

Mr Ilias Triantafyllou

Brighton Dental Care

Inspection Report

47 Sydney Street
Brighton
East Sussex
BN1 4EP
Tel: 01273 681336
Website:

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Overall summary

We carried out this unannounced inspection on 26 February 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

Brighton Dental Care is in Brighton and provides NHS and private treatment to adults and children.

There is no level access for people who use wheelchairs and those with pushchairs. The practice refers patients who cannot navigate the stairs in the practice to a nearby dental practice with level access.

The dental team includes four dentists, four dental nurses, one student dental nurse, four dental hygienists, three receptionists. The practice has five treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal dentist there. 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 did not collect any CQC comment cards filled in by patients as this was an unannounced inspection.

During the inspection we spoke with three dentists, four dental nurses, two dental hygienists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Tuesday 9am to 7pm

Wednesday, Thursday and Friday 9am to 5pm

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which needed adjustments to reflect published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff, although some of these needed updating.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children, although the provider had not notified us of a recent safeguarding referral which is a requirement of their registration with us.
- The provider had staff recruitment procedures, but two members of staff had not provided a DBS under schedule 3 of the Health and Social Care Act 2014.
- The clinical staff provided patients' care and treatment in line with current guidelines.

Staff treated patients with respect and took care to protect their personal information.

- We noted CCTV was present around the practice which included dental treatment rooms.

The location of the CCTV could be improved to ensure patient dignity is respected at all times.

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- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- 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 positively and 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 closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.
- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice, such as DBS checks.
- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance', storage of dental instruments.
- Consider broadening the scope of audit systems. In particular, by the inclusion of antimicrobial prescribing.

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 were implementing a system to help with learning from incidents and complaints to help them improve.

Staff received training in safeguarding people 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. However, we found that two members of clinical staff had not provided a DBS check.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising dental instruments. However, we found that some dental instruments were not being stored in line with current guidance.

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

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. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The provider 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 observed staff warmly greeting patients and helping them during our inspection.

Patient feedback through practice satisfaction surveys stated that patients were happy with the service they had received and had commented their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect. However, we noted that CCTV was present around the practice including all of the treatment rooms. This currently did not protect patient's privacy and dignity.

No action



Summary of findings

Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to telephone and face to face interpreter services, staff could speak eight languages 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 providing well-led care in accordance with the relevant regulations.

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. Some of the arrangements for quality and safety had lapsed due to staff leaving, we noted that this was being addressed.

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

The provider monitored some 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.

No action



Are services safe?

Our findings

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

The practice 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 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, however, we noted a safeguarding which had been referred to the local area team and police, which had not been notified to the CQC. We discussed this with the provider who submitted the notification following our inspection.

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was documented in the dental care record and a risk assessment completed.

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

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These did not wholly reflect the

relevant legislation as two members of clinical staff had not been subject to a DBS check. We looked at five staff recruitment records. These showed the practice had not followed their recruitment procedure.

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

The practice 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 equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

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

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice 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 did not contain up to date information and had not been reviewed regularly to help manage potential risk. We discussed this with the provider and senior staff. We were assured following our inspection that all of the policies and procedures were being updated. The practice 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.

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

Are services safe?

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. BLS with airway management.

Emergency equipment and medicines were available as described in recognised guidance. 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 GDC Standards for the Dental Team. We noted that a risk assessment had not been completed for when the dental hygienist worked without chairside support. We were sent this risk assessment following our inspection.

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

The practice had an infection prevention and control policy and procedures. They did not wholly follow 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 practice had suitable arrangements for transporting, cleaning, checking, sterilising 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 noted that some dental instruments were not being stored pouched but loose in drawers that were visibly dirty. We discussed this with the provider. We were informed following our inspection that the instruments were now stored in clean boxes and reprocessed at the end of every day in line with current guidance.

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

The practice 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 premises were 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. We noted that these policies required updating.

The practice carried out infection prevention and control audits twice a year. The latest audit showed that gaps in the infection control processes and procedures had not been identified such as the correct storage of instruments. We received a new audit following our inspection with an action plan to address the shortfalls identified.

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 individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, 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.

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. However, we found many out of date dental materials in all of the treatment rooms. We discussed this with the provider who assured us that all out of date dental materials had been disposed of.

The practice stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Are services safe?

Track record on safety and Lessons learned and improvements

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

In the previous 12 months there had been two safety incidents. Neither incident had been investigated, documented and discussed with the rest of the dental

team to prevent such occurrences happening again in the future. We were sent information following our inspection to show that these events had been recorded retrospectively and were being analysed, discussed and processes put in place to reduce the risk of recurrence.

There was a system for receiving and acting on safety alerts. The practice 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

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Dental implants

The practice offered dental implants. These were placed by the principal dentist had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

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

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 children and adults based on an assessment of the risk of tooth decay.

The dentists/clinicians 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.

The practice was 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 dentists 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

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

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

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

The practice's consent policy included information about the Mental Capacity Act 2005(MCA). Some of the team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. However, some members of staff were not sure about how this would be implemented. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Some of the staff were aware of the need to consider this when treating young people under 16 years of age. We were provided with training certificates following our inspection where staff had completed MCA training.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. for example, one of the dental nurses was qualified to take X-rays.

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.

Are services effective?

(for example, treatment is effective)

Staff discussed their training needs at annual appraisals. We saw evidence of some completed appraisals and how the practice addressed the training requirements of staff.

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.

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The practice 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.

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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 in surveys that staff were helpful and kind. We saw that staff treated patients respectfully, appropriately 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.

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

The practice did not fully respect or promote patients' privacy and dignity. There were CCTV cameras situated in all of the treatment rooms. When questioned staff told us that they would not turn the surveillance off if a patient requested it.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided 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. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

Accessible Information Standards.

the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not use English as a first language. We saw notices in the reception areas, written in languages other than English, informing patient's translation service were available. Patients were also told about multi-lingual staff that might be able to support them. Staff at the practice could speak, Greek, Spanish, Swedish, Bulgarian, Arabic, French and Russian.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.

The practice gave patients clear information to help them make informed choices about their treatment. 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 information leaflet provided patients with information about the range of treatments available at the practice.

The dentist/s described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, videos and X-ray images

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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.

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.

Due to the layout of the building it was not possible to provide level access and patients were informed of this at the first point of contact. Patients who were not able to manage stairs were referred to another practice in the area with level access.

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

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 in the premises, and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. 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 took part in an emergency on-call arrangement with 111 out of hour's service.

The practice's 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 in the practice surveys they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

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

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

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

The principal dentist 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 over the last two years.

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

Are services well-led?

Our findings

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. And they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Culture

The practice had a culture of sustainable care.

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

The practice focused on the needs of patients.

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. However, this was not the case with the operation of the CCTV

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

Governance and management

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The newly appointed practice manager 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, this was in the process of being updated to reflect current guidance and legislation.

There were processes for managing risks, issues and performance, which required updating.

Appropriate and accurate information

Quality and operational information was in the process of being completed to ensure and improve performance. Performance information was combined with the views of patients.

The practice 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

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service.

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.

The practice 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 practice had some quality assurance processes but these had been conducted correctly and the information collected did not reflect actual processes or identify gaps. These included audits of dental care records, radiographs and infection prevention and control.

The dental nurses and receptionist were in the process of receiving appraisals. In the two conducted we saw that they had discussed learning needs, and aims for future professional development. We saw evidence of two 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.