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Euro Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 15 July 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Euro Dental Care offers both NHS and private dental treatment. The practice treats adults and children.

The premises consists of a waiting area on the ground floor, a reception area, an accessible treatment room on the ground floor and two treatment rooms on the first floor. One of the treatment rooms on the first floor was currently being renovated. There is also a separate decontamination room.

The staff at the practice consists of the principal dentist and another dentist who worked once a month. They specialised in orthodontics (dental treatment which involves the improvement of the appearance and position of mal-aligned teeth) and impacted wisdom tooth removal. They were supported by a practice manager, one qualified dental nurse and three trainee nurses. All the nurses also work as receptionists. One of the dental nurse acted as a deputy manager. The practice has the services of a dental hygienist who carries out preventative advice and treatment on prescription from the dentists.

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

Summary of findings

The practice provides primary dental services to mainly NHS patients. The practice is open Monday to Saturday between the hours of 9am and 6pm.

We spoke with three patients during the inspection. They told us that they were very satisfied with the services provided, that the dentists provided them with clear explanations about their care and treatment, that costs were clear and that all staff treated them with dignity and respect.

We viewed CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. There were 15 completed comment cards and all of them reflected positive comments about the staff and the services provided.

Our key findings were:

- The practice had in place a mechanism to record significant events and complaints.
- Staff had received formal safeguarding training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- Infection control procedures were in place and the practice followed published guidance.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system.
- The practice was well-led and staff felt involved and worked as a team.
- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services.
- The practice sought feedback from staff and patients about the services they provided.

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

- Ensure all audits including those under the Equality Act 2010 are reviewed regularly.

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 care which was safe in accordance with the relevant regulations. The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. The practice had not recorded any significant events and accidents. If incidents did occur there were processes in place to record, investigate and analyse incidents so improvement measures could be implemented. Staff had received training in safeguarding and could describe the signs of abuse and who to report them to. Staff were appropriately recruited and suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times. Infection control procedures were in place and staff had received training in this. Radiation equipment was suitably sited and used by trained staff only. Local rules were displayed clearly where X-rays were carried out. Emergency medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were in use at the practice and serviced and maintained at regular intervals.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations. Patients received an assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were explained. Staff were supported through training, appraisals and opportunities for development. The dental care provided was evidence based and focussed on the needs of the patients. Patients were referred to other services in a timely manner.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations. Patients told us and comments cards received stated that they had very positive experiences of dental care provided at the practice and felt they were treated with respect. Patients felt involved with the discussion of their treatment options. Staff displayed kindness, friendliness and a genuine empathy for the patients they cared for. Staff spoke with passion about their work and told us they enjoyed what they did.

Are services responsive to people's needs?

We found that this practice was providing effective care in accordance with the relevant regulations. The practice provided friendly, personalised dental care. Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). Patients could access routine and emergency treatment when required. Patients using a wheelchair could access the service.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations. The practice staff were involved in leading the practice to deliver satisfactory care. Care and treatment records were audited to ensure standards had been maintained. Staff were supported to maintain their professional development and skills. A range of clinical and non-clinical audits were taking place. The practice sought the views of patients both formally and informally. The views of staff were also sought.

Euro 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.

The inspection was carried out on 15 July 2015. The inspection was carried out by a CQC inspector, a second CQC inspector and a dental specialist advisor. We reviewed information received from the provider prior to the inspection. On the day of our inspection we looked at practice policies and protocols, a selection of clinical patient records and other records relating to the management of the service. We spoke to the principal dentist, the practice manager and three dental nurses. We reviewed 15 comment cards completed by patients and spoke to three patients on the day of the 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

Reporting, learning and improvement from incidents

There was a system in place for recording incidents and accidents with guidance in how they should be managed by staff. Although the practice had not experienced any serious incidents, staff told us they were confident about reporting them.

The practice responded to national safety alerts and medicines alerts that affected the dental profession. We saw a folder with alerts received by the practice; those that were relevant were marked with action taken. For example, the practice received an alert in March 2015, to display an eBulletin from the health and safety executive (HSE) in the practice. We saw evidence that this had been followed.

Reliable safety systems and processes (including safeguarding)

The practice had up to date child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff and staff had access to contact details for both child protection and adult safeguarding teams. There was also information available about safeguarding in the patient information file available in the waiting room area.

Safeguarding was identified as essential training for all staff and records showed staff had completed their annual update for both children and adult. All the dental nurses and the dentist had completed a level 2 qualification in children's safeguarding. There was a lead for safeguarding and one of the dental nurse was a deputy lead.

The practice had whistle blowing procedures in place which also gave details of external agencies staff could contact if they wanted to raise concerns about a colleague's practice. Staff members we spoke with were aware of the whistleblowing procedures.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. The practice showed us that they had rubber dam kits available for use when carrying out endodontic (root canal) treatment. The dentists we spoke with confirmed that they used a rubber dam as far as practically possible.

Medical emergencies

The practice was equipped for the management of medical emergencies. All staff, including receptionists, had received training in cardiopulmonary resuscitation and first aid. We checked the emergency medical treatment kit available and found that this had been checked regularly to ensure that it was fit for purpose. An Automated External Defibrillator (AED) and oxygen were readily available if required. An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

Emergency drugs were available to deal with a range of emergencies including angina, asthma, chest pain and epilepsy, and all drugs were within date for safe use. The location of first aid boxes and emergency equipment was kept in a secure location. It was clearly marked and staff members we spoke with knew their location.

Staff recruitment

The practice had a recruitment policy that described the process to follow when employing new staff. We checked the employment files for three staff and found they contained evidence of staff's disclosure and barring checks (DBS), their immunisation status, their professional registration, current training certificates, and employment contract.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for risk of fire. Fire extinguishers had been recently serviced and staff were able to demonstrate to us they knew how to respond in the event of a fire. We saw records that showed the practice had conducted a recent fire drill. We saw that the evacuation time was recorded and no issues were identified.

There were other policies and procedures in place to manage risks at the practice. These included health and safety, infection prevention and control. Processes were in place to monitor and reduce these risks so that staff and patients were safe.

Are services safe?

Infection control

The practice was currently being renovated so that it could offer a better service and experience to patients. Although there was renovation work being carried out we saw that the practice was being kept visibly clean, tidy and uncluttered.

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 the practice had a separate decontamination room on the ground floor for processing of dirty dental instruments. A dental nurse demonstrated the decontamination process to us. Our observation and review of policies and procedures assured us that the practice was meeting the HTM01- 05 requirements for decontamination in dental practices.

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

Legionella is a bacterium which can contaminate water systems. We saw evidence that the practice had arranged for an appropriate contractor to carry out a legionella risk assessment. The practice used a biocide to prevent a build-up of legionella biofilm in the dental waterlines**.** The dental nurse described how they carried out regular flushing of the water lines in accordance with current guidelines.

We found that there were adequate supplies of liquid soaps and hand towels in the practice. Posters describing proper hand washing techniques were displayed in the dental surgeries, the decontamination room and the toilet facilities. Sharps bins were properly located, signed, dated and not overfilled. A clinical waste contract was in place and waste materials were stored securely at the rear of the practice until collection.

Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturers guidelines. Portable appliance testing (PAT) took place on all electrical equipment.

X-ray machines were the subject of regular visible checks and records had been kept. A specialist company attended at regular intervals to calibrate all X-ray equipment to ensure they were operating safely. Where faults or repairs were required these were actioned in a timely fashion.

Medicines in use at the practice were stored and disposed of in line with published guidance. There were sufficient stocks available for use and these were rotated regularly. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Records of checks carried out were recorded for evidential and audit purposes.

Radiography (X-rays)

X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These were displayed in each room and on file.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary. We saw that the last service was undertaken in July 2015 by a specialist contractor.

The dentist monitored the quality of the X-rays images on a regular basis and records were being maintained. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays. Patients were required to complete medical history forms and the dentist considered each person's circumstance to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice was part of the British Dental Association (BDA) good practice scheme. The BDA is a national professional association for dentists. The BDA Good Practice Scheme is a framework for continuous improvement run by the British Dental Association. By becoming members, practices demonstrated a visible commitment to providing quality dental care to nationally recognised standards.

During our visit we found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. We saw that dental records contained a written medical history which the practice always obtained before starting to treat a patient. These were then updated regularly. Dental records were detailed and clearly outlined the treatment provided, the assessments undertaken and the advice given to them.

The dentist we spoke with was aware of various best practice guidelines. Dental records we viewed evidenced clearly that National Institute for Health and Care Excellence (NICE) guidance was followed. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

Dental records we reviewed contained details of the condition of patients' gums using the basic periodontal examination (BPE) scores. The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need. Patients with high scores for gum disease were referred to a specialist where appropriate.

We spoke with three patients on the day of the inspection and reviewed 15 CQC comment cards. Feedback we received reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. This included information on mouth cancer in various other languages including Bengali and Urdu. Other information included how to maintain good oral hygiene and the impact of alcohol consumption.

Some staff members had completed oral health education course as well as impression course. We found the dentist was aware of and applied guidance issued in the DH publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Staffing

The practice employed four dental nurses who also worked in reception and a dental associate who worked part time. Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Staff files we looked at showed details of the number of hours they had undertaken and training certificates were also in place.

Staff training was being monitored and training updates and refresher courses were provided. The practice had identified some training that was mandatory and this included basic life support and safeguarding. Records we viewed showed that staff were up to date with this training.

The practice had procedures in place for appraising staff performance and records we reviewed showed that appraisals had taken place. Staff spoken with said they felt supported and involved in discussions about their personal development. They told us that the dentist was supportive and always available for advice and guidance. One member of staff we spoke with told us that they were supported to attend a management course. They also told us that they had completed an oral health education course privately and the dentist had agreed for them to see patients starting in November 2015.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not

Are services effective?

(for example, treatment is effective)

provided by the practice. This included sedation for complex treatments. Referrals were made initially by phone to Birmingham Dental Hospital (BDH) and patients were then given referral letters to take with them.

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. This included sedation for complex treatments. For routine referrals, a letter was written to e.g. Birmingham Dental Hospital (BDH) and patients were then given referral letters to take with them. For urgent referrals were made initially by phone followed by a referral letter.

Consent to care and treatment

The practice had a policy to support staff in understanding the process for consent. The dentist we spoke to explained how they obtained valid informed consent. They described how they explained their findings to patients and kept detailed clinical records showing that they had discussed the available options with them.

We discussed the practice policy on consent to care and treatment with staff. We saw evidence that patients were presented with treatment options and consent forms which were signed by the patient. Training records we looked at showed that staff had attended Mental Capacity Act 2005 (MCA) training. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff members we spoke with showed understanding of the act and the importance of getting consent before the start of treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception area was open plan but we were told by staff that they considered conversations held at the reception area when other patients were present. They also told us that they would take patients into a private room if needed.

The patient toilets were located opposite the surgery on the ground floor. We saw that patients being treated could be seen through a small clear glass panel on the door of the surgery which did not protect the privacy and dignity of patients. We informed the practice who acted to ensure the glass was covered and so patients could not be seen being treated from outside the surgery.

The patients who completed comment cards reported that they felt that practice staff were kind and caring and that they were treated with dignity and respect and were helpful.

Involvement in decisions about care and treatment

Dental records we reviewed demonstrated that staff recorded the information they had provided to patients about their treatment and the options open to them. Patients we spoke with and comments cards received confirmed this and reported that dental staff always explained things clearly, and in a way that they could understand. Patients received a treatment plan which clearly outlined their treatment and the cost involved.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

There was good information for patients about the practice available in the practice leaflet which was available in the waiting area and also on the website. This included details about the dental team, the services available, help with costs, how to raise a complaint and how confidential information would be managed.

The practice offered both NHS and private treatment and the costs of each were clearly displayed in the reception area. There was a specific leaflet in a folder in the reception outlining in detail the cost of a range of private treatments.

The practice provided a range of services to meet patients' needs. It employed a dental hygienist and therapist to offer patients both hygiene work and a range of restorative procedures. There was a dentist who worked once a month carrying out treatment and extractions of impacted wisdom teeth. The practice also provided dental braces and implants.

The dentist we spoke with told us that they had an ageing population registered at the practice and they planned to convert the large surgery on the ground floor in to two surgeries and showed us specialist plans to do that. This would allow more patients who had difficulty climbing the stairs to be seen on the ground floor.

Tackling inequity and promoting equality

The practice had a mobile ramp to assist patients with mobility issues, using wheelchairs or parents with prams or pushchairs as there was a very small step to access the premises. The practice had a mobile ramp to help patients using a wheel chair access the service. As part of the ongoing renovation work the practice planned to install a permanent ramp.

The practice staff were aware of the patients that attended with limited mobility and told us they supported them when they arrived. The practice leaflet asked patients to inform staff when booking appointment so that suitable arrangements could be made for disabled patients such as being seen in the ground floor surgery.

The practice had conducted a Disability Discrimination Act (DDA) assessment and was aware of the limitations such as not having a toilet that was suitable for disabled patients. DDA works to protect people with disabilities by encouraging service providers to make reasonable adjustments. The DDA act has been repealed and replaced by the Equality Act 2010. However, this had not been reviewed over the last couple of years to account for any changes.

Translation services were available for patients whose first language was not English and many of the staff including the dentist could speak other languages such as Punjabi, Hindi and Urdu. Staff told us that some patients spoke these languages but they generally had family members with them to translate. This was also true of other patients whose first language was not English.

Access to the service

Appointments could be booked by phone, in person during opening hours or on-line 24 hours a day. The practice was open Monday to Saturday from 9am to 6pm. The Saturday opening allowed flexibility for patients unable to access the practice during the weekdays.

The arrangements for obtaining emergency dental treatment outside of normal working hours were clearly displayed outside the practice, in the waiting room area and in the practice leaflet.

Staff we spoke with told us that patients could access appointments when they wanted them. Patients we spoke with and comments cards reviewed confirmed that patients found it easy to get appointments. One comment from a patient was complimentary of all staff after they were seen for an emergency appointment.

Concerns & complaints

The practice had a complaint procedure and policy. There was a lead for responding to any complaints with a deputy in their absence. Information for patients about how to raise a concern or complaint was available in the practice leaflet. This gave contact details of other organisations patients could contact if they were unhappy with the practice's response, including NHS complaints advocacy, The General Dental Council and the local Citizens Advice Bureau.

The practice had not received any formal written complaints over the last 12 months. However, we saw that negative feedback from the NHS choices website was monitored and responded to by the practice who invited the patient to contact the practice to discuss further. We

Are services responsive to people's needs?

(for example, to feedback?)

saw three comments were recorded in the practice complaints folder and were discussed with staff. For example, one comment stated that they felt rushed during consultation and the practice responded by reminding staff to put patients first at all times.

Are services well-led?

Our findings

Governance arrangements

The practice had arrangements in place for monitoring and improving the services provided for patients. Staff we spoke with were aware of their roles and responsibilities within the practice.

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, patient confidentiality and recruitment. Staff we spoke with were aware of the policies and they were readily available for them to access.

We found that there were a number of clinical and non-clinical audits taking place at the practice. These included infection control, patient records, X-ray quality and prescribing audits. Where areas for improvement had been identified action had been taken. Some of the audits such as prescribing audits did not detail the learning points. However, the practice manager explained that they submitted the data to NHS England who compared the data nationally and provided feedback where relevant.

Leadership, openness and transparency

Staff told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any issues or concerns. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos. We spoke with the dentist who told us that they always looked to improve and learn and encouraged feedback from patients and staff. The practice displayed a mission statement to provide quality dental care. In the statement it recognised that the best source of ideas were the employees and stated that they should not feel excluded for raising any matter.

The culture of the practice encouraged candour, openness and honesty. Staff told us that they could speak with the dentist as well as the practice manager if they had any concerns. Staff were aware of the practice's whistle blowing policy and felt confident to raise concerns within the practice and externally to the relevant professional bodies.

Management lead through learning and improvement

Staff appraisals were used to identify training and development needs and staff told us there were good opportunities for learning and development. Two staff member were being supported to attend management courses. One staff member had completed a course in oral health education independently of the practice but told us that the dentist was supportive of their development and had agreed for them to see patients after the renovation of one of the surgeries was complete. The dentist also told us that they hoped to train the dental nurses in smoking cessation advice so that they can offer this service to patients. The dentist as part of the consultation currently advised and encouraged patients to stop smoking where appropriate.

Staff were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). Each member of staff had a folder which contained their CPD records and we saw all core subjects determined by the practice were completed. The dentist told us that they were attending a postgraduate course at a university in leadership and management.

Aspects of the service were regularly audited to ensure their quality. For example, we saw records of audits on X-ray quality, record keeping and infection control. Results of audits were shared with staff where relevant so that they were aware of the results and areas for improvement.

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

The practice had conducted a recent patient survey by asking patients to complete a questionnaire about the services they provided. The practice also had a comments box which was reviewed regularly. The dentist told us that they had received both verbal and written comments from patients who were anxious about their treatment. These patients wanted earlier appointments so that they were not anxious throughout the day if it was scheduled later in the day. The dentist explained that appointments for patients who were anxious were scheduled early as a result. The practice had also changed the frontage of the practice as well as the signage as a result of patient comments. The practice was being renovated currently and staff members we spoke with told us that their views were taken into account during the renovations. For example, staff members told us that the colour of the flooring in one of the treatment rooms was changed to that recommended by staff members.

Are services well-led?

The practice held regular staff meetings and we spoke with told us that information was shared and that their views and comments were sought and encouraged. We saw staff were given meeting evaluation forms to comment on the usefulness of the meetings.