

# Brazaitis, Brazaitiene and Cerowski Gental Dental Care

## Inspection Report

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Widnes  
WA8 9UH  
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### Overall summary

We carried out this announced inspection on 9 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 with remote access to a specialist dental adviser.

We told the NHS England Cheshire and Merseyside area team and Healthwatch 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**

Gental Dental Care is close to the centre of Widnes and provides treatment to patients of all ages on an NHS or privately funded basis.

There is a ramp at the entrance to facilitate access to the practice for wheelchair users. Car parking is available in the practice's private car park.

The dental team includes three dentists, four dental nurses, and an apprentice dental nurse. The dental nurses also carry out reception duties. The practice has three treatment rooms.

# Summary of findings

The practice is owned by a partnership and as a condition of registration must have in place a person registered with the Care Quality Commission as the registered manager. Registered managers have a 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 Gental Dental Care is the principal dentist.

We received feedback from 48 people during the inspection about the services provided. The feedback provided was positive about the practice.

During the inspection we spoke to the principal dentist and the dental nurses. We looked at practice policies, procedures and other records about how the service is managed.

The practice is open: Monday, Wednesday, Thursday 8.00am to 5.00pm, Tuesday 8.00am to 7.00pm, and Friday 8.30am to 3.00pm.

## Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- The practice had safeguarding processes in place and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures in place.
- Staff provided patients' care and treatment in line with current guidelines.
- The practice had a procedure in place for dealing with complaints.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took patients' needs into account. Dedicated emergency appointments were available.
- The practice had a leadership structure. Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.
- The practice had systems in place to help them manage risk but improvements were needed in relation to mitigating some risks.
- Staff knew how to deal with emergencies. Not all medical emergency medicines and equipment were available in accordance with the recognised guidance.

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

- Review the practice's system for assessing, monitoring and mitigating the various risks arising from undertaking of the regulated activities, specifically in relation to staff working in a clinical environment where their immunity to the Hepatitis B virus is unknown.
- Review the availability of equipment to respond to medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK), and the General Dental Council.
- Review the security of NHS prescription pads in the practice.
- Review the protocols and procedures for the use of X-ray equipment taking into account the recognised guidance on the safe use of X-ray equipment, specifically in relation to working instructions.

# 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 in place 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, where necessary and the practice completed essential recruitment checks before employing staff.

The premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had arrangements in place for dealing with medical and other emergencies, but not all the recommended medical emergency equipment was available. The provider addressed this after the inspection.

The practice had systems in place to help them manage risk, but improvements were needed in relation to mitigating some of these risks. The provider addressed this after the inspection.

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. 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 in place to monitor this.

No action



### Are services caring?

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

Patients were positive about all aspects of the service. They told us staff were friendly, welcoming and helpful. They said that their dentists listened to them and that they were given good advice and helpful explanations about dental treatment. Patients commented that the dentists were gentle, competent and caring and made them feel at ease, especially when they were anxious about visiting.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

No action



# Summary of findings

Patients said staff treated them with dignity and respect.

## **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 took account of patients' needs. Patients told us they could obtain an appointment quickly in an emergency.

The practice had access to interpreter services.

Staff considered patients' individual needs and made reasonable adjustments to meet these. This included providing facilities for patients with disabilities.

Staff responded to concerns and complaints quickly.

**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 in place to ensure the smooth running of the service. These included systems for the practice team to review 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 accurate patient dental care records which were 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 to and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

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

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

The practice had safeguarding policies and procedures in place to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who are vulnerable due to their circumstances. Staff received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a whistleblowing policy in place. Staff told us they were confident to 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 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 medical emergencies and life support every year.

The provider had emergency equipment and medicines but not all the items were available as recommended in recognised guidance. The provider did not have self-inflating resuscitation bags or an automated external defibrillator available. The provider knew where a

defibrillator was stored locally but had not risk assessed the appropriateness of reliance on this should a medical emergency occur in the practice. The provider addressed this after the inspection. Staff carried out, and kept records of, checks to make sure the medicines and equipment were within their expiry dates 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 a number of staff recruitment records. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council, where necessary, and had professional indemnity cover.

### Monitoring health and safety and responding to risks

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace and specific dental practice risks.

Dental nurses worked with all the clinicians when they treated patients.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections. Systems were in place to check staff immunity but the practice did not have a risk assessment in place in relation to staff working in a clinical environment when the effectiveness of the vaccination was unknown. The provider addressed this after the inspection.

### Infection control

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

# Are services safe?

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

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

The practice had procedures in place, in accordance with current guidance, to reduce the possibility of Legionella or other bacteria developing in the water systems.

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 in the practice. Staff carried out checks in accordance with the manufacturers' recommendations.

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

The practice stored some NHS prescription pads securely but others were stored in unlocked areas which is not in accordance with current guidance. The provider assured us this would be addressed.

## Radiography (X-rays)

The practice had arrangements in place to ensure X-ray procedures were carried out safely and had the required information available. The provider had displayed working instructions for the X-ray equipment in each treatment room but these did not reflect the specific instructions outlined in the X-ray equipment test certificates. The provider assured us this would be addressed.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits monthly.

Where appropriate, staff completed continuing 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 patients' current dental needs, past treatment and medical history. The dentists assessed patients' treatment needs in line with recognised guidance.

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

### Health promotion and prevention

The practice promoted preventative care and supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentist told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets to help patients with their oral health, general health and lifestyle.

### Staffing

Staff new to the practice completed a period of induction based on a structured induction programme.

The General Dental Council requires dental professionals to complete continuing professional development as a requirement of their registration. Staff told us the practice provided support, training opportunities and

encouragement to assist them in meeting the requirements of their registration. The practice routinely monitored staff training to ensure essential training was completed each year.

Staff told us they had annual appraisals. These were used to discuss learning needs, general wellbeing and future professional development. We saw several completed appraisals which confirmed this.

### 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 with suspected oral cancer in accordance with the current guidelines. The practice monitored urgent referrals to ensure 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 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. Staff 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. The dentist was 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 were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly, helpful and professional. We saw that staff treated patients kindly and with respect and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and caring when they were in pain, distress or discomfort.

Patients could choose whether they saw a male or female dentist.

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 requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where other patients might see it.

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

The dentists provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them, and gave them time to think. The dentist described the conversations they had with patients to help them understand their treatment options.

Information about the range of treatments provided was available in leaflet format in the waiting room.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice was well maintained and provided a comfortable, relaxing environment.

The practice had an appointment system in place which took account of patients' needs. Staff told us that patients requiring urgent appointments were seen the same day.

We saw that the dentists tailored appointment lengths to patients' individual needs and patients could choose from morning, afternoon and evening appointments. On three days of the week appointments were available at lunchtime to enable patients who were working to attend appointments.

### Tackling inequity and promoting equality

The practice had taken into consideration the needs of different groups of people, for example, people with disabilities, and put in place reasonable adjustments, for example, handrails to assist with mobility.

The practice had a treatment room on the ground floor which was accessible for wheelchair users.

Patient toilet facilities were on the first floor accessed by a flight of stairs internally.

Staff had access to interpreter and translation services for people who required them. The practice had a hearing induction loop available.

### Access to the service

The practice displayed its opening hours on the premises and in the practice's information leaflet.

Staff made every effort to keep waiting times and cancellations to a minimum.

The practice made every effort to see patients experiencing pain or other dental emergencies on the same day and had appointments available for this. The practice's information leaflet and answerphone provided contact details for patients requiring emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how patients could make a complaint. Staff told us they raised formal or informal comments or concerns with the principal dentist to ensure the patient received a quick response. The principal dentist told us they aimed to resolve complaints in-house and invited patients to speak to them in person to discuss these.

Information was available about organisations patients could contact should they not wish to complain to the practice directly or if they were not satisfied with the way the practice had dealt with their concerns.

We saw that 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 principal dentist/registered manager had overall responsibility for the management and clinical leadership of the practice. Staff had specific responsibilities in addition to their roles and we saw they had access to suitable supervision and support for this.

The practice had policies, procedures and risk assessments in place to support the management of the service and to guide staff. We saw that policies, procedures and risk assessments were regularly reviewed to ensure they were up to date with regulations and guidance.

We saw the practice had arrangements in place to monitor the quality of the service and make improvements where required.

The practice had information security arrangements in place 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 should anything go wrong.

Staff told us the manager was approachable, would listen to their concerns and act appropriately.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

### Learning and improvement

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed audits of dental care records, X-rays and infection prevention and control. Staff kept records of the results of these and produced action plans where necessary. We saw the auditing process resulted in improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by all staff. We saw evidence of learning from complaints, incidents audits and feedback.

Staff had annual appraisals, which helped identify individual learning needs. Staff told us the practice provided support and training opportunities for their on-going learning.

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

The practice had a system in place to seek the views of patients about all areas of service delivery through the use of regular patient surveys.

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

We saw that the provider acted on patient feedback, for example, patients had requested earlier morning appointments and these had been made available.

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