

# Torbay and South Devon NHS Foundation Trust

## Brunel Dental Centre

### Inspection Report

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### Overall summary

We carried out this announced inspection on 22 February 2018 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 and Healthwatch that we were inspecting the practice. NHS England provided us with some contractual information about the service.

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**

Brunel Dental Centre is in Newton Abbot and provides urgent care, assessment, advice, continuing care, onward referral and oral health advice to special care groups whose needs have prevented them accessing dental care through General Dental Services.

# Summary of findings

There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including spaces for patients with disabled badges, are available near the practice.

The dental team includes a clinical director (who is also a dentist), four additional dentists, 11 dental nurses, one dental therapist, one practice manager (who is also a dental nurse) and three receptionists. The practice has two treatment rooms.

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

During the inspection we spoke with one dentist, three dental nurses, one dental therapist, the practice manager, the acting clinical director and a receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 9am – 4:30pm.

## **Our key findings were:**

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies.
- 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 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 was an area where the provider could make improvements. They should:

- Review protocols for domiciliary visits taking into consideration the British Society for Disability and Oral Health – Guidelines for the Delivery of a Domiciliary Oral Healthcare Service. In particular with reference to ensuring access to a defibrillator whilst providing domiciliary dental services.

# 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 received training in safeguarding and 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. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

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 dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent and exemplary. 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 six people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind and empathetic. 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



### Are services responsive to people's needs?

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

No action



# Summary of findings

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. The practice had access to telephone/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.

## **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. The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. They used systems of both local and centralised reporting. We discussed opportunities that may be missed for wider learning when incidents were treated as learning opportunities at a local level only.

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 staff received safeguarding training. 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 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 with 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. Staff who carried out sedation services received training in immediate life support.

Emergency equipment and medicines were available as described in recognised guidance in the dental practice and on the dental van, which provided community dental services. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. In conversation with staff it was stated that a defibrillator was not always taken when conducting domiciliary visits. Improvements could be made to review these arrangements, taking into account relevant published guidance.

### 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 three staff recruitment 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 dentists and dental therapist when they treated patients.

### Infection control

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

The practice did not have on-site facilities for cleaning and sterilising dental instruments. Dental instruments were transported to another facility for this purpose. There were suitable arrangements for transporting and storing instruments in line with HTM01-05.

## Are services safe?

The practice carried out an infection prevention and control audit twice a year. The latest audit, completed in September 2017, showed the practice was meeting the required standards. The audit included assessment of the centralised decontamination facilities at another location and the servicing of equipment within.

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 discussed the risk assessment with the practice manager and updating the risk assessment to include consideration of any risk relating to water lines in the dental chairs.

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 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.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

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

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

One dental nurse with appropriate additional training supported dentists treating patients under sedation. The dental nurses' name was recorded in patients' dental care records.

### Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Practice staff has devised an oral health risk assessment tool to support their clinical practice.

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 based on an assessment of the risk of tooth decay for each child. Some of the dental nurses had received additional training to apply fluoride varnish treatments whilst on community visits. Whilst all dental nurses had received training to apply fluoride varnish in the clinical setting.

The practice had an established community outreach programme, informed by research into local risks. For example, data from the 2015 National Dental Epidemiology Programme for England. From the results of this study practice staff were supporting targeted local primary schools and mother and baby groups in oral health education programmes. The practice was in the process of evaluating the impact of this work. The practice staff also supported vulnerable groups, such as refugee families and homeless charities in dental care and oral health education. The practice staff benefitted from having a mobile dental unit to support this work.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of sample dental products 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 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 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

# Are services effective?

(for example, treatment is effective)

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/carers 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.



# 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 friendly and empathetic. 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 and understanding.

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. 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.

Information displays and oral health leaflets were available for patients to 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. Dentists described the conversations they had with patients/parents/carers 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 treatments under general anaesthesia, inhalation sedation and intravenous sedation. Domiciliary visits were also coordinated from the dental centre.

# 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. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had a number of patients for whom they needed to make adjustments to enable them to receive treatment. The practice was in a shared building and the waiting room was shared with another general dental provider. Staff told us, that due to the specialist nature of their service, that there were many patients who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dental team could see them as soon as possible after they arrived or wait in a quieter area and enter/exit through a quiet route.

We discussed future plans for the unit and the need to consult with learning disability organisations for any future developments, to design facilities (such as waiting areas) around the needs of the specialist service group.

Staff told us that they telephoned patients the day before their appointment to make sure they could get to the practice.

### Promoting equality

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

Staff said they could provide information in different formats and languages to meet individual patients' need, for example in easy read formats. They had access to interpreter/translation services which included British Sign Language and braille.

### Access to the service

The practice displayed its opening hours in the premises, 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 pain on the same day and kept appointments free for same day appointments. The practice had developed a triage tool for 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.

### 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 Trust complaints' handling team were 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 Trust board had overall responsibility for the management and clinical leadership of the practice. The management team, consisting of the interim clinical director and the practice manager, were 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.

### **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 culture at the practice. They said the management team 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 management team were approachable, would listen to their concerns and act appropriately. They discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held 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**

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

The Trust and management team showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. 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 verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients/carers the practice had acted on, for example, reviewing and revising the complaints procedure as a result of feedback.

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.