

Bright DS Limited

# Bright Dental Surgery

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 17 March 2017 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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**

Bright Dental Surgery is based close to Woking centre in Surrey and provides NHS and private treatment to adults and children. The practice offers a range of general dental treatment. The premises are located on the ground floor and consist of three dental treatment rooms, a reception and waiting area and a separate decontamination area.

People using a wheelchair, pushchair or walking aids can access the practice through step free access. Pay and display car parking spaces are available near the practice.

The staff at the practice consists of a principal dentist (who is the responsible person), two associate dentists, a dental hygienist, two trainee dental nurses and two receptionists.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

#### **Our key findings were:**

- There was an induction programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.

# Summary of findings

- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
  - There were effective systems in place to reduce the risk and spread of infection. We found the treatment rooms and equipment were visibly clean.
  - There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclaves, fire extinguishers and the X-ray equipment.
  - We found the dentists regularly assessed each patient's gum health and the dentist took X-rays at appropriate intervals.
  - The practice kept up to date with current guidelines when considering the care and treatment needs of patients.
  - The practice placed an emphasis on the promotion of oral and general health and the prevention of dental disease. Appropriate information and advice was available according to patients' individual needs.
  - Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
  - Patients received assessments of their oral health needs. They were given clear explanations about their proposed treatment, and its costs, benefits and risks and were involved in making decisions about it.
  - Patients were treated with dignity and respect and confidentiality was maintained.
  - The appointment system met the needs of patients and waiting times were kept to a minimum.
  - There was an effective complaints system and the practice was open and transparent with patients if a mistake had been made.
  - Staff demonstrated knowledge of the practice whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.
  - There was an effective system in place to act on feedback received from patients and staff.
- There were areas where the provider could make improvements and should:**
- Review the practice's risk assessments and ensure sharps handling procedures and protocols are 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?

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

The practice had systems in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography.

We found the equipment used in the practice was well maintained and in line with current guidelines. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

The staffing levels were suitable for the provision of care and treatment.

No action



### Are services effective?

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

The practice provided evidence based dental care which was focussed on the needs of the patients. We saw examples of effective collaborative team working.

The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) training and were meeting the requirements of their professional registration.

No action



### Are services caring?

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

Patients commented they had positive experiences of dental care provided at the practice. Patients felt they received good care in a calm and hygienic environment from staff who were caring, reassuring and informative.

On the day of our inspection we observed staff to be caring, friendly and very welcoming. Staff spoke with enthusiasm about their work and were proud of what they did.

No action



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

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

The practice provided friendly and personalised dental care. Patients could access routine treatment and urgent or emergency care when required. The practice offered dedicated emergency appointments each day enabling effective and efficient treatment of patients with dental pain.

There was an effective system in place to acknowledge, investigate and respond to complaints made by patients.

No action



# Summary of findings

## Are services well-led?

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

The dental practice had effective risk management structures in place. Staff told us the provider was always approachable and the culture within the practice was open and transparent. All staff were aware of the practice ethos, philosophy and values and told us they felt well supported and able to raise any concerns where necessary. Staff told us they enjoyed working at the practice and felt part of a team.

No action



# Bright Dental Surgery

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 17 March 2017 by a CQC inspector and a specialist dental advisor. We reviewed information received from the provider prior to the inspection.

On the day of our inspection we looked at practice's policies and protocols, clinical patient records and other records relating to the management of the service. We spoke with all the staff available on the day of our visit and

this included the principal dentist, a trainee dental nurses and a receptionist. We reviewed 46 CQC comment cards that had been completed by patients prior to our inspection.

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?

This informed our view of the care provided and the management of the practice.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

There was a system in place to learn from and make improvements following any accidents, incidents or significant events.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We found incidents were reported, investigated and measures put in place where necessary to prevent recurrence.

Staff were aware of their responsibilities under the Duty of Candour. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

There was a system in place to ensure patients would be told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result.

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

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority's safeguarding team, social services and other agencies including the CQC. Staff demonstrated to us their knowledge of how to recognise the signs of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them. This included and identified the practice's safeguarding lead.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Only the dentists were permitted to re-sheath needles where necessary in order to minimise the risk of inoculation injuries to staff. The

dentists used needle guards to protect themselves from potential needle stick injuries. We noted the provider had not completed a risk assessment for sharps and when we pointed this out they had agreed to implement one.

The dentist told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex free rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reason should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

The practice had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date.

### Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK and the British National Formulary (BNF). This included face masks for both adults and children. Medical oxygen and medicines for use in an emergency were available. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use. We noted one of the medicines was not stored correctly as it was kept in a fridge that did not have regular temperature checks. The provider removed it and agreed to replace the medicine and store it appropriately.

Records showed staff annually completed training in emergency resuscitation and basic life support including the use of the automated external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

### Staff recruitment

There were effective recruitment and selection procedures in place. We reviewed the employment files for five staff members and found the recruitment procedure had been followed. Each file contained evidence that satisfied the

# Are services safe?

requirements of relevant legislation. This included employment history, evidence of qualifications and photographic evidence of the employee's identification and eligibility to work in the United Kingdom where required.

Appropriate checks had been made before staff commenced employment including evidence of their professional registration with the GDC (where required) and checks with the Disclosure and Barring Service (DBS) had been carried out. The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they might have contact with children or adults who may be vulnerable.

## **Monitoring health & safety and responding to risks**

There were arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for risk of fire by an external company and this had been reviewed each year by the practice. The practice had a health and safety risk management process in place which enabled them to assess, mitigate and monitor risks to patients, staff and visitors to the practice. There was a business continuity plan in place.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found that risks (to patients, staff and visitors) associated with substances hazardous to health had been listed however there was no information about the actions to take in the event of an incident. The provider had agreed to review the file.

## **Infection control**

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission which included Hepatitis B. The policy also described processes for the possibility of sharps' injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste. The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff.

We examined the facilities for cleaning and decontaminating dental instruments. The practice had a designated decontamination room in accordance with HTM 01-05 guidance. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment (including heavy duty gloves and a mask) while instruments were decontaminated in an automatic washer-disinfector and inspected with an illuminated magnifier prior to being placed in an autoclave (sterilising machine).

We saw instruments were placed in pouches after sterilisation and dated to indicate when they should be reprocessed if left unused. We found daily and weekly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the different types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps.

Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

We looked at the treatment rooms where patients were examined and treated. The rooms and equipment were visibly clean. Separate hand wash sinks were available with good supplies of liquid soap and alcohol gel. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

Records showed a risk assessment process for Legionella had been carried out by an external contractor. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

# Are services safe?

There was a good supply of environmental cleaning equipment which took into account national guidance on colour coding equipment to prevent the risk of infection spreading.

## Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. We saw documents showing that the air compressor, fire equipment and X-ray equipment had all been inspected and serviced recently. For example, a Pressure Vessel Certificate for the dental compressor and autoclave had been issued within the past year, in accordance with the Pressure Systems Safety Regulations 2000.

Portable appliance testing (PAT) had been completed in accordance with good practice guidance in February 2016 and monthly visual inspections had been carried out thereafter. PAT is the name of a process during which electrical appliances are routinely checked for safety.

The expiry dates of medicines, medical oxygen and equipment were monitored using weekly and monthly check sheets which enabled the staff to replace out-of-date drugs and equipment promptly.

## Radiography (X-rays)

We checked the practice's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment and talked with staff about its use. We found there were arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were available.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

In order to keep up to date with radiography and radiation protection and to ensure the practice is in compliance with its legal obligations under Ionising Radiation (Medical Exposure) Regulation (IR(ME)R) 2000, the GDC recommends that dentists undertake a minimum of five hours continuing professional development training every five years. We saw evidence that the dentists were up to date with this training.

Dental care records we reviewed showed the practice was justifying, reporting on and grading X-rays taken.



# Are services effective?

(for example, treatment is effective)

## Our findings

### **Monitoring and improving outcomes for people using best practice**

The dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. We asked the dentist to show us some dental care records which reflected this. Records showed a comprehensive examination of a patient's soft tissues (including lips, tongue and palate) had been carried out and the dentists had recorded details of the condition of patients' gums using the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). In addition they recorded the justification, findings and quality assurance of X-ray images taken.

The dentists carried out an oral health assessment for each patient which included their risk of tooth decay, gum disease, tooth wear and mouth cancer. The results were then discussed with the patient (and documented in the patient record) along with any treatment options, including risks, benefits and costs.

The practice kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review.

### **Health promotion & prevention**

The practice placed an emphasis on oral disease prevention and the maintenance of good oral health as part of their overall philosophy. A range of information was available to patients including maintaining good oral health and preventing tooth decay.

Staff told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. This was also recorded in the dental care records we reviewed.

### **Staffing**

There was an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.

Staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the GDC. This included areas such as responding to medical emergencies and infection control and prevention.

There was an appraisal system in place which was used to identify training and development needs.

### **Working with other services**

Referrals for patients when required were made to other services. The practice had a system in place for referring patients for dental treatment and specialist procedures such as orthodontics. Staff told us where a referral was necessary, the care and treatment required was fully explained to the patient. There was a system in place to record and monitor referrals made to ensure patients received the care and treatment they required in a timely manner.

### **Consent to care and treatment**

The practice ensured informed consent from patients was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits were discussed with each patient who then received a treatment plan and estimate of costs. We asked the dentist to show us some dental care records which reflected this. Patients were given time to consider and make informed decisions about which option they wanted. This was reflected in the comments we received from patients.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff demonstrated a good understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment.

Staff members we spoke with were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. They were familiar with the concept of Gillick competence regarding the care and

# Are services effective?

(for example, treatment is effective)

treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

Staff explained how they ensured information about patients using the service was kept confidential. Patients' electronic dental care records were password protected and paper records were stored securely. Staff members demonstrated their knowledge of data protection and how to maintain patient confidentiality. Staff told us patients were able to have confidential discussions about their care and treatment in one of the treatment rooms if it was required.

Patients felt they received good care in a calm and hygienic environment from staff who were caring, reassuring and informative. Several patients specifically commented how

staff had been particularly supportive with their anxieties and had taken time to put them at ease. On the day of our inspection, we observed staff being polite, friendly and welcoming to patients.

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

The dentist told us they used a number of different methods including tooth models, X-rays and leaflets to demonstrate what different treatment options involved so that patients fully understood. A treatment plan was developed following examination of and discussion with each patient.

Staff told us the dentists took time to explain care and treatment to individual patients clearly and were always happy to answer any questions. Patient feedback also confirmed that the dentists took time to explain dental treatment and options in a way the patient understood.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Staff reported the practice scheduled enough time to assess and undertake patients' care and treatment needs. We saw from the appointment system that this was the case. Staff told us they did not feel under pressure to complete procedures and generally had enough time available to prepare for each patient. Patients had commented that the dentists had enough time to listen to their concerns and answer questions.

There were systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. This included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

### Tackling inequity and promoting equality

The practice had made reasonable adjustments to prevent inequality to any patient group such as step free access and an accessible toilet with hand rails.

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody according to their individual needs and welcomed patients from different backgrounds, cultures and religions. Staff told us if they were unable to communicate fully with a patient due to a language barrier they would encourage a relative or friend to attend who could translate or they would contact a translator.

### Access to the service

We asked staff how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message detailed how to access out of hours emergency treatment. Staff told us patients requiring emergency care during practice opening hours were seen the same day wherever possible. This was reflected in patients' feedback we reviewed.

### Concerns & complaints

There was a complaints' policy which provided staff with information about handling formal complaints from patients. We looked at the practice's procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response.

Information for patients about how to make a complaint was available in the practice's waiting room. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We noted that complaints were not always discussed in the practice team meetings as a learning opportunity in order to improve the quality of service provided. The provider had agreed to review this.

# Are services well-led?

## Our findings

### **Governance arrangements**

The governance arrangements for this location consisted of the principal dentist who was responsible for the day to day running of the practice. They maintained a system of policies and procedures. Staff were aware of the policies and how to access them. We noted management policies and procedures were kept under review by the principal dentist on a regular basis.

The practice team shared responsibility and worked well together. Staff knew who to report to if they had any issues or concerns.

### **Leadership, openness and transparency**

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. The practice had a whistleblowing policy and staff were aware of their responsibilities under the Duty of Candour. Staff felt confident they could raise issues or concerns at any time with the principal dentist without fear of recriminations.

### **Management lead through learning and improvement**

The practice carried out regular audits of infection prevention and control to ensure compliance with

government HTM 01-05 standards for decontamination in dental practices. The most recent audit undertaken in December 2016 indicated the facilities and management of decontamination and infection control were managed well.

The practice carried out several clinical audits that included record keeping and X-ray quality. The audits demonstrated a process where the practice analysed the results and identified where improvement actions may be needed. We noted that the audit cycles were not linked to the initial records so it was difficult to identify where improvements were made. The provider agreed to review the methodology for audits.

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

The practice regularly sought and acted upon feedback from patients. For example, the practice re-upholstered the chairs in the waiting room and provided a range of magazines.

The practice held regular staff meetings each month where they discussed a range of topics in order to learn and improve the quality of service provided. Staff members told us they found the meetings were a useful opportunity to share ideas.