

Watson And Sutton Beacon Dental Care

Inspection report

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Overall summary

Beacon Dental Care is a private practice located in Malvern Link and provides dental care services to people of all ages. The services provided include preventative advice and treatment, routine and restorative dental care, root canal treatment, tooth whitening, crown and bridge work and orthodontic treatments.

The practice is a converted residential property and has access for patients with limited mobility. It consists of a waiting room, known as the 'lounge' with adjacent reception area, a ground floor treatment room, two first floor treatment rooms, a decontamination room and a children's waiting room known as 'the Kidzone'.

The practice team consisted of two dentists, a part time practice manager responsible for the all of the practice's administration and governance, two receptionists and five dental nurses and a dental hygienist.

Before our inspection we provided comment cards and asked patients to share their views and experiences of the service. We reviewed 43 completed comment cards and we also spoke to two of these patients by telephone after our inspection. The feedback received in comment cards was very complimentary of the practice and the care that was provided by staff. People told us that the environment was clean, that they could access the service in an emergency and that they felt fully informed about their care and treatment.

Our key findings were:

- The practice had effective arrangements to ensure patients received appropriate care in a safe and well led environment.
- The practice was clean and well maintained.
- Patients' needs were assessed and care was planned and delivered in line with current practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- The practice had safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Staff working at the practice had the appropriate skills and knowledge to support patients and treated them in a caring and understanding manner.

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

- Develop structured arrangements for reporting, recording and monitoring adverse incidents.

Ensure that information available for staff about the control of substances hazardous to health is tailored to the specific products used at the practice.

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?

The practice had safe systems for dealing with medical emergencies, X-rays and for reducing the risk of infection.

People who completed comments cards told that they felt the environment was clean and hygienic.

The practice had no formal policies and procedures for the management of adverse incidents but when we spoke to staff working in the practice they were all clear and consistent about what would happen should this occur. Health and safety risks were known and understood by staff and staff took appropriate action when risks were identified.

The practice had arrangements to ensure equipment used within the practice was serviced regularly which included equipment used for the sterilisation of instruments.

Staff received training in child protection and safeguarding vulnerable adults and understood their responsibilities in terms of responding to any potential abuse.

Appropriate checks were carried out before the appointment of new staff and there were arrangements in place to ensure newly appointed staff were supported during the induction and probationary period. However, not all of the staff files we looked at showed that gaps in employment history had been explored.

Are services effective?

Patients' individual needs and personal risks were being assessed. Care and treatment was being delivered in a way that ensured patient safety and welfare. Where specialist dental care needs were identified referrals had been made and were followed up to ensure continuity of care.

People told us that they felt fully informed about their dental care and were subsequently able to make informed decisions about their proposed treatment.

Staff working at the practice were clear about their individual roles and responsibilities and had undertaken appropriate training to support them in their roles and enable them to meet the needs of patients.

Are services caring?

We found that staff were sensitive to the needs of their patients and aware of the need to ensure patient confidentiality. The patients who completed comment cards spoke highly of the care they received and told us the team was customer focused and treated them with respect.

Staff told us how they ensured patients were kept informed about their oral health at each visit and how they supported them to make decisions about their care. Patients told us that they felt involved in their treatment and that it was explained fully to them.

Are services responsive to people's needs?

We found the practice was aware of patients' needs and in particular those who may have high levels of anxiety or specialist needs. Patients told us that they were able to get appointments when they needed to and that they could get appointments in an emergency.

There were arrangements for dealing with any complaints and concerns raised by patients or their carers. We saw that when this had happened complaints had been investigated and responded to appropriately.

Summary of findings

Are services well-led?

The practice manager provided day to day support for the staff team and it was evident from discussions with staff that the arrangements worked well. Staff told us they felt supported and were encouraged to extend their learning

We saw that feedback from patients was encouraged and there were systems to capture feedback from patients as they visited the practice and to use the information to improve the service provided.

Beacon Dental Care

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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by the CQC.

- The announced inspection was carried out on 18 December 2014 by a CQC inspector.
- Before the inspection we reviewed a range of information we held about the practice and asked other organisations to share what they knew.
- During the inspection we looked around the premises, interviewed a range of staff including the practice manager, dentists, dental hygienists, dental nurses and reception staff.

- We observed methods of working and reviewed documents including the treatment records for some patients.
- Before our inspection we provided comment cards and asked patients to share their views and experiences of the service. We reviewed 43 completed comment cards and we also spoke to two of these patients by telephone after 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?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Learning and improvement from incidents

The practice had no formal policies and procedures for the management of adverse incidents but when we spoke to staff working in the practice they were all clear and consistent about what would happen should this occur. They told us about how quickly information was shared across the team as part of their 'daily huddle' each morning and how this was used to ensure any immediate changes in practice were communicated.

We looked at how accidents were reported. The records seen showed that a sharps injury had occurred following use of a new product and recorded what had happened and what immediate action had been taken ('sharps' are needles and sharp instruments). We saw that the information had been shared at the 'daily huddle' meeting following the incident to ensure all staff would be aware.

Reliable safety systems and processes including safeguarding

A dental nurse and one of the dentists were the practice leads for safeguarding. We saw policies for child protection and safeguarding vulnerable adults. Staff told us about the training they had received at practice meetings to support their knowledge and understanding. Staff were aware of issues which may be considered as potential abuse and demonstrated a good understanding of the action they should take if they suspect abuse.

Infection control

The practice had effective arrangements to reduce the risk and spread of infections. These included having a designated lead nurse for infection control who took responsibility for carrying out infection control audits and keeping the team updated with infection control issues.

Staff told us that practice meetings were also often used as a way of keeping them up to date with any changes which may occur in infection control policy or practice.

We saw that all areas of the practice were clean and well organised. We asked one of the dental nurses to talk us through how they cleaned and prepared surgeries between patients. We asked another dental nurse to show us the decontamination room and tell us how they cleaned and sterilised instruments. The staff we interviewed had a good

understanding of the processes and the principles around HTM 01 05 and their individual responsibilities. The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We saw that checks were being carried out to ensure equipment was working appropriately and that sterilisation was being carried out effectively.

Staff understood the risks associated with Legionella and a risk assessment had been completed for the practice. Legionella is a bacterium that can grow in contaminated water and can be potentially fatal. We saw that the practice had appropriate arrangements for the flushing of dental water lines and checking water temperatures to ensure any potential risks were reduced.

We saw that personal protective equipment (PPE) was available for staff to use and staff were using PPE when necessary when moving between the designated clean and dirty areas in the decontamination room.

Staff were familiar with policies relating to sharps injuries and explained the action they would take in the event such an injury occurred. When we looked at accident records we saw an incident where a sharps injury had occurred and records showed that appropriate action had been taken.

There were appropriate arrangements for the management of clinical waste products within the practice which included secure storage prior to collection.

People who completed comments cards told that they felt the environment was clean and hygienic.

Equipment and medicines

There were arrangements to ensure equipment used within the practice was serviced regularly which included equipment used for the sterilisation of instruments.

We saw that the practice had arrangements for the safe storage and handling of medicines. Where local anaesthetic had been used it had been appropriately recorded. The records we saw showed that whenever a dentist had prescribed antibiotics they had recorded the clinical reason for their use in the patient's records.

Monitoring health & safety and responding to risks

Are services safe?

When we spoke with staff they showed a good understanding of the health and safety risks within the workplace and the actions they needed to take to minimise or eliminate these risks. This was not always supported fully in the documentation we saw.

Staff were aware of their responsibilities around the control of substances hazardous to health (COSHH). The information was maintained centrally on a computer disk and contained a library of products. Products on the disk were not specific to those currently used within the practice which could delay access to information in an emergency.

Risk assessments had been completed in respect of fire safety and regular testing was taking place to ensure risks were eliminated.

Medical emergencies

All patients were asked to record their medical histories at the point of registration at the practice. The information was reviewed at each visit to enable any medical risks to be identified.

Staff had a good understanding of their responsibilities in dealing with medical emergencies. This had been supported in a recent practice based training session on resuscitation and use of the new automated external defibrillator AED. An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

The emergency medicines box was easily accessible to staff and medicines were kept in accordance with the guidelines in the British National Formulary. Staff checked the contents regularly to ensure the medicines were available and had not passed their expiry dates.

Staff recruitment

We looked at the process for recruiting staff including those working on a self-employed basis and reviewed the files of

some of the staff that had been recruited. The records we saw showed that information about the applicant was gathered as part of the application process and checks were completed to demonstrate suitability. These included character references from previous employment.

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 may have contact with children or adults who may be vulnerable. DBS checks had been carried out in respect of all members of the staff team and where appropriate registration with professional bodies such as the GDC was also checked. Where applicable immunisation records had been checked for clinical staff.

In some staff files we looked at there was no information recorded to show that gaps in employment history had been explored.

We saw that there were induction programmes for new staff which included a shadowing period working alongside colleagues. This was tailored to meet the needs of each individual depending on their roles and responsibilities.

There were arrangements for reviewing competence and determining any learning and development needs throughout the probationary period.

Radiography (X-rays)

Clinical staff working in the practice were trained in dental radiography.

The practice had a radiation protection file which contained the required information including information relating to the maintenance of the X-ray equipment used in the practice and copies of critical examination reports. We saw that X-ray audits were also being carried out with the most recent being in October 2014.

We reviewed the records for one young person where X-rays had been taken. Records seen included information to demonstrate the clinical reason for the X-rays being taken.

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

The practice had a policy on gaining patients' consent to treatment. As part of the initial registration process all patients were asked if they wished to give permission for information about their appointments to be discussed with another named individual. This was to ensure information was only shared with the patient's consent.

Staff described how the dentists discussed treatment options with each patient and developed a treatment plan for them. The patients we spoke with and feedback we received in comment cards confirmed this. People told us that they felt fully informed about their dental care and were subsequently able to make informed decisions about their proposed treatment.

We saw that information about the Mental Capacity Act 2005 and its implications for staff working at the practice had been discussed with staff as part of a practice meeting.

We asked staff how they ensured people were able to make decisions. They demonstrated a good understanding of their responsibilities in terms of ensuring patients had capacity to consent.

When we looked at patient records we saw examples of the assessments that had taken place and the information that had been discussed with the patients to enable them to make decisions about their planned treatment.

Monitoring and improving outcomes for people using best practice

We looked at a random sample of patients' records. The records we saw showed that clinical assessments and medical history checks were completed to determine the care and treatment necessary for each patient and to establish any potential risks to their safety and welfare. The records we saw detailed the condition of the gums and the soft tissues lining the mouth in line with expected practice.

The practice used a computer based treatment recording system. This included an assessment form which ensured all the necessary screening and assessments such as oral cancer checks were completed and recorded for each patient.

The practice had a strong focus on preventative care and supporting people to ensure better oral health. Where

treatment was considered necessary treatment plans were discussed with each patient. The dentists explained that they took time to explain what the options might be and gave the patient time to make any decisions.

We were told that in the majority of cases the dental recall interval was six months. Any variations in frequency reflected the assessed oral health status of the patient.

Working with other services

We saw that when a dentist identified a need for this they referred patients for specialist dental care. We looked at the records for one person who had been receiving ongoing specialist dental care and who had over time been referred to more than one specialist for assessment and treatment. Records showed evidence of the referrals made and action the dentist had taken to keep in contact with the specialists. This had ensured everyone involved in the patient's dental care was fully informed about what had been happening

Health promotion & prevention

The practice had a strong focus on preventative care for all patients. We were told by staff that the patients' first appointment with the hygienist was always an assessment, with no treatment and focusing on promoting good oral health.

One person told us how much they valued the advice they received in respect of keeping their teeth and gums healthy between visits. Another person complimented the liaison between the dentist and the hygienist ensuring continuity of care and treatment.

As part of the assessment process dentists engaged with patients to establish information about lifestyle choices which may impact on their oral health such as smoking and a high sugar intake. Where such risks were identified staff gave patients information to promote a healthy lifestyle.

Information about a range of dental health problems, post treatment advice and information and products to promote good oral health across all age ranges were on display in the reception area. For children, the practice had a mascot 'Billy Beacon Bear' who had been used to engage children and promote oral hygiene with them

Staffing

We saw that staff had completed a range of relevant training. For example, child protection and safeguarding

Are services effective?

(for example, treatment is effective)

adults as well as specific dental topics. In addition training was provided for reception staff which was relevant to their roles and responsibilities such as customer service training. When we spoke to staff they told us how they update their knowledge, with some training being practice based, some using internet based courses and some at external venues.

Two of the dental nurses had undertaken radiography and impression taking courses which had enabled them to take on new responsibilities. We were told there were plans to offer other extended roles subject to the required training and to provide oral health educator roles in the future .

Staff working at the practice were clear about their individual roles and responsibilities and had undertaken appropriate training to support them in their roles. Skill mix was taken into consideration when allocating roles each day however the extent of skills across the team meant that there was usually provision for any unforeseen staffing absence.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Staff were sensitive to the needs of their patients and there was a strong focus on reducing anxiety and supporting people to feel comfortable in the surroundings.

One of the dentists at practice specialised in this area. They told us how they supported patients to overcome their anxieties, building up their confidence over a period of time. From the records we saw it was evident that the dentist took time to get to know each patient and encouraged them to take control over their care and treatment. For some people this had involved an introductory appointment where they looked at a treatment room when the dentist was absent enabling them to see the environment and adjust to the setting.

In some cases patients selected DVDs/television programmes to be played while they were having their treatment as a means to help them relax.

The practice waiting room known as 'the lounge' had been designed in such a way as to create a relaxed and comfortable waiting area for patients. The area had been furnished with armchairs including two chairs with massage pads, and a television.

Consideration had been given to the needs of young children. A room on the first floor was designated as 'the Kidzone' and had décor and activities suited to young children including a computer games console. One parent told us how their children enjoy visiting the dentist as they make the experience fun for them.

Patients who completed comment cards spoke highly of the care they received at the practice. They told us they were treated with respect and that the practice was customer focused. Eighteen patients who completed comment cards specifically described the care they received as being excellent.

Staff were aware of the need to ensure patient confidentiality and there was provision for private conversations if needed. The majority of patient records were computerised and where records were written manually the documentation was scanned onto the computer and the original shredded as soon as possible.

Involvement in decisions about care and treatment

Whenever treatment was needed a treatment plan was recorded for the respective patient detailing the treatment that had been agreed and the associated costs. The plan was signed by the patient and they were given a copy of the plan.

Patients told us that they felt much they valued the detailed explanation of their treatment and another said they appreciated being informed about the nature and details of their treatment and the materials used. Another told us they felt their concerns were listened to and taken into account and that they received the correct treatment.

We spoke to reception staff about how they supported new patients joining the practice. They told us about the information they provided to them to ensure they were fully informed and knew what to expect.

Dental nurses and a dentist told us about how they ensured patients were kept informed about their oral health at each visit and how they supported them to make decisions about their care. One of the dentists told us about how helpful it was to show patients digital images of their teeth and gums when explaining to them why treatment might be necessary.

We saw that staff were sensitive to the individual needs of patients. We looked at records for one person who had other acute health care needs at the time of their visit. From discussion with the dentist concerned and information contained within their records we saw that the dentist had a good understanding of their healthcare problems. They acted in a sensitive and caring manner to support the patient to help them decide the most appropriate and effective course of treatment for them at that time.

We looked at records for one person who attended as an emergency as a new patient. The records showed that a full oral assessment was undertaken and they were made fully aware of their options before deciding the treatment they wished to have.

We saw that information was available for patients about the services provided and associated costs. Information was available on the practice website and also within the reception area at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Staff were aware of patients who had specialist needs or who may have high levels of anxiety. They told us they may schedule longer appointments in these instances. When we looked at records we saw examples of this. In one case we saw that an appointment had lasted over an hour in order to ensure the patient had sufficient time.

Everyone told us that they were able to get appointments when they needed to although two patients felt booking appointments six months in advance was often difficult for them.

Patients told us that staff were good at fitting people in for emergency appointments.

When we spoke to reception staff they explained how requests for emergency treatment and assessment were managed. They told us how the scheduling included designated times for emergency appointments each day which enabled patients to be seen as soon as possible. They told us that the majority of patients who called would be seen within 24 hours of their call if they wished. The dentist had an agreement with neighbouring practices for patients requiring emergency dental care outside of practice hours.

Tackling inequity and promoting equality

Staff at the practice took into account the individual needs of patients and any specialist needs they may have. The surgery had a ground floor treatment room which could be used for people who may have difficulties with mobility or people who had prams or pushchairs. In addition the building was accessible by wheelchair and had parking available immediately outside of the entrance if required.

One patient told us how the dentist always took particular care to ensure their back was properly cushioned throughout their treatment

Access to the service

The practice was committed to ensuring people had good access to the service. Although the majority of appointments were made during core hours there was some flexibility to have appointments outside of these hours to accommodate patients' individual needs.

The practice website contained a range of information about the services offered, practice information such as opening times and what to do in an emergency and contact details. In addition a range of similar information was on display in the reception area for patients attending the practice.

The practice offered a text reminder service and actively followed up patients when they failed to turn up for their appointments.

Concerns & complaints

There was a policy for the handling of complaints which included information for patients about who to refer complaints to if dissatisfied with the response received.

We asked staff about how they supported patients who raised concerns. They told us that they tried to resolve any issues on an informal basis but patients were also given information about making a formal complaint should they wish to do so.

We looked at the complaints that had been received by the practice and how they had been investigated. We looked at one example which showed the issues had been investigated in accordance with the practice's policy. Where any shortfalls had been identified these had been addressed to the complainant's satisfaction in a timely manner. Where applicable information from complaints was shared with the team to improve future practice.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership, openness and transparency

The practice manager provided day to day support for the staff team and it was evident from discussions with staff that the arrangements worked well. All staff working at the practice spoke positively about the practice manager and described them as being very approachable.

There were good arrangements for sharing information across the practice which included daily 'huddles' to share information at the start of the day, reception staff meetings, nurses meetings, management team meetings and whole practice meetings.

All staff spoke positively about the meetings they attended. They described them as inclusive and a chance to collectively discuss and agree issues.

Governance arrangements

The current practice manager had been in post since January 2014. The practice manager was not a clinician but was aware of their roles and responsibilities and professional limitations. They knew when they needed to take clinical advice reporting directly to the two dentists. Although the practice manager worked part time they were available to staff outside of those hours if needed. The practice manager told us how they had introduced regular management meetings with the two dentists to review all aspects of the practice from a management perspective. Minutes had been recorded from those meetings.

There was evidence that audits were being carried out to monitor the quality of the service provided. These included audits of records, infection control, X-rays and reviews of the use of antibiotics. In addition, the practice was accredited by a national dental payment scheme which the practice was part of. As a result of this the practice was subject to regular audits and checks by representatives from the organisation which ran this scheme. We were told that a check was due to take place in January 2015.

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

We saw that the practice encouraged feedback from patients and had systems to capture feedback from patients as they visited the practice. A customer survey took place in October 2014. This involved patients drawing a circle around the most appropriate facial expression to reflect their experience of the handling of telephone calls, being seen on time and whether they received pain free treatment. They were also asked to state whether they would recommend the practice to family or friends. The results from the survey were made available to patients. Findings indicated that the majority of people were happy and 89% of people were most likely to recommend the practice to family and friends.

A comments book was located in the reception area for patients to write any feedback they wanted to share. When we looked at the most recent entries in the book we saw that patients had used the book as an opportunity to share their positive experiences about the care they had received from staff. When we spoke with staff they told us how the comments from the book were shared with the team on an ongoing basis. They said that if concerns were raised within comments these would be followed up with the patient to ensure they were addressed.

Management lead through learning and improvement

There were effective arrangements for encouraging staff development and monitoring performance. Staff told us they were supported and encouraged to extend their learning and share any learning with colleagues.

All dentists, nurses and hygienist working at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Staff working at the practice were encouraged and supported to maintain their continuous professional development as required by the GDC.

We saw that there were good systems for managing poor performance among staff and supporting staff to maintain competence.