positively on the refurbished waiting room, the television screens in treatment rooms and the waiting room and the drinking water facilities. The practice ensured patients were updated with the on-going refurbishments.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

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

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The practice was also a member of a good practice certification scheme.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept 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.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.