

Portman Healthcare Limited

Brickstables Dental & Implant Clinic

Inspection Report

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Overall summary

We carried out this announced inspection on 31 January 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.

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

Brickstables Dental & Implant Clinic is situated on the outskirts of Colchester, Essex and provides private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available outside the practice.

Summary of findings

The dental team includes four dentists, two dental nurses, two dental hygienists, one treatment coordinator, one receptionist and the practice manager. The practice has three treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. 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 Brickstables Dental & Implant Clinic is the practice manager.

On the day of inspection we collected 12 CQC comment cards filled in by patients and spoke with one other patient. This information gave us a positive view of the practice.

During the inspection we spoke with one dentist, two dental nurses, two receptionists 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 and Tuesday from 8.30am to 8pm, Wednesday and Thursday from 8.30am to 5.30pm and Friday from 7am to 4pm.

Our key findings were:

- Strong and effective leadership was provided by an empowered practice manager. Staff felt involved and supported and worked well as a team.
- The practice was visibly clean and well maintained.
- The practice had well organised systems to assess and manage infection prevention and control which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk. The practice had an established process for reporting and recording significant events and accidents to ensure they investigated these and took remedial action.
- 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 practice asked staff and patients for feedback about the services they provided. Patients were wholly positive and happy with the quality of their treatment and the staff who delivered it.
- The practice dealt with complaints positively and efficiently. This included a review of all verbal complaints and comments.
- The appointment system met patients' needs. Patients could access treatment and urgent care when required.
- Staff had received training appropriate to their roles and were supported in their continuing professional development by the principal dentist and practice manager.

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

- Review the practice's protocols for conscious sedation, taking into account guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'.

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. We found that these were standing agenda items at regular practice meetings.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. The practice had detailed contact information for local safeguarding professionals and relevant policies and procedures were in place.

Staff were qualified for their roles and the practice completed essential recruitment checks. There were sufficient numbers of suitably qualified staff working at the practice.

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 professional and caring. 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 13 people. Patients were positive about all aspects of the service the practice provided. They told us staff were excellent, professional and accommodating. They said that they were given helpful, honest explanations about dental treatment and said their treatment was carried out to the highest standard. Patients commented that their dentist listened to them and staff made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Summary of findings

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to 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. The practice displayed their complaints procedure in the reception areas.

No action



Are services well-led?

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

Strong and effective leadership was provided by the practice manager. There was a no blame culture in the practice. Staff told us that they felt well supported and could raise any concerns with the practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work.

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. Daily team meetings were held and recorded. Staff had the opportunity to contribute ideas and suggestions and these were recorded in meeting minutes. The practice proactively sought feedback from staff and patients, which it acted on to improve its services.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. Incidents were discussed at the daily morning team meetings to share learning and implement improvements.

The practice manager understood the formal reporting pathways required following serious untoward incidents as detailed in the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

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 and any incidents were discussed at the daily morning team meetings. 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 comprehensive business continuity plan covering a range of situations and emergencies and describing how the practice would deal with any 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. The practice team carried out planned and ad hoc medical scenario training several times a year as part of their staff meetings and in house training sessions.

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

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at two 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 hygienists/ therapists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures 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.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in

Are services safe?

line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audits undertaken in March 2017 and repeated in October 2017 showed the practice was meeting the required standards with an overall achievement of 100% following both audits. We noted the practice laboratory was situated in the same room as the decontamination area. There was an increased risk of dust and material from the laboratory contaminating the clean areas of the decontamination room, at times making it difficult for staff to keep the decontamination area clean. We discussed this with the practice manager who agreed to review this increased risk.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment undertaken in September 2014 which categorised a low risk at the practice.

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, dispensing and storing 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. The latest audit was completed in July 2017 and ensured the practice was following current guidance and legislation.

Clinical 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 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' treatment plans and patients' dental care records to peer review treatments and check that the dentists recorded the necessary information. We noted the outcome of these audits were discussed at team meetings.

The practice provided access to 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 service was provided by an external qualified clinician who attended the practice very occasionally. We were informed that the clinician who attended the practice brought equipment and medicines required with them on the day. We were therefore unable to look at this during our inspection. The practice did not hold details of what equipment or, where appropriate, servicing records of equipment provided by the sedationist. We were able to review a small sample of patient records. The records showed that consent had been obtained prior to treatment, patients were monitored during treatment and discharge and post-operative instructions were provided to the patients.

The practice had introduced a number of patient safety forms with regard to patients undergoing sedation, these included an escort form, discharge form and post-operative form. The escort and post-operative forms were discussed with the patients prior to their treatment. On the day of the appointment, the practice team met with the nominated escort to discuss the escort form. The escort form included detailed information and guidance for escorts accompanying patients post sedation. Once the escort had discussed the information with the practice, had completed their contact information and signed the form the practice copied this to the patients records. The sedationist would sign the discharge form to say they were happy for the patient to be discharged to the care of the escort, this was also copied to the patients records. The post-operative instructions were also discussed with the escort on the day and a copy was given for them to take home.

We held discussions with practice management team regarding the necessity to hold adequate records if the service was to continue being provided. The practice took immediate action and following our inspection we were provided with evidence that practice systems had been immediately strengthened. We were therefore assured that there were systems in place to enable treatment to be delivered safely and in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

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.

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.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale; there was a limited selection of 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 there were enough of them for the smooth running of the practice and they did not feel rushed in their work. Staff told us they discussed training needs at their three monthly 121 meetings and their annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists 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 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.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

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 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 consent issues for patients under 16 years of age. The dentist we spoke with was aware of the need to consider this when treating young people. There was scope to ensure all staff had a clear understanding of consent issues for patients 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.

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 professional, caring and accommodating. 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. 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 asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

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

Music was played in the treatment rooms and there were magazines and daily newspapers in the waiting rooms. The practice provided drinking water, tea and coffee.

Information folders and thank you cards 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. A dentist described the conversations they had with patients 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 more complex treatment such as implants, orthodontics, sedation and facial aesthetics.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos and models to explain treatment options to patients needing more complex treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

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

We observed how staff supported patients for whom adjustments were required to enable them to receive treatment. Staff were supportive and ensured patients were able to access the service with dignity.

We were told the practice used text messages, emails and where necessary would telephone patients to send treatment information, statements of treatment, confirm appointments and 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' needs. They had access to interpreter/translation services.

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 dentists provided a duty emergency on-call arrangement. The website, 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 and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information about how to make a complaint was clearly displayed throughout the practice and included information about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. The practice logged all verbal concerns and complaints; these were discussed and reviewed at the morning huddle meetings where appropriate. The discussions, actions and outcomes were recorded with the concern.

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

Governance arrangements

The practice manager had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager 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 practice manager was approachable, would listen to their concerns and act appropriately. We saw that staff were able to add items for discussion to meeting agendas. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held daily team meetings and monthly 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 and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed 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, emails, a patient newsletter, staff meetings and verbal comments to inform and obtain staff and patients' views about the service. Staff described examples of where suggestions had been acted on by the practice. For example, staff described the improvements to internal access they had suggested. Staff also took the initiative and created scenario training situations to test both management and staff awareness of protocols. We were told the team often used the daily morning team meetings to share a cooked breakfast and discuss planning and review of schedules and patients treatment plans.

Patients were encouraged to complete feedback forms and the practice was introducing electronic monitoring devices to collect and collate patients' comments and feedback. The practice had an informative website which included a description of the dental treatments available, details of the fees for each treatment, oral health information and guidance.

As part of Portman Healthcare Limited, the practice was selected and won a Patient's Service award in July 2017. This was in response to the practice receiving the highest number of positive patient feedback throughout the year, in addition to the leadership from the Practice Manager through strategic thinking and planning, in order to focus on patient service. The practice was also used for a corporation training video as a setting of an example of best practice throughout the patient journey.