

Mr Stuart Campbell Lawson

Church Road Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 29 August 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 area team that we were inspecting the practice. They did not provide any information.

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 not providing well-led care in accordance with the relevant regulations.

Background

Church Road Dental Practice is based in Redfield a suburb of Bristol and provides mainly private treatment to patients of all ages. They have a small NHS contract to see patients on an urgent basis, for orthodontics and children.

There is a temporary ramp that can be used for accessing the ground floor of the practice, particularly for patients who use wheelchairs. There is no practice car parking. The practice is on a main bus route and there is a short stay car park nearby.

Summary of findings

The dental team includes three dentists, an orthodontist, four dental nurses, a practice manager who also covers reception and is a qualified dental nurse and three receptionists. The practice manager spends half a day week and four days a week every seventh week carrying out their management role. Due to restrictions in the practice there is no office space for the manager to work within. The practice has three treatment rooms.

The practice is owned by an individual who is the principal dentist. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 59 CQC comment cards from this inspection and 35 from 2015 where the inspection had been cancelled but comment cards had been completed by patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, a dental nurse, practice manager and a receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday to Friday 8:30am to 5:30pm

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance. Infection control audits did not always identify areas of the practice that could be improved.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. Monitoring of the equipment could be further improved.
- The practice had systems to help them manage risk. Although these were not effective particularly in relation to fire safety and prescription monitoring.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures. Although these could be further improved.

- The clinical 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 met patients' needs.
- The practice had a supportive leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

We identified regulations the provider was not meeting. They must:

- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities. This includes the following; ensuring current legislation and regulations are followed in respect of fire safety. Ensure there is a system in place to monitor effectively the management of prescriptions.

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review the protocol for completing accurate, complete and detailed records relating to employment of staff. This includes making appropriate references are sourced and ensuring recruitment checks, including Disclosure and Barring Service checks, are suitably obtained and recorded.
- Review its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review how often the oxygen and automated external defibrillator are checked giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review practice policy on how urgent referrals should be monitored and followed up to establish the patient has received the treatment required.

Summary of findings

- Review the practice's infection control procedures and protocols 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 how audits are carried out to ensure it includes areas of improvement to meet these guidelines.

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.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment appeared clean and properly maintained. Fire safety must be improved in line with current standards. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had some suitable arrangements for dealing with medical and other emergencies could improve through an effective monitoring system.

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 almost pleasurable, respectful and accommodating. 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 but these were not routinely monitored.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

We received feedback about the practice from 94 patients. Patients were positive about all aspects of the service the practice provided. They told us staff were excellent, cheerful and courteous. They said that they were given professional, helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

No action



Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

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 was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

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

No action



Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There were improvements to be made with fire safety and the monitoring of prescriptions.

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

The practice team kept complete patient dental care records which were, clearly written and 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.

Requirements notice



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn 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.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice used a protective device that required two hands for removing needles and other sharp dental items. The provider was sourcing a device that would further reduce the risk of a sharps injury. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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 knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Some emergency equipment and medicines were available as described in recognised guidance. There were no paediatric pads available for the automatic external defibrillator and a size four oropharyngeal airway was not available. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We found adult defibrillator pads which would be out of date within three days of the inspection and set of out of date adult pads. These had not been identified as requiring replacing through the monitoring system and the out of date pads had not been disposed of. We found a number of syringes that were out of date within the emergency bag.

We received evidence since the inspection that new defibrillator pads have been ordered for both adults and children and the airway.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. More detail would improve the policy regarding how Disclosure and Barring Service (DBS) checks would be sourced. We looked at two staff recruitment files. We saw evidence that employment history had been gained and references had been sourced. We found some areas that required improvement. For example, one recruitment file showed that a DBS check had been sourced from another service in 2011. The provider informed us they would be sourcing a DBS check through their service as part of their recruitment procedure. One reference had not been sourced from a health service provider and one of the last two employers. We were informed that one was now being sourced from this provider.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

We noted the practice had a Control of Substances Hazardous to Health file which included data sheets for each hazardous substance. The practice manager told us staff were aware of where the file was held so they could

Are services safe?

access the information. They informed us they had not completed practice specific assessments for each substance. The practice manager was going to complete this as a matter of priority.

The practice manager had completed a general risk assessment in 2015. This did cover some areas of fire safety. However, we found no specific fire risk assessment had been completed by a competent person. We reviewed other fire safety procedures and found the practice did not have a fire alarm or smoke detector. They did have a panic alarm which was kept in reception which would be used if there was a fire and this had been tested on fire drills.

The practice did not have emergency lighting installed so had two torches available within the staff area. We found one of the torches was not working. The practice had fire extinguishers and these were maintained on an annual basis.

Staff had not received appropriate fire safety training. The practice manager had been shown by the maintenance company how to use the extinguishers and they had shown long standing staff how to use these. However, some newer staff told us they had not been shown how to use this equipment. Fire drills were completed every six months.

The practice had taken immediate action following the inspection. They had employed a fire safety company to carry out a fire risk assessment in the same week of our inspection. The provider had sent us evidence that following receipt of the fire risk assessment report they had either addressed areas of concerns or were in the process of taking action.

The provider completed Portable Appliance Testing every two years and we saw records of this. There was no evidence of an electrical installations certificate, which should be completed every five years. We were informed that they have arranged for an electrician to complete this check.

A dental nurse worked with the dentists and the orthodontist when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed

guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. All staff had completed infection prevention and control training.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out an infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. However, we found there were a number of areas which should have been identified from these audits. This included; there was no foot operated bin within the patient/staff toilet. The flooring in the decontamination was not impervious and seamless. There was no ventilation in the decontamination room other than a window. The provider informed us that they have now purchased an appropriate bin for the patient/staff toilet.

The practice had not completed an annual infection control statement in the last year, as specified in the Code of Practice on the prevention and control of infections and related guidance.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We saw a daily check record and schedule for cleaning the premises. The practice appeared clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the sterilising equipment, the compressor and the manual developer used. Staff carried out checks in line with the manufacturers' recommendations.

The practice dispensed medicines to its private patients. The medicines were stored within a cupboard in the decontamination room. There was no thermometer to monitor the temperature of the room to ensure the medicines were stored as required by the manufacturer's instructions. We found the room was recording a temperature of 29 degrees. This temperature was not suitable for holding the medicines in accordance with

Are services safe?

manufacturer's instructions. The provider sent us evidence that they had disposed of these medicines and we saw evidence of a reorder. They told us they had moved the medicines to a more suitable location, where they now routinely monitored the temperature.

The provider was unable to show us how many medicines they should have in stock as there was no monitoring system in place. We noted there was an out of date medicine present which was not routinely used in practice. We were informed that there was now a new system in place to monitor medicines.

The practice stored NHS prescriptions securely. Prescriptions were not monitored from when they were delivered to when they were used. We were informed that a system has been implemented to monitor prescription use and we saw evidence that a new policy had been implemented.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

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

Clinical staff completed continuous professional development in respect of dental radiography. It was noted that one dentist had not completed training in dental radiography in the last five years. We were informed that they had attempted to register on a recent course but this was full. Since the inspection we have been provided with evidence that the dentist has now completed the course.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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

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

Health promotion & prevention

The practice was providing preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

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

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

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

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 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. The practice did not have a system in place to monitor urgent referrals to make sure they were dealt with promptly. The provider confirmed they implemented a system the following day after our inspection.

Consent to care and treatment

The practice team understood 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. We noted two out of five patient records did not include records that consent was taken or signed by the patient.

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 may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists and dental nurses 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 we spoke with were aware of their responsibility to respect patient's diversity and human rights.

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

Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room, if one was available. The reception appointment book was used where it was not visible to patients and staff did not leave personal information where other patients might see it. We saw paper records were stored securely.

There were magazines and newspapers available in the waiting room. The practice provided drinking water for patients within the waiting area.

Involvement in decisions about care and treatment

The practice provided patients with clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as crowns, bridges and dentures.

Each treatment room had a flip chart of treatments so the dentists could show patients photographs when they discussed treatment options. Staff also used X-rays to explain treatment options to patients requiring more complex treatment.

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.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were always seen the same day. Patients told us they 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.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patients using a wheelchair used the temporary ramp to assist them into the practice and into the ground floor treatment room. If the patient wanted to see one of the dentists who worked upstairs they would move treatment rooms to accommodate this.

Staff told us that they telephoned or text messaged all patients on the morning of their appointment to remind them of their appointment.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included a temporary ramp for entering the practice and the ground floor treatment room.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to translation services which included British Sign Language.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments and when they were full they would fit patients in when necessary. They took part in an emergency on-call arrangement with another local practice. The website, information leaflet and answerphone provided telephone numbers for patients needing 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 & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice manager and the provider were responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they 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 practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last year. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. We noted the practice had not responded to the two positive comments noted on the NHS choices website. They advised that they would respond to these as soon as possible.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. The practice manager worked half a day a week and four days every seventh week in their management role. The provider was unable to increase this due to being unable to provide office space due to restrictions in the practice. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. We noted there were improvements required for some areas of the management of the service. These included the following;

- It had not been identified that a fire risk assessment was required and action was required to ensure they met current regulations and legislation.
- There should be an effective audit trail system in place to ensure prescriptions were monitored from delivery to when they leave the practice.

The provider had taken action to address these concerns. However, we will need to check if the systems and processes put in place were now effective in ensuring they improved the quality and safety of the service.

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

Leadership, openness and transparency

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

Staff told us there was an open, no blame culture at the practice. They said the practice manager and provider encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would

listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team received an annual appraisal. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used annual patient surveys to obtain patients' views about the service. We saw this showed high patient satisfaction with the service. Patients raised minimal comments on improvements to the practice. The practice had made changes following a couple of comments raised by patients. For example, patients had commented on the type of newspaper supplied, so this was changed including the magazines.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We saw there had been two comments from August where patients would recommend the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17</p> <p>Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met</p> <p>There were some systems and processes that did not enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Assessing the risk of fire safety within the practice• Prescription monitoring from delivery to use <p>Regulation 17(1)(2)(a) Good governance</p>