

Dr. Alan Ashton

The Beeches Dental Centre

Inspection Report

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Website: No Website at present

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Overall summary

We carried out this announced inspection on 21 November 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.

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

The Beeches Dental Centre is located within a converted residential property in Worcester. The practice provides predominantly NHS dental treatments with private treatment options to patients of all ages.

The dental team includes two dentists, one dental hygienist, three dental nurses who also support with receptionist duties, one apprentice dental nurse who also works as a receptionist and a practice manager.

There is level access for people who use wheelchairs and pushchairs via a portable ramp at the front door. The ground floor of the practice consists of a reception area, a waiting room, a patient toilet, two dental treatment

Summary of findings

rooms and a decontamination room for the cleaning, sterilising and packing of dental instruments. On the first floor there is a small decontamination room for the sterilising and packing of dental instruments and two dental treatment rooms. Car parking spaces, including appropriate space for patients with disabled badges, are available in the dedicated on site car park.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 21 CQC comment cards filled in by patients and looked at the most recent patient survey undertaken in February 2017. Without exception, patients were positive about the quality of the service provided by the practice. They gave examples of the positive experiences they had at the practice and told us the practice team were fantastic, caring and always treated them well.

During the inspection we spoke with two dentists, two dental nurses, one dental nurse 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: 9am – 5pm

Tuesday: 9am – 5pm

Wednesday: 9am – 5pm

Thursday: 9am – 5pm

Friday: 9am – 2pm

Our key findings were:

- The practice was visibly clean and a contracted cleaning company were responsible for the day to day cleaning.
- The practice had infection control procedures which reflected published guidance.
- Staff had been trained to handle medical emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- 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 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. Patients could access routine treatment and urgent and emergency care when required.
- The practice had effective leadership. Staff we spoke with felt well supported by the principal dentist and practice manager and were committed to providing a quality service to their patients.
- The practice asked staff and patients for feedback about the services they provided and displayed results in the reception area.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

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.

The practice used learning from incidents and complaints to help them improve. We found that these were standing agenda items at regular practice meetings.

The practice held NHS prescriptions securely, however some improvement was required in the management and tracking of these. Following our inspection, the practice updated their prescription tracking logs to account for each prescription to rectify this.

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 most essential recruitment checks. The practice had not retained two references and right to work documents on file for newly recruited staff members. These were collated and placed on file following our inspection.

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

The practice had 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 excellent, gentle and unrushed. 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. At the time of our inspection the practice were supporting a trainee dental nurse to become qualified.

Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who might lack capacity to make decisions. We saw examples of positive teamwork within the practice.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 21 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, helpful and friendly. They said that they were given understanding and unrushed treatment 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.

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.

The practice was aware of the needs of the local population and took those these into account when delivering the service. This included providing facilities for disabled patients and families with children. The practice had multi-lingual team members 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 policy in the reception area and in their patient information leaflet.

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 principal dentist and empowered practice manager. The principal dentist, practice manager and other staff had an open approach to their work. There was a no blame culture in the practice. Staff told us that they felt well supported and could raise any concerns with the principal dentist and 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.

The practice team kept complete patient dental care records which were, clearly 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.

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. We found that the practice had recorded, investigated and shared learnings from three incidents within the past 12 months.

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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Safeguarding flowcharts containing local authority contact details were displayed in each treatment room. There was a dedicated safeguarding lead within the practice.

The practice had a whistleblowing policy on file and displayed in each treatment room. 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 were reviewed annually. 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 that may affect the daily operation of the practice. This was last reviewed in June 2017.

Medical emergencies

The practice had arrangements to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED) and emergency medicines as set out in the British National Formulary guidance, and these were stored appropriately. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines.

A team member was delegated the responsibility for checking the emergency medicines and equipment to ensure they were available and in date. We saw records to show the emergency medicines were checked and in date.

Staff had completed annual basic life support training and training in how to use the defibrillator in January 2017.

Staff recruitment

The practice had a staff recruitment policy and procedure, which was used alongside an induction training plan for new starters to help them employ suitable staff. This reflected the relevant legislation. We looked at four staff recruitment files. These showed the practice mostly followed their recruitment procedure, however they did not retain two staff references or right to work documentation on personnel files. These were collated and placed on file following our inspection.

We saw evidence of Disclosure and Barring Service (DBS) checks for all staff. The DBS carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they might have contact with children or adults who may be vulnerable.

The practice manager had a clear process for checking clinical staff maintained their registration with the General Dental Council (GDC) and that their professional indemnity cover was up to date.

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.

Are services safe?

The practice had carried out a fire risk assessment in July 2017. Fire procedures were displayed throughout the building and we observed weekly emergency lighting and smoke detector checks were carried out routinely by the practice manager. The practice carried out six monthly fire drills which were discussed at practice meetings, the last fire drill was completed in October 2017. External specialist companies were contracted to service and maintain the smoke detectors and fire extinguishers. We saw annual servicing records for these which were all dated within the last year.

The practice had detailed information about the control of substances hazardous to health. These were well organised and easy for staff to access when needed.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

A dental nurse worked with the dentists and dental hygienist 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.

There was a dedicated decontamination room which served all four treatment rooms and was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in all treatment rooms and the decontamination room with signage to reinforce this. These arrangements met the HTM01-05 essential requirements for decontamination in dental practices. In addition to this, there was a second smaller decontamination room which was only used for sterilising and packing instruments for the two dental treatment rooms upstairs, after the cleaning process had taken place in the main decontamination room.

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 completed in September 2017 showed the practice was meeting the required standards. In addition to this the practice had completed hand hygiene and clinical waste audits.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment completed in August 2016.

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 and storing medicines.

The practice held NHS prescription pads and stored them securely. They documented the script number in the patients' clinical care records and on a prescription log at the point of issuing them. We found that prescription pads and individual script numbers were not being recorded upon receipt into the practice which prevented the practice from being able to track all prescriptions and audit them. Following our inspection the practice updated their prescription tracking logs to include all script numbers to rectify this.

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 following current guidance and legislation; this was last completed in October 2017.

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

We spoke with the principal dentist who described how they assessed patients and we confirmed they carried this out using published guidelines such as those from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP). This included guidance regarding antibiotic prescribing, wisdom tooth removal and dental recall intervals.

We looked at three comprehensive treatment plans for patients which reflected their dental needs. These were well documented, concise and easy to follow. We saw the dental care records contained the required details of the dentist's assessment of patients tooth and gum health, medical history and consent to treatment. Patients were asked to complete a medical history form at the start of each course of treatment. We saw evidence that demonstrated at each visit, the dentists asked patients whether there had been any changes to their medical history.

We saw that the practice last audited patients' dental care records in October 2017 to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice was focussed on the prevention of dental disease and the maintenance of good oral health. To facilitate this aim the practice appointed a dental hygienist to work alongside of the dentists in delivering preventative dental care.

The principal dentist was aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. Dental care records we saw demonstrated that dentists had given oral health advice to patients.

Children at high risk of tooth decay were identified and were offered fluoride varnish applications or the prescription of high concentrated fluoride tooth paste to keep their teeth in a healthy condition.

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 which included opportunities for new staff to shadow their more experienced colleagues. At the time of our inspection the practice were supporting a trainee dental nurse to become qualified. 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 and monthly staff meetings. 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.

Consent to care and treatment

We saw the practice recorded consent to care and treatment in patient's records and provided written treatment plans where necessary. We spoke with the principal dentist about how they implemented the principles of informed consent. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. The clinical staff we spoke with understood the importance of obtaining and recording consent and providing patients with the information they needed to make informed decisions about their treatment. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

Are services effective?

(for example, treatment is effective)

The practice had a written policy and guidance for staff about the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults

who lack the capacity to make particular decisions for themselves. The practice team understood the relevance of this legislation to the dental team and had completed relevant training.

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 kind, helpful and friendly. We saw that staff treated patients appropriately and were friendly towards patients at the reception desk and over the telephone.

Many patients also commented that when they had first attended the practice they were very nervous or anxious patients, but now had complete confidence in their dentist and treatment was provided. These patients informed us that the dentists were gentle, calm and reassuring. 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 some 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.

Treatment rooms were situated away from the main waiting area and we observed doors were closed at all times when patients were with clinicians. Conversations between patients and clinicians could not be heard from outside the treatment rooms which protected patient's

privacy. The principal dentist worked from two treatment rooms which enabled the dental nurses to spend time discussing any private or sensitive matters with patients in the treatment room prior to the appointment.

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

There were magazines, patient information leaflets and preventative health posters on display in the waiting room. Patient survey results 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.

The practice had developed specific treatment after care advice sheets and numerous consent forms for different types of treatment to ensure that patients left the practice fully informed of their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's information leaflet provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease. The practice did not have a website.

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.

The practice provided continuity of care to their patients by enabling them to see the same dentist each time they attended. When this was not possible they were able to see the other dentist within the practice.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, the practice treated patients from a local children's care home and worked closely with the home to ensure that appropriate consent was sought.

Staff described examples of anxious patients who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access via a portable ramp, a hearing loop, a fitted writing shelf for wheelchair users, braille signage and an accessible toilet with hand rails.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had team members who were multi-lingual and able to converse in different languages with patients where required.

Access to the service

The practice displayed its opening hours at the front of the building, on the NHS Choices website and in their patient information leaflet.

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. The patient 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. The practice information leaflet explained how to make a complaint and a copy of the complaints procedure was on display in the reception area. The principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist 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. 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 past three years as no complaints had been received with since 2014. 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 principal dentist 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 had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Strong and effective leadership was provided by the principal dentist and an empowered practice manager.

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 principal dentist and 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 that both the principal dentist and the practice manager were approachable, would listen to their concerns and act appropriately. 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 monthly staff 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, hand hygiene, clinical waste, 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 principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. At the time of our inspection the practice were supporting a trainee dental nurse to become qualified.

The whole staff team had annual appraisals and personal development plans. 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, comment cards, appraisals and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, as a result of patient survey feedback collated in February 2017 only 41% of patients stated that they were aware of the practice complaints procedure. The practice manager placed a further complaint procedure poster in a different area of the waiting room to rectify this. The same survey demonstrated that 100% of the respondents were happy with the appointment booking time and accessibility of the practice. All patients surveyed said that they were treated with dignity and respect and that their opinion was taken into account.

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. We saw results from October 2017 where 100% of patients would recommend this practice to friends and family.