

Balls Road Dental Practice

Balls Road Dental Practice

Inspection Report

29 Balls Road
Prenton
Birkenhead
CH43 5RF
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Website: N/A

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Overall summary

We carried out this announced inspection on 5 December 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England Cheshire and Merseyside area team that we were inspecting the practice. We did not receive any information of concern from them.

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

Balls Road Dental Practice is in a residential suburb of Birkenhead and provides dental care and treatment to adults and children on an NHS and/or privately funded basis.

There is level access to facilitate entrance to the practice for people who use wheelchairs and for pushchairs at the side of the building. The practice has three treatment rooms. Car parking is available outside the practice and nearby.

Summary of findings

The dental team includes three dentists, one of whom is a foundation dentist, two dental hygienists, six dental nurses, one of whom is a trainee, and two receptionists, one of whom is also a dental nurse. The team is supported by a practice manager.

The practice is owned by a partnership and as a condition of registration must have in place a person registered with the Care Quality Commission as the registered manager. Registered managers have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Balls Road Dental Practice is one of the principal dentists.

We received feedback from 37 people during the inspection about the services provided. The feedback provided was positive about the practice.

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

The practice is open:

Monday to Friday 9.00am to 5.00pm

Our key findings were:

- The practice had safeguarding processes in place.
- The practice had infection control procedures in place which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medical emergency medicines and equipment were available.
- 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 took patients' needs into account. Dedicated emergency appointments were available.
- The practice had a procedure in place for dealing with complaints.
- The practice had a leadership structure. Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.
- The practice had systems in place to help them manage risk but sharps risk management was not effective.
- The practice had staff recruitment procedures in place. References were not obtained for new staff.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency.
- Review the practice's staff safeguarding training ensuring that all staff are aware of their responsibilities.
- Review the practice's sharps procedures taking into account the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, and review the practice's system for the investigating and reviewing of accidents with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the protocol for maintaining accurate, complete and detailed records relating to the employment of staff. This includes making appropriate notes of verbal references taken and ensuring references are suitably obtained and recorded.
- Review the availability of an interpreter service for patients who do not communicate in English as their first language.

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.

Staff were qualified for their roles, where relevant.

We found that the practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had plans in place describing how the practice would deal with events which could disrupt the normal running of the practice.

The practice had suitable arrangements for dealing with medical and other emergencies.

The practice had systems in place for prescribing, dispensing and storing medicines and prescription pads.

The practice used learning from incidents to help them improve. We found that accidents were not always fully investigated.

We saw that some national safety alerts were received and acted on. The practice did not receive all the relevant safety alerts.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. We found that not all staff were clear on what could constitute a concern.

The practice completed essential recruitment checks before employing staff with the exception of obtaining references.

The practice had procedures in place to manage and reduce risks. We saw that the practice had put in place measures to reduce the risks identified in the assessments. Not all sharps risks had been assessed. After the inspection the principal dentist sent us evidence that new procedures were in place in relation to sharps.

We found that the practice had systems in place for the safe use of X-rays. No test certificates for the installation of the machines were available but routine testing had been carried out regularly since.

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. 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 in place to monitor this.

No action



Summary of findings

Are services caring?

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

Patients were positive about all aspects of the service. They told us staff were friendly and professional and nothing was too much trouble. They said that they were given helpful explanations about dental treatment in a way they could understand, and said their dentist listened to them.

Patients commented that staff 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.

No action



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 took account of patients' needs. Patients could obtain an appointment quickly in an emergency.

Staff considered patients' individual needs and made reasonable adjustments to meet these. This included providing facilities for patients with disabilities.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

The practice did not have access to interpreter services.

No action



Are services well-led?

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

The practice had arrangements in place to ensure the smooth running of the service. These included systems for the practice team to review the quality and safety of the care and treatment provided.

There was a clearly defined management structure and staff felt supported.

Staff were aware of the importance of confidentiality and protecting patients' personal information. The practice team kept accurate patient dental care records which were 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.

On the day of the inspection the practice was open to feedback and took immediate actions to address the concerns raised during the inspection and send evidence to confirm that some of the actions had been taken. They demonstrated a commitment to continuing this and engaging with staff and external organisations to make further improvements.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. We found that accidents were not always fully investigated and followed-up appropriately. The day after the inspection the principal dentist forwarded us evidence that an accident checklist had been implemented at the practice.

The practice received national safety alerts about medicines and equipment from the NHS and one of their dental suppliers. Relevant alerts were discussed with staff, acted on and stored for future reference. We observed that not all staff were aware of relevant alerts requiring action, for example, those from the Medicines and Healthcare products Regulatory Agency. We brought some recent ones to the principal dentist's attention and these were acted on immediately.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures in place to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff were aware of their responsibilities should they have concerns about the safety of children, young people or adults who are at risk due to their circumstances. Staff received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns but were not fully clear on when it may be appropriate to raise concerns.

The practice had a whistleblowing policy in place. Staff told us they were confident to raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. We observed that the clinicians followed different procedures in relation to sharps and did not have clear practice 'sharps' protocols in place for staff to follow. We reviewed the procedures the dentists followed when providing root canal treatment and found

that although not all the dentists followed recommended guidance, procedures were in place to minimise risks. The day after the inspection the provider sent in an updated sharps policy.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

Medical emergencies

Staff were aware of what to do in a medical emergency and completed training in medical emergencies and life support every year.

The practice had emergency equipment and medicines available as recommended in recognised guidance. Staff carried out, and kept records of, checks to make sure the medicines and equipment were within their expiry dates and in working order.

Staff recruitment

The practice had staff recruitment procedures in place to help them employ suitable staff. These reflected the relevant legislation. We looked at several staff recruitment records. These showed the practice followed their recruitment procedure and carried out the necessary pre-employment checks. Most of the required information was available with the exception of references.

Clinical staff were qualified and registered with the General Dental Council, where necessary.

Monitoring health and safety and responding to risks

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace, for example, fire, and specific dental practice risks, for example, Legionella. Staff reviewed risk assessments regularly. We saw that the practice had put in place measures to reduce the risks identified in the assessments.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was identified. Systems were in place to check staff immunity.

We observed that the practice's sharps risk assessment did not address all the risks from sharps used at the practice,

Are services safe?

for example, the practice did not have clear arrangements in place identifying the responsibility for dismantling and disposing of all used sharps. The day after the inspection the provider sent in an updated comprehensive sharps risk assessment and sharps policy.

Dental nurses worked with all the clinicians when they treated patients. We saw that the clinical staff had professional indemnity cover.

Infection control

The practice had an infection prevention and control policy and associated procedures in place to keep patients safe. We noted that the practice had a number of best practice measures in place, for example, in relation to the storage of clean instruments, as recommended in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), guidance, published by the Department of Health.

Staff completed infection prevention and control training regularly.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

Staff carried out infection prevention and control audits twice a year.

The practice had procedures in place, in accordance with current guidance, to reduce the possibility of Legionella or other bacteria developing in the water systems.

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 in the practice. Staff carried out checks in accordance with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

Staff stored and kept records of NHS prescriptions in accordance with current guidance.

Radiography (X-rays)

The practice had arrangements in place in relation to X-ray procedures. Most of the required information was available with the exception of acceptance test reports. The principal dentist contacted the radiation protection adviser the day after the inspection to address whether any action was necessary and forwarded us evidence that their advice had been followed.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits regularly following current guidance.

Where appropriate, staff completed continuing professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists assessed patients' treatment needs in line with recognised guidance. The dentists kept dental care records containing information about patients' current dental needs, past treatment and medical history.

We saw that staff audited patients' dental care records to check that the clinicians recorded the necessary information.

Health promotion and prevention

The practice supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. 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 completed a period of induction based on a structured induction programme.

One of the principal dentists responsible for the mentoring of the foundation dentist had additional qualifications in teaching and mentoring.

The General Dental Council requires dental professionals to complete continuing professional development as a requirement of their registration. Staff told us the practice provided support, training opportunities and encouragement to assist them in meeting the requirements of their registration, and with their professional

development. The practice monitored staff training to ensure essential training was completed each year. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they had annual appraisals. These were used to discuss learning needs, general wellbeing and future professional development. We saw several completed appraisals which confirmed this.

Working with other services

The 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 in accordance with the current guidelines. The practice monitored urgent referrals to ensure they were dealt with promptly.

Consent to care and treatment

The practice team were aware of the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. Staff understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence. The dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were helpful, caring and very skilled. We saw that staff treated patients kindly and with respect and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Patients could choose whether they saw a male or female dentist.

The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients but

staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients. Staff told us that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people might see it.

Involvement in decisions about care and treatment

The dentists provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them, and gave them time to think. The dentists described to us the conversations they had with patients to help them understand their treatment options.

The practice's waiting room provided patients with information about the range of treatments available at the practice.

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.

We observed that the patient areas and clinical areas had been refurbished and the principal dentist had plans in place for the refurbishment of the remaining areas of the practice on a rolling programme.

The practice had an appointment system in place which took account of patients' needs. Staff told us that patients requiring urgent appointments were seen the same day.

We saw that the dentists tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. Patients told us they had enough time during their appointment and did not feel rushed.

Staff told us that they currently have patients for whom they need to make adjustments to enable them to receive treatment.

Tackling inequity and promoting equality

The practice had taken into consideration the needs of different groups of people, for example, people with disabilities, and put in place some adjustments, for example, handrails to assist with mobility and a dedicated car parking space outside the premises.

The practice was accessible to wheelchair users, with the exception of the patient toilet facilities. All the treatment rooms were located on the ground floor.

Staff did not have access to interpreter and translation services for people who required them and there were limited arrangements in place to assist patients who had, for example, hearing impairment.

Larger print forms were available on request, for example, patient medical history forms.

Access to the service

The practice displayed its opening hours on the premises and in the practice's information leaflet.

Staff made every effort to keep waiting times and cancellations to a minimum.

Staff made every effort to see patients experiencing pain or other dental emergencies on the same day and had appointments available for this. The practice's information leaflet and answerphone provided contact details for patients requiring 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 and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The principal dentist was responsible for dealing with complaints and aimed to resolve these in-house where possible. Staff told us they raised any formal or informal comments or concerns with the principal dentist to ensure the patient received a quick response.

We observed that NHS England contact information was not available for patients should they not wish to complain to the practice directly or if they were not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the previous 12 months. We saw that 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 practice had systems in place to support the management and delivery of the service. Systems included policies, procedures and risk assessments to support good governance and to guide staff. We saw that these were regularly reviewed to ensure they were up to date with regulations and guidance.

We saw staff had access to suitable supervision and support for their roles and responsibilities.

The practice was a member of a practice certification scheme which promoted good standards in dental care.

We saw the practice had arrangements in place to monitor the quality of the service and make improvements where required.

The practice had arrangements in place to ensure that most risks were identified and managed, and had put measures in place to mitigate risks. We observed that the risk management of sharps was not effective. The day after the inspection the provider sent us evidence that this had been improved.

The practice had information security arrangements in place and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

The registered manager had overall responsibility for the management, clinical leadership and day to day running of the service.

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they felt confident to do this. They told us the principal dentists were approachable, would listen to their concerns and act appropriately.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed audits of dental care records, X-rays and infection prevention and control. Staff kept records of the results of these and produced action plans where necessary.

Staff had annual appraisals, which helped identify individual learning needs. Staff told us the practice provided support and training opportunities for their on-going learning.

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

The practice had a system in place to seek the views of patients about all areas of service delivery

The practice gathered feedback from staff through meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.