Mr. Andrew Zaranko

Belasis Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 28 February 2017 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

Belasis Dental Practice has been providing dental treatment for over 20 years to patients of all ages. The practice is situated in Billingham, County Durham and has one treatment room, a staff kitchen /general office and a combined reception and waiting room. There is a separate decontamination area located in the general office. Access for wheelchair users or pushchairs is possible via the step-free access at the front entrance and throughout the building. A car park is on-site for staff and patients with ample parking spaces. The principal dentist is currently expanding the practice into the adjacent property.

The practice is open Monday, Tuesday, Thursday and Friday 0830-1700 and Wednesday 0830 -1800.

The dental team is comprised of a principal dentist, a dental hygienist, two qualified dental nurses, a receptionist and a personal assistant.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual registered person. 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.

We reviewed 71 CQC comment cards on the day of our visit; patients were very positive about the staff and standard of care provided by the practice. Patients

Summary of findings

commented they felt involved in all aspects of their care and found the staff to be helpful, respectful, friendly and were treated in a clean and tidy environment. Patients mentioned they travelled from overseas and long distances within England in order to obtain regular treatment within this practice.

Our key findings were:

- Staff were very friendly and enthusiastic about their work.
- The practice was visibly clean and free from clutter.
- The practice had systems for recording incidents and accidents.
- Staff received annual medical emergency training and had sufficient medicines and equipment in place to manage medical emergencies.
- Dental professionals provided treatment in accordance with current professional guidelines.
- Patients could access urgent care when required.
- Complaints were dealt with in an efficient and positive manner.
- The practice had systems for recording incidents and accidents.
- Practice meetings were used for shared learning.
- Patient feedback was regularly sought and reflected upon.
- Staff were aware on how to escalate safeguarding issues for children and adults should the need arise.
- The principal dentist received safety alerts and distributed these amongst all staff within the practice.
- An Infection prevention and control policy was in place; sterilisation procedures did not follow recommended guidance.

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

- Review the practice's infection control procedures and protocols to make sure they are suitable, giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Review the practice legionella risk assessment and radiation equipment report to ensure the recommended actions have been considered and / or implemented.

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?

No action

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

Infection prevention and control procedures did not follow recommended guidance. The sterilisers were located in the combined general office and kitchen.

Emergency medicines and equipment were in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Equipment for radiography was tested according to manufacturer's instructions. The practice had not implemented all the required actions from their radiography equipment report.

Risk assessments were in place for the practice.

The practice had not implemented all the required actions from their legionella risk assessment.

Staff we spoke with were knowledgeable about safeguarding systems for adults and children.

The registered provider received safety alerts and these were distributed amongst all staff within the practice.

Are services effective?

No action

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

Dental professionals referred to resources such as the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff treated patients with care, provided options for informed consent and made referrals to other services in an appropriate and recognised manner. Staff were fully aware of the requirements of the Mental Capacity Act (MCA) 2005 and how it relates to their role.

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuing professional development (CPD). The principal dentist was not able to provide evidence of their recent CPD in radiography.

Are services caring?

No action

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 71 responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

Summary of findings

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

Are services responsive to people's needs?

No action

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

The practice had dedicated appointments each day for urgent dental care and every effort was made to see all emergency patients on the day they contacted the practice.

The practice had reviewed the requirements of the Equality Act 2010 by undertaking a disability access audit for the premises. The premises was entirely step-free. An accessible toilet was available and the treatment room could accommodate wheelchair users or people with push chairs. A magnifying glass or reading glasses were available for those with reduced vision and patients had access to telephone interpreter services when required.

Are services well-led?

No action

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

There were dedicated leads in infection prevention and control and safeguarding as well as various policies for staff to refer to. The most important policies were also given to each staff member as part of their induction process and kept in their individual files.

The principal dentist kept all staff recruitment files and training records.

Staff were encouraged to provide feedback on a regular basis through informal discussions and surveys.

Patient feedback was also encouraged verbally and online. The results of any feedback were discussed in meetings for staff learning and improvement.

Audits were carried out to help improve the service.

Belasis Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 28 February 2017. It was led by a CQC inspector and supported by a dental specialist advisor.

During the inspection, we spoke with the principal dentist, the personal assistant, a dental nurse and the receptionist.

We reviewed policies, protocols, certificates and other documents to consolidate our findings.

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

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle which states the same.

The practice had systems in place for recording accidents and incidents. Staff were clear on what needed to be reported, when and to whom as per the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR). There were no accidents or incidents within the practice in the last 12 months. We saw a dedicated folder with information and reporting forms should the need arise.

The principal dentist showed us they received and acted upon safety alerts from the Central Alerting System (CAS) and Medicines and Healthcare products Regulatory Agency (MHRA).

Reliable safety systems and processes (including safeguarding)

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a sharps risk assessment; disposable syringes and traditional syringes with protective devices were used to comply with the regulations.

Staff were knowledgeable of their local policy on sharps injury procedures and a practice sharps policy was available for staff to refer to. The local occupational health contact details were not easy to locate and we brought this to the attention of the principal dentist; they assured us they would review their sharps policy to include this.

The dentist told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We reviewed the practice's policy for adult and child safeguarding; this contained contact details of their local child protection and adult safeguarding teams. Staff were able to advise us of their practice protocol and response to any safeguarding issues should they arise.

The practice had a whistleblowing policy which all staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

The practice had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date (expiry November 2017).

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Emergency medicines and equipment were not fully in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

We saw the practice kept logs which indicated the emergency equipment and emergency drugs were checked weekly or monthly.

Staff recruitment

We reviewed the staff recruitment files for four members of staff to check that appropriate recruitment procedures were in place. We found all staff files held the required recruitment documents including GDC registration certificates, indemnity proof documents, qualifications, immunisation status, where appropriate a Disclosure and Barring Service (DBS) check, evidence of induction processes, references and staff appraisals. All employees were provided with their own copies of policies to ensure they were familiar with the practice protocols and procedures.

Monitoring health & safety and responding to risks

Are services safe?

We reviewed various risk assessments (a risk assessment is a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) within the practice.

We looked at the practice risk assessment, health and safety risk assessment and fire risk assessment. These were carried out in accordance with the relevant legislation and guidance.

We found the Control of Substances Hazardous to Health (COSHH) file contained all the products' safety data sheets (these provide information on the general hazards of substances and give information on handling, storage and emergency measures in case of accident) and risk assessments as required by the Health and Safety Executive.

We saw annual maintenance certificates of firefighting equipment including the current certificate from December 2016. Six-monthly fire drills were carried out to ensure staff were rehearsed in evacuation procedures. We saw logs to confirm fire drills and regular testing of the fire equipment took place. The practice had clear signs to show where evacuation points and fire exits were.

We saw the business continuity plan had details of all staff, contractors and emergency numbers should an unforeseen emergency occur.

Infection control

We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

Sterilisation of instruments took place in two rooms; contaminated instruments were scrubbed in the dental surgery and brought into the decontamination area (in a secure container) for sterilisation. The autoclaves (machines which sterilise instruments) were kept on a work surface in the office –they were situated next to files and other general items. There was no clinical waste bin in the office and a carpet was present; the layout of the equipment and environment was not in accordance with the The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' guidance and the Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

We spoke to the principal dentist with regards to this and they assured us they would review the guidance and siting of the autoclaves. They also showed us detailed plans of the separate dedicated decontamination suite, currently being introduced with the expansion of the premises into the adjacent building.

We spoke with one dental nurse about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifier, sterilising and storage was clearly described and shown. We were told daily and weekly tests were being carried out by the dental nurses to ensure the autoclave was in working order. We saw these checks were documented.

We inspected the treatment room. The room was clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in the treatment room and toilet.

The dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). Staff described the method used and this was in line with current HTM 01-05 guidelines.

A Legionella risk assessment had been carried out in February 2016. We saw the recommended monthly and yearly water temperature checks were implemented and recorded. The practice had not recognised the need for copper pipes as per their risk assessment. The principal dentist assured us they would review this and a new risk assessment would also be undertaken upon completion of the expansion.

The practice stored clinical waste in a secure manner on-site and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and this confirmed that clinical waste including sharps was collected on a regular basis.

We observed the practice had different cleaning equipment to follow HTM 01-05 guidance for environmental cleaning.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

Are services safe?

We saw evidence of servicing certificates for the sterilisation autoclave equipment, X-ray machine, compressor and Portable Appliance Testing (PAT). (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use). We were told the dental nurses undertook daily and weekly testing of the ultrasonic cleaning machine (this cleans the instruments prior to sterilisation) and annual servicing was not carried out. We spoke with the principal dentist about this and they told us they would request the ultrasonic cleaner to be serviced annually.

We also noted the radiography certificate recommended specific measures to reduce the radiation; the principal dentist was not certain these had been undertaken and agreed to schedule a service review of the X-ray machine.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

The practice maintained a thorough radiation protection file with various documents including the local rules, names of the Radiation Protection Advisor and the Radiation Protection Supervisor, and quality assurance grading results. The principal dentist could not locate their Health and Safety Executive notification and was aware they needed to submit a new notification for the expansion of the premises.

The continuing professional development (CPD) training certificate in radiography we saw for the principal dentist was dated 2002; they assured us they had undertaken radiography CPD in the last five year CPD cycle. We did not see evidence of this.

The principal dentist showed us their X-ray audit results from 2014 to 2016; these were in line with the National Radiological Protection Board (NRPB) guidance.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found the dental professionals were following guidance and best practice procedures for delivering dental care.

A comprehensive medical history form was filled in by patients and this was checked verbally at every visit. A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screen. Dental professionals also used the basic periodontal examination (BPE) to check patients' gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are.

Patients were advised of the findings and any treatment required.

The dentist advised us they were familiar with current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were based upon the patients' risk of dental diseases.

The dentist we spoke with used their clinical judgement and guidance from the Faculty of General Dental Practitioners (FGDP) to decide when X-rays were required.

Health promotion & prevention

We found the practice was proactive about promoting the importance of good oral health and prevention. Staff told us they applied the Department of Health's 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive care and advice to patients.

Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable.

The practice reception displayed a range of dental products for sale and information leaflets were also available to aid in oral health promotion.

Staffing

Staff were fully aware as to whom the dedicated leads for infection prevention and control, safeguarding adults and children and complaints were.

Prior to our visit we checked the registrations of all dental professionals with the General Dental Council (GDC); this was confirmed on the day of the inspection. The GDC is the statutory body responsible for regulating dental professionals.

Staff told us they were supported in their continuous professional development (CPD) and we saw evidence of this in staff files.

Working with other services

The dentist confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. They stated referral letters would contain all the relevant information including patient identification, medical history, reason for referral and x-rays if relevant.

The practice ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks.

Consent to care and treatment

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. The patient would sign this and take the original document. A copy would be retained in the patients' record.

Staff were clear on the principles of the Mental Capacity Act 2005 (MCA) and the concept of Gillick competence. TheMCAis designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Gillick competence is a term used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were 71 responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs. Patients stated they travelled from abroad and long distances in order to attend Belasis Dental Practice.

We observed all staff maintained privacy and confidentiality for patients on the day of the inspection. We saw doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

Staff were confident in data protection and confidentiality principles and had undergone training in Information Governance. Dental care records were stored electronically and in paper form. Paper record cards were kept securely in locked cabinets behind reception and computers were password protected. Computers were backed up and passwords changed regularly.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing treatment costs were displayed in the waiting area. We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits.

We used guidance from the Faculty of General Dental Practice (FGDP) to help us make our decisions about whether the practice records and record keeping were meeting recommended guidelines. We looked at dental care records with the dentist and found they followed the guidance.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including practice leaflets, the practice opening hours, emergency 'out of hours' contact details and treatment costs. Information leaflets on oral health were also available.

The practice had dedicated appointments each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice. Reception staff had clear guidance to enable them to assess how urgently the patient required an appointment.

We looked at the appointment schedules and found that patients were given adequate time slots for different types of treatment.

Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients.

In accordance with the Equality Act 2010, the practice had fully assessed the barriers which may prevent some people from using their services by undertaking a disability access audit for the premises. The entire practice was step-free and the surgery could accommodate wheelchairs and pushchairs. Reading glasses and a magnifying glass were available for those with reduced vision and staff knew how to access a translation service when required. The patient toilet was accessible and equipped with handrails.

Access to the service

The practice's opening hours were displayed in the premises and in the practice information leaflet. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints.

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the GDC recommendations.

Information for patients was available in the waiting areas. This included how to make a complaint, how complaints would be dealt with and the time frames for responses.

Staff told us they raised any patient comments or concerns with the principal dentist immediately to ensure responses were made in a timely manner.

The practice received one complaint in the last 12 months. We saw records that showed the complaint had been effectively managed and shared with the whole practice to enable staff learning.

Are services well-led?

Our findings

Governance arrangements

The principal dentist demonstrated their system of policies, procedures and certificates. We viewed documents relating to safeguarding, whistleblowing, complaints handling, health and safety, staffing, recruitment and maintenance.

There were regular checks of clinical and administration work or systems for identifying where quality or safety was being affected.

Leadership, openness and transparency

The overall leadership was provided by the principal dentist. Staff told us they were clearly aware of whom the dedicated leads in infection prevention and control, complaints and safeguarding within the practice were. The ethos of the practice was clearly apparent in all staff as being able to provide the best service possible.

Learning and improvement

We saw the practice carried out regular audits in clinical work such as radiography, infection prevention and control and non-clinical work such as record keeping, patient satisfaction and appointment attendance. An audit is anobjective assessment of an activity designed to improve an individual or organisation's operations. We found there was no documented analysis or action plan, where appropriate, of the record keeping audits and we were assured this would be addressed. All other audits were documented with results analysis and evidence of action plans being implemented.

Improvement in staff performance was monitored by the practice; we saw evidence of personal development reviews and/or appraisals being performed on an annual basis and of this. Every two months, staff also had a 'welfare check' with the personal assistant to discuss any personal issues.

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

The practice had systems in place to seek and act upon feedback from staff members and people using the service.

Staff and patients were encouraged to provide feedback on a regular basis either verbally or through surveys.

Patient surveys were specific to the practice and covered a range of topics such as waiting times and provision of specific magazines. Results were analysed and we saw evidence of action plans being implemented.

Staff told us their views were sought and listened to and that they were confident to raise concerns or make suggestions to the principal dentist.