

Zetesmed Ltd

Butterfly Dental Practice

Inspection Report

Inspection report

Unit 22a,

Mile Oak Industrial Estate,

Maesbury Road,

Oswestry,

SY10 8GA

Tel: 01691 656 360

Website: www.butterflydentalpractice.co.uk

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Overall summary

We carried out this announced inspection on 9 July 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Butterfly Dental Practice located in of the town of Oswestry, Shropshire and provides private treatment to adults and children. It was registered with the CQC in March 2018.

The practice is situated on the outskirts of Oswestry within an industrial estate. There is dedicated on-site parking next to the practice with no charges enforced. There are no dedicated spaces for blue badge holders. There is level access for people who use wheelchairs and those with pushchairs.

Summary of findings

The dental team includes three dentists, one dental nurse who is the practice manager, one dental support worker and one receptionist. The practice has one treatment room.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have 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 Butterfly Dental Practice is the practice manager.

On the day of inspection, we collected 31 CQC comment cards filled in by patients.

During the inspection we spoke with the practice manager, one dentist, one dental support worker and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 10am to 7pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. Staff had completed additional scenario based training within their staff meetings to deal with emergencies.
- The provider had systems to help them manage risk to patients and staff.
- All staff had access to the practice's policies and procedures via hard copy within the practice and remotely via Dropbox.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures.
- Clinical staff provided evidence that patients' care and treatment was mostly in line with current guidelines. We saw evidence that antibiotic prescribing and the use of rubber dam were not always in line with current guidance.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs with the practice remaining open during weekdays until 7pm for patients who were unable to be seen during the working day.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints efficiently.
- The provider had suitable information governance arrangements.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Introduce protocols regarding the prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the practice's policies and procedures for obtaining patient consent to care and treatment to ensure they are in compliance with legislation, take into account relevant guidance, and staff follow them.

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.

No action



Are services effective?

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

No action



Are services caring?

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

No action



Are services responsive to people's needs?

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

No action



Are services well-led?

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

No action



Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Not all contact details for external agencies were included in the safeguarding policy however this was addressed and the policy updated during the inspection. We saw evidence that staff received safeguarding training to the required level. The safeguarding lead had completed additional safeguarding training at a higher level. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The provider had a whistleblowing policy. This policy did not include external agencies to whom staff could raise concerns if they did not wish to speak to someone connected with the practice. These details were added to the policy during the inspection. Staff felt confident they could raise concerns without fear of recrimination.

We saw evidence that not all the dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. Improvement is required in instances where the dental dam was not used, for example refusal by the patient, and where other methods were used to protect the airway. This should be clearly documented by the dentist in the dental care record and a risk assessment completed. Alternative methods used to protect patients' airway were not always recorded in the patients' notes.

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

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. No locum or agency staff had been used since the practice's registration in 2018. We looked at two staff recruitment records. These showed the provider followed their recruitment procedure.

We noted that all clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection and firefighting equipment were regularly tested and serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. Contact details required for staff to discuss injuries that occurred out of hours were not included on the policy, but this was addressed during the inspection.

The provider had a system in place to ensure some clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus

Are services safe?

and that the effectiveness of the vaccination was checked. One staff member had not had this checked however we received confirmation of an appointment for this within 48 hours of inspection.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. Further evidence of in-house simulation training at team meetings was seen.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. The practice also had a dental support worker who worked chairside and was registered with the GDC.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

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

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water

systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The infection control lead carried out infection prevention and control audits at least twice a year. The latest audit showed the practice was meeting the required standards.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that some individual records required improvements for example to ensure they were written and managed in a way that kept patients safe. The practice should review the protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.

Some dental care records we saw were incomplete. All records were digital, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines. Medicines were labelled clearly.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of prescriptions as described in current guidance.

Are services safe?

Some dentists were not aware of current guidance with regards to prescribing medicines. Antimicrobial prescribing audits were carried out. The most recent audit indicated some of the dentists were not following current guidelines. The practice should introduce protocols regarding the prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents. There were adequate systems for reviewing and investigating if things should go wrong. The practice had a template for learning and from incidents to improve safety in the practice.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

We saw that clinicians assessed patients' needs and delivered care and treatment however this was not always in line with current legislation, standards and guidance. The practice should review the policy and procedures for obtaining patient consent to care and treatment to ensure they are in compliance with legislation, take into account relevant guidance, and all staff should follow them. We found evidence that not all antibiotics prescribed considered the guidelines provided by the Faculty of General Dental Practice.

Staff had access to intra-oral cameras and microscopes to enhance the delivery of care.

Helping patients to live healthier lives

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The dentists where applicable, 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.

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

The practice carried out oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans with dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

Consent to care and treatment

It was clear when we spoke to the practice team that they understood the importance of obtaining patients' consent to treatment. We found that not all staff clearly documented consent to care and treatment in line with legislation and guidance if a patient had declined a procedure.

The dentists gave patients information about treatment options and costs and discussed the risks and benefits of these, so they could make informed decisions. We saw this documented in patient records. 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. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff informed us that the number of patients under the age of 16 registered at the practice was minimal as the practice did not have an NHS contract. However, staff were aware of the need to consider Gillick competence when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Staff described how they allowed patients to speak to a dentist outside of appointment times if they attended the surgery or phoned with queries.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. Patients completed their own medical history and information regarding allergies each time they attended whilst in the waiting room using

Are services effective?

(for example, treatment is effective)

the practice iPad. This was then countersigned by the dentist once the patient went through to the surgery. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check that the dentists recorded the necessary information. We saw documented evidence of discussions with staff about the completion of patients notes, a resulting action plan and review date.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, all staff regularly completed CPD and were supported by the practice with time in which to do this.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals and one to one meetings. We saw evidence of all staff including dentists having completed an appraisal within the last 12 months. The practice had plans to further support development of staff in the future with one staff member to be trained as a dental nurse.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

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 was clearly documented.

Systems were in place for staff to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Staff monitored all referrals to make sure they were dealt with promptly and we saw evidence of follow up phone calls to patients.

The practice regularly saw patients who had been referred from other practices due to lack of appointment availability or as an emergency for example if a patient was in pain.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were friendly, polite, hardworking and caring. We saw that staff treated patients respectfully, with dignity and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

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

An information folder in the waiting area containing practice information, policies and compliments was available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area did not provide privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and took their time explaining treatments to them. Treatment plans were printed out for patients to take home if required.

Interpretation services were available for patients who did not speak or understand English. Patients were also told about multi-lingual staff that might be able to support them. Staff at the surgery spoke English and Polish. Patients who required translation services were identified before coming to appointments. These patients could bring a relative or friend to translate or translation services were offered via a language line.

Staff communicated with patients in a way that was clear and patients could understand. There was a magnifying glass at the reception desk. Easy read materials were not available but staff would assist patients by reading for them if required for example on the iPad or printing out treatment plans in larger format. Staff helped patients to ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment including various cost options. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice. The practice updated its Facebook site twice weekly with oral health advice and treatment options. The practice's information leaflet provided a brief overview of services.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, X-ray images and an intra-oral camera. The intra-oral cameras and microscope with a camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

Patients with dental phobia were allocated longer appointment times. People living with dementia and autism were treated with dignity and respect and offered appointments at quieter times.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, staff discussed how they spent a longer time explaining the check-up process to a patient with a mental health diagnosis.

The practice had made reasonable adjustments for patients with disabilities however were limited with the design of the building. There was step free access and a magnifying glass. The toilet did not have a hand rails or a call bell. Doors were wide enough to accommodate wheelchair users and patients bringing pushchairs to the practice. We advised a hearing loop should be installed and were told this was part of the renovation plan.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

Staff contacted all patients the day before their appointment to remind them of their appointment.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours within the premises and included it in their information leaflet and on their website. Due to the location of the practice, there was a gate at the entrance to the industrial unit which was

locked out of hours. Opening hours and out of hours information was not displayed on this gate or on the practice door, however we received evidence this has been completed within 48 hours of inspection.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were usually seen the same day or within 24 hours. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The staff did not take part in an emergency on-call arrangement with other local practices. Out of hours, the practice referred to the NHS 111 service. The practices' answer phone, website and signage did not signpost people to this service however we received evidence of this having been addressed within 48 hours of the inspection.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day. These did not contain out of hours information on the day of inspection but were updated within 48 hours of our visit. Patient feedback confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The provider and registered manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff on how to handle a complaint. Guidance for patients explaining how to make a complaint was available in a folder in the waiting room and on the practice website.

The registered manager was responsible for dealing with these. Staff would tell the registered manager about any formal or informal comments or concerns straight away so patients received a quick response.

The registered manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the registered manager had dealt with their concerns.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at comments, compliments and complaints the practice received within the 12 months preceding the inspection date.

These showed the practice responded to concerns appropriately and discussed outcomes verbally with staff at every staff meeting to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

We found the registered manager had the capacity and skills to deliver high-quality, sustainable care.

The registered manager was knowledgeable about issues and priorities relating to the quality and future of services.

The practice manager was visible and approachable. Staff told us they worked closely with them.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice and the practice manager had completed additional training in this.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The staff focused on the needs of patients. For example, patients had asked for longer opening hours. The practice now opened until 7pm Monday to Friday and was open for 4 hours each Saturday.

We saw the provider took effective action to manage staff performance with action plans and review dates in place.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The registered manager had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information although this was not always documented in patients' notes for example when a patient had refused a treatment.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support high-quality sustainable services.

The provider used comment cards and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on for example extended opening hours and varying price options for treatments.

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

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The provider had excellent quality assurance processes to encourage learning and continuous improvement. We saw evidence of a large number of audits including audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

Are services well-led?

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. One staff member is to be trained as a dental nurse.

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.