

Phoenix Dental Limited

Phoenix Dental - Bradley Stoke

Inspection Report

Unit 1, 1st Floor East Offices

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Overall summary

We carried out this announced inspection on 18 July 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 who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information.

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?

Summary of findings

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Background

Phoenix Dental – Bradley Stoke is in Bradley Stoke in South Gloucestershire and provides mainly NHS with some additional private treatment to patients of all ages.

The practice is within a shopping complex and is on the first floor. There is a lift available for patients who use wheelchairs and pushchairs. The shopping complex has a large car park with the ability to park for four and half hours at a time. There are also a number of allocated disabled and family car parking spaces.

The dental team includes four dentists, four dental nurses and two trainee dental nurses, one dental hygienist and four receptionists. 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 Phoenix Dental – Bradley Stoke was the practice manager.

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

During the inspection we spoke with two dentists, three dental nurses, two receptionists, the practice manager and the compliance manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday, Tuesday, Wednesday and Friday from 8:30am until 5:45pm
- Thursdays from 8:30am until 7pm
- Saturdays from 9am until 1pm

Our key findings were:

- The practice appeared clean and well maintained.

- The practice had infection control procedures 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 suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The provider had thorough staff recruitment procedures. However, these had not been followed including ensuring current legislation was in place.
- 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 asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively. Although complaints were not always dealt with within company timescales.

We identified regulations the provider was not meeting. They must:

- Ensure the practice's recruitment policy and procedures are followed and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Ensure that a system for identifying, receiving, recording, handling and responding to complaints by patients is established.

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result

Summary of findings

- Review practice policy on how urgent referrals should be monitored and followed up to establish the patient has received the treatment required.
- Review its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.

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. The practice completed recruitment checks but some of these checks did not follow company procedure or legislation.

Premises and equipment appeared 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 nothing is ever too much trouble, good to see the same dentist and accommodating. 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 12 patients. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, caring and professional. They said that they were given honest explanations about dental treatment, involved in treatment decisions 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.

No action



Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. 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 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 interpreter services and had arrangements to help patients with hearing loss.

The practice took patients views seriously. They valued compliments from patients. Complaints were not always responded to following company policy timescales.

No action



Are services well-led?

We found areas where improvements should be made relating to the well-led provision of treatment. This was because the provider was not following company policy and legislation when recruiting staff and handling complaints.

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.

The practice did not always follow company's procedures and legislation in respect of recruitment and handling complaints.

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.

Requirements notice



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. We noted the three accidents recorded in the last 12 months had not been addressed following company procedure. We were informed that these would be dealt with accordingly.

We noted the practice had a Control of Substances Hazardous to Health file which had been reviewed and assessed. The practice manager informed us they planned to discuss all items within the file regularly at team meetings to ensure staff were aware of its contents.

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 in child protection and vulnerable adults. We noted there was no evidence of child safeguarding training for one dentist. Following the inspection we received confirmation that the dentist had completed safeguarding training after the inspection. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

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 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.

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 four staff recruitment files. We saw proof of identity had been sourced, employment history, qualification checks and signed contracts were in place. We saw all four members of staff did not have a risk assessment in place as they were employed without a Disclosure and Barring Service (DBS) check being in place. One member of clinical staff did not have a DBS in place for seven months after their employment had commenced. This did not follow company policy which was to recruit staff with a DBS check in place before they were employed. Gaps of employment had not always been addressed. We saw for one clinical member of staff gaps of employment had not been addressed with the member of staff and there had been no personal statement completed, which did not follow company policy. For another member of staff two references had been sourced from the same employer and a reference had not been sourced from their previous health care employer. This did not follow company policy or legislation.

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

Are services safe?

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 when they treated patients. Dental hygienists were given the option from the provider on whether they wanted support from a dental nurse. The hygienist at this practice preferred not to have a dental nurse for support.

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. Twelve out of sixteen staff completed infection prevention and control training in the last year. We received confirmation that the remaining had completed infection control training after the inspection.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in 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 audit showed the practice was meeting the required standards. We noted there were actions from the last audit from June 2017; including ensuring the keyboards were covered. We received confirmation after the inspection that these actions had now been completed.

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 noted that the hot water temperatures checks were out of range and had

been since January 2017. This had been assessed by the provider's health and safety team and through the company who had completed the legionella risk assessment. They had confirmed that no action was needed due to type of water system in place and the water system being low risk.

We saw cleaning schedules for the clinical areas. We were informed that a cleaning schedule would be implemented for the communal areas of the practice. The practice appeared 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. We noted that one steriliser had been out of use since June 2017 due to a provider fault in registering the equipment. The practice manager confirmed that the autoclave had been serviced on the 21 July 2017 and was now in use.

The practice had suitable systems for prescribing 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 in the last 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.

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 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 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 could improve how it monitored urgent referrals to make sure they were dealt with promptly. We saw all referrals were logged on a handwritten notebook or the company specific referral log. We noted that the follow up section was not completed and whether the referral was urgent. We were told that urgent referrals were checked with the hospital to ensure they had been received. However this was not recorded on the referral log. Since the inspection the practice manager provided us with evidence that the urgent referrals had now been logged appropriately on the provider's referral template record and all showed they had been followed through.

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 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 patient's diversity and human rights.

Patients commented positively that staff were welcoming, caring, sensitive and professional. We saw that staff treated patients kindly, respectfully and helpful 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 did not provide privacy when reception staff were dealing with patients. However, 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 a television in the waiting room. Information folders 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 crowns, bridges and dentures.

Each treatment room had a screen so the dentists could show patients treatment information and X-ray images when they discussed treatment options.

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 were informed that the practice manager had recently gone above and beyond for a patient whose treatment had been delayed and so they visited another laboratory to get the appliance they needed with a quick turnaround.

Staff told us that they telephoned all patients to remind them the day before their appointment.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and accessible toilet (which was part of the building complex).

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to translation services which included British Sign Language.

Access to the service

The practice displayed its opening hours in the premises and on their website.

We did note that patients had raised a number of concerns regarding cancelled appointments via the NHS choices website in the last year. We noted that in recent months two of the dentists had been absent from work which meant that some patient had cancelled appointments. We were informed company policy had been followed in managing the absence.

The practice was committed to seeing patients experiencing pain on the same day and kept two 20 minute appointments free for same day appointments for each dentist. They also had a sit and wait service for patients once the allocated appointment slots had been filled. They took part in an emergency on-call arrangement with some other local practices. The website 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. The practice information leaflet explained how to make a complaint. 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 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. We looked at three out of seven complaints that had been received. We found all three had not been responded to within the timescales following company policy. One complaint had been added to the system but had not been seen by the practice manager for a month after it had been raised. Another complaint had been acknowledged by the company but there was no record on whether it had been followed through with the practice manager. The third complaint was still ongoing and had not been acknowledged within the company timescales.

Are services well-led?

Our findings

Governance arrangements

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

The 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 did not always follow company policy, procedures and current legislation which included when staff were recruited and when they handled complaints. This included ensuring staff had a Disclosure and Barring Service check in place prior to employment, ensuring satisfactory references were in place and gaps of employment were reviewed and recorded. Complaints had not always been acknowledged within the timescales detailed within the company policy and there was no evidence that one complaint had not been acted upon by the manager.

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 that they knew who to raise any issues with and felt that they worked well as a team. They told us they did not always feel fully supported and appreciated.

The practice held 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 registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The all the staff team 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 text messaging patients after their appointment to obtain patients' views about the service. We saw patients who had responded were mainly satisfied with the service received. The only area which was under the provider's national average was appointment availability. The practice manager confirmed they were working to improve this.

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.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>Receiving and Acting on Complaints</p> <p>How the regulation was not being met</p> <p>The registered person had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. In particular:</p> <ul style="list-style-type: none">• The company's complaints procedure had not been followed to ensure complaints were responded to within appropriate timescales and acted upon <p>Regulation 16 (2)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Persons employed for the purposes of carrying on a regulated activity must be fit and proper persons</p> <p>How the regulation was not being met</p> <p>The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular:</p> <ul style="list-style-type: none">• The company's recruitment procedures had not been followed to ensure new staff employed started work with a valid and appropriate Disclosure and Barring Service (DBS) check in place. <p>Regulation 19(2)</p> <p>Fit and proper persons employed</p>

Requirement notices

How the regulation was not being met

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- Written explanation of any gaps in employment had not always been obtained.
- Satisfactory evidence of conduct in previous employment had not been sourced where staff employment included work in relation to health, social care, children and vulnerable adults

Regulation 19(3)