First Choice Dental Limited

Bognor Regis Dental Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 4th August 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

Background

CQC inspected the practice on 22nd January 2015 and asked the provider to make improvements regarding infection control, staffing, supporting workers, assessing and monitoring the quality of service provision, complaints handling, and notification of other incidents and the management of records. We checked these areas as part of this comprehensive inspection and found they had been resolved.

First Choice Dental Ltd is a mixed dental practice providing mainly NHS and some private treatment and caters for both adults and children. The practice is situated in a converted commercial shop property. The practice had seven dental treatment rooms and a separate decontamination room for cleaning, sterilising and packing dental instruments and a reception and waiting area. These facilities were all on the ground floor enabling disabled access.

The practice has 7 dentists and 9 dental nurses. Of the dental nurses, 4 were in training. Supporting the clinical staff were a full time practice manager and 4 reception staff. The practice's opening hours are 8:30am – 5:30pm on Mondays to Thursdays and 8:30am – 4pm on Fridays.

The Practice Manager 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

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We collected 44 completed cards and spoke to 4 patients. These provided a positive view of the services the practice provides. All of the patients commented that the quality of care was very good. Some patients commented that the dentists were respectful, treatment was explained clearly and the staff were caring and put them at ease. They also said that the reception staff were always helpful and efficient and the practice was very clean and tidy.

We carried out an announced comprehensive inspection on 4th August 2015 as part of our planned inspection of all dental practices. The inspection took place over one day and was carried out by a lead inspector who was also a dental specialist adviser.

Our key findings were:

- The practice had an empowered practice manager who provided robust leadership within the practice.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice was visibly clean and well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- The practice had a dedicated safeguarding lead with effective safeguarding processes in place for safeguarding adults and children living in vulnerable circumstances.
- Staff reported incidents and kept records of these which the practice used for shared learning.
- The practice had enough staff to deliver the service.
- Staff personnel files were well organised and complete.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- Staff we spoke to felt well supported by the practice manager and were committed to providing a quality service to their patients.
- Information from 44 completed CQC comment cards gave us a mainly positive picture of a friendly, professional service.
- All complaints were dealt with in an open and transparent way by the practice manager if a mistake had been made.
- The practice had a rolling programme of clinical and non-clinical audit in place.

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

- Ensure that a telephone message is provided signposting patients to urgent care dental services when the practice is closed.

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 robust arrangements for essential topics such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained. The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents. There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

Are services caring?

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

We collected 44 completed cards. These provided an overwhelmingly positive view of the service, we also spoke to 4 patients who also reflected these findings. All of the patients commented that the quality of care was very good. Some patients commented that the dentists were respectful, treatment was explained clearly and the staff were caring and put them at ease.

Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took those these into account in how the practice was run. Patients could access treatment and urgent care when required. The practice provided patients with written information and had access to telephone interpreter services when required. Several dentists at the practice spoke one or more European languages. The practice's facilities were all on the ground floor enabling ease of access into the building for patients with mobility difficulties and families with prams and pushchairs.

Are services well-led?

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

The practice manager provided effective local leadership and had introduced many changes since she was appointed in March 2015. The practice manager was supported in her role by a lead dental nurse. The practice had clinical governance and risk management structures in place. Staff told us that they felt well supported and could raise any concerns with the practice manager. All the staff we met said that the practice was now a good place to work.

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Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 4th August 2015. The inspection was carried out by a lead inspector who was also a dental specialist adviser.

We informed NHS England area team that we were inspecting the practice. There were concerns following the CQC inspection in January 2015 but prior to this inspection there were no immediate concerns from them.

During our inspection visit, we reviewed policy documents and staff records. We spoke with eight members of staff, including the management team. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed the dental nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area. We reviewed comment cards completed by patients, reviews posted on the NHS Choices website and spoke to 4 patients. Patients gave mainly positive feedback about their experience at the practice.

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

The company had a significant events policy in place. We saw several examples of significant event reporting, these included a situation where a patient and 2 members of staff were locked in a treatment room due to the door handle mechanism becoming stuck and a patient who had suffered a faint following dental treatment. We saw that the significant event form used to capture the event in each case was completed in full. Each event has a unique reference number demonstrating an audit trail. We saw that the practice had undergone a period of reflection following each event and this was evidenced from the reflective section of the reporting form. The form also indicated that the incidents were discussed at the next team meeting to facilitate shared learning with the whole practice team.

Reliable safety systems and processes (including safeguarding)

We spoke with the lead dental nurse about the prevention of needle stick injuries. She explained that the treatment of sharps and sharps waste was in accordance with the current EU Directive with respect to safe sharp guidelines, thus protecting staff against blood borne viruses. The practice had developed a series of risk assessments around potential sharps injuries from contaminated dental drill bits and matrix bands. The practice used a system whereby needles were not resheathed using the hands following administration of a local anaesthetic to a patient. A single use delivery system was used to deliver local anaesthetics to patients. The lead dental nurse was also able to explain the practice protocol in detail should a needle stick injury occur. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps.

We asked how the practice treated the use of instruments which were used during root canal treatment. A dentist we spoke with explained that these instruments were single use only. He explained that root canal treatment was carried out where practically possible using a rubber dam. (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). Patients can be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

The practice had a nominated individual, a dentist, who acted as the practice safeguarding lead. This individual acted as a point of referral should members of staff encounter a child or adult safeguarding issue. A policy was in place for staff to refer to in relation to children and adults who may be the victim of abuse. Training records showed that all staff had received safeguarding training for both vulnerable adults and children within the past 12 months. Information was available that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), 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. Staff received annual training in how to use this. The practice had in place the emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. Oxygen and other related items such as manual breathing aids and portable suction were available in line with the Resuscitation Council UK guidelines. The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff behind the reception area.

The expiry dates of medicines and equipment were monitored using a daily and monthly check sheet which enabled the staff to replace out of date drugs and equipment promptly. The practice held training sessions for the whole team to maintain their competence in dealing with medical emergencies on an annual basis.

Staff recruitment

All of the dentists and dental nurses who worked at the practice had current registration with the General Dental Council, the dental registrant's regulatory body. The practice had a recruitment policy which detailed the

checks required to be undertaken before a person started work. For example, proof of identity, a full employment history, evidence of relevant qualifications and employment checks including references. We looked at three staff recruitment files, these were very well maintained and complete. The records confirmed that all three had been recruited in accordance with the practice's recruitment policy. Staff recruitment records were stored securely. Both clinical and non-clinical staff had evidence of having received a criminal records check such as through the Disclosure and Baring Service (DBS.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice carried out a number of risk assessments including a well maintained Control of Substances Hazardous to Health (COSHH) file. Other assessments included fire safety, health and safety and water quality risk assessments. The practice had a detailed emergency evacuation plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. This was displayed on the staff notice board.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The practice manager had delegated the responsibility for infection control procedures to the practices' lead dental nurse. It was demonstrated through direct observation of the cleaning process and a review of practice protocols that HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control were being met. It was observed that a current audit of infection control processes confirmed compliance with HTM 01 05 guidelines.

It was noted that the seven dental treatment rooms, waiting area, reception and toilets were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including liquid soap and paper towels in each of the treatment rooms and toilets. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

The lead nurse who was responsible for infection control described the end to end process of infection control procedures at the practice. The dental nurse explained the decontamination of the general treatment room environment following the treatment of a patient. She demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The drawers of a treatment room was inspected in the presence of the dental nurse. These were well stocked, clean, well ordered and free from clutter. All of the instruments were pouched and it was obvious which items were single use and these items were clearly new. Each treatment room had the appropriate routine personal protective equipment available for staff and patient use.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings) she described the method they used which was in line with current HTM 01 05 guidelines. A Legionella risk assessment had been carried out at the practice in March 2014 with a review date in June 2016. The recommended procedures contained in the report were being carried out and logged appropriately. These measures ensured that patients' and staff were protected from the risk of infection due to Legionella.

The practice utilised a separate decontamination room for instrument processing. This room was very well organised and was very clean, tidy and clutter free. Displayed on the wall were protocols to remind staff of the processes to be followed at each stage of the decontamination process. Dedicated hand washing facilities were available in this room. The dental nurse demonstrated to us the decontamination process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used a system of manual scrubbing followed by ultrasonic cleaning bath for the initial cleaning process, following inspection they were placed in an autoclave (a machine used to sterilise instruments). When instruments had been sterilized they were pouched and stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines. The nurse also demonstrated that systems were in place to ensure that the autoclaves and ultrasonic cleaning baths used in the decontamination process were working

Are services safe?

effectively. These included the automatic control test and steam penetration tests. It was observed that the data sheets used to record the essential daily validation checks of the sterilisation cycles were always complete and up to date. Essential checks for the ultrasonic cleaning baths were also carried out and were available for inspection.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. The practice used an appropriate contractor to remove dental waste from the practice and was stored in a separate locked location adjacent to the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection. Patients' could be assured that they were protected from the risk of infection from contaminated dental waste.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example 2 of the autoclaves had been serviced and calibrated in March 2015 and the other in June 2015. The practices' 7 X-ray machines had been serviced and calibrated in April 2015. The practice had clear guidance regarding the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored safely for the protection of patients.

Radiography (X-rays)

We were shown a well maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. At this location each individual dentist acted as the Radiation Protection Supervisor for their dental treatment room. Included in the file were the critical examination packs for each X-ray set along with the three yearly maintenance logs and a copy of the local rules. The maintenance logs were within the current recommended interval of 3 years.

A copy of the most recent radiological audit for each dentist was available for inspection this demonstrated that a very high percentage of radiographs were of grade 1 standard. A sample of dental care records where X-rays had been taken showed that when dental X-rays were taken they were justified, reported on and quality assured. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised general professional guidelines. The dentists we spoke to described to us how they carried out their assessment. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

As review of a sample of dental care records showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (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).These were carried out where appropriate during a dental health assessment.

Health promotion & prevention

The waiting room and reception area at the practice contained literature in leaflet form that explained the services offered at the practice. This included information about effective dental hygiene and how to reduce the risk of poor dental health. The company web site also provided information and advice to patients on how to maintain healthy teeth and gums.

Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing techniques were explained to them in a way they understood and dietary, smoking and alcohol advice was also given to them. Children at high risk of tooth decay were identified and were offered fluoride varnish applications to keep their teeth in a healthy condition. The sample of dental care records we observed all demonstrated that dentists had given oral health advice to patients.

Staffing

There were enough support staff to support the dentists during patient treatment. There was a ratio of one trainee dental nurse to each qualified nurse to ensure that each trainee was adequately supported during their work.

The practice manager told us that the practice ethos was that all staff should receive appropriate training and development. The practice used a variety of ways to ensure staff development including internal company training through the academy programme and staff meetings as well as attendance at external courses and conferences. The company provided a rolling programme of professional development. This included training in cardio pulmonary resuscitation (CPR), infection control, child protection and adult safeguarding and other specific dental topics. This was evidenced through observing the audit training matrix spread sheet maintained by the practice manager and the individual training plan in each staff members personnel file.

The practice manager showed us their system for recording training that staff had completed. We looked at files for staff in various roles. These contained details of continuing professional development (CPD), confirmation of current General Dental Council (GDC) registration, and current professional indemnity cover where applicable. It was noted that staff receive an induction programme before they join the company.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of

Are services effective?

(for example, treatment is effective)

care for their patients. Referrals when required were made to other dental specialists. The practice kept a record of all referrals through a referral tracking system to ensure that continuity of care was maintained.

Consent to care and treatment

We spoke to four dentists on duty on the day of our visit they all had a clear understanding of consent issues. 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.

All the dentists we spoke with explained how they would obtain consent from a patient who suffered with any mental impairment which may mean that they might be unable to fully understand the implications of their treatment. The dentists explained if there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They explained that they would involve relatives and carers to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

A number of comment cards completed by patients specifically stated that staff respected their privacy and dignity. Surgeries were situated away from the main waiting area and we saw that doors were closed at all times patients were with dentists. Conversations between patients and dentists could not be heard from outside the rooms which protected patient's privacy. Patients' clinical records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage with paper records stored in lockable metal filing cabinets. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients which detailed possible management options and indicative costs. A poster detailing NHS costs was displayed in the waiting area and the practice website also gave details of the cost of treatment and entitlements under NHS regulations. The four dentists we spoke with paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including that explained opening hours, emergency 'out of hours' contact details and arrangements. The company web site also contained useful information to patients such as how to book appointments on-line and how to provide feedback on the services provided. A patient information leaflet was also available for patients. We looked at the appointment schedules for patients and found that patients were given adequate time slots for appointments of varying complexity of treatment. The dentists we spoke to said that they had the clinical freedom to determine the most appropriate length of appointment.

Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. The practice recognised the needs of different groups in the planning of its services. Several of the dentists working at the practice spoke different European languages. The practice is on street level and once inside the building was spacious and accessible to wheelchair users, prams and people with limited mobility.

Access to the service

Appointments were available Monday to Thursday between 8.30am and 5.30pm and Fridays until 4pm. Appointments could be made in person, by telephone or on-line via the practice website. The patient information leaflet gave details of arrangements to ensure patients received urgent assistance when the practice was closed. This included two emergency dental helpline numbers. We found that the practice did not have a telephone message signposting patients to urgent care services should they telephone after normal working hours. We tested this one evening following our inspection.

Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. This was seen to be followed when we observed the records of a specific complaint. We also saw a complaints log which listed six complaints received in the previous 12 months during our inspection. We were told that all of these complaints had either been resolved to a satisfactory outcome or were currently being addressed.

Information for patients about how to make a complaint was seen in the waiting area of the practice, its leaflet and website. Lessons learnt and any changes were shared with staff at monthly practice meetings.

Are services well-led?

Our findings

Governance arrangements

The practice now had in place an empowered practice manager who had turned the practice around. Until her appointment in March 2015, the practice had gone through a difficult period because of rapid staff turnover and ineffective local practice management. This had led to low morale within the existing staff and dissatisfaction amongst patients about not seeing the same dentist. Patients made comments about this both in the comment cards and the patients we spoke with. The practice manager had since stabilised the practice by introducing robust systems and processes which underpinned the company's national policies and procedures. This helped ensure continuity of care for patients. This had improved the morale within the practice, we found the culture of the practice open and supportive.

The governance arrangements for this location consisted of a practice manager who was responsible for the day to day running of the practice. The corporate provider had in place a system of area and regional managers who provided support and leadership to the practice manager. Clinical support was provided by a clinical support manager who was a dentist who provided clinical advice and support to the other dentists and nurses working in the practice. The clinical support manager had appropriate support from a system of clinical directors operated by the company.

Leadership, openness and transparency

It was apparent through our discussions with the staff that the patient was at the heart of the practice with the staff adopting a holistic approach to patient care. We found staff to be hard working, caring towards the patients and committed to the work they did.

The company used a system known as 'My Reports' which detailed the performance of the dentist against the NHS commissioner's criteria for quality performance known as the vital signs report. These were freely available on the company intranet to each dentist at the practice. Dentists were able to analyse their own performance as well as being able to obtain support and guidance from the clinical support manager where there were particular difficulties. The clinical support role was a relatively new innovation introduced by the company in 2014.

When we looked at the audit trail of a patient complaint, it was evident that the duty of candour was being observed. The complaint was dealt with in an open and transparent way and it was evident that an apology was offered from the outset.

Learning and improvement

We found that there was a comprehensive rolling programme of clinical and non-clinical audits taking place at the practice. These included important areas such as infection prevention control, clinical record keeping, X-ray quality, equipment maintenance and referrals tracking. There were 19 separate audit topics carried out. We looked at a sample of them and they showed that the practice was maintaining a consistent standard in patient assessment, infection control and dental radiography.

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

The practice had gathered feedback from patients through the NHS Friends and Family test, NHS Choices, My Dentist, compliments and complaints. We saw that there was a robust complaints procedure in place, with details available for patients in the waiting area, practice leaflet and on the website. We reviewed complaints made to the practice over the past twelve months and found they were fully investigated with actions and outcomes documented and learning shared with staff through team meetings. The company used a system of on-line for capturing patient satisfaction. We saw 3 months data from May to July 2015 which demonstrated increasing satisfaction in the service provided by the practice. In May 3.8 out of 5 patients were satisfied with the service, buy July this had increased to 5 out of 5. With respect to the Family and Friends Test, in May 41% of patients were extremely likely to recommend the service by July this had risen to 85%. This reflected the improvements made by the practice manager and other staff in the practice.