S Manro & D Ray

Bridge Dental

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 27 August 2015 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

Bridge Dental is located in the London Borough of Southwark and provides private dental care services to patients. The practice is open various times Monday to Saturday including some late evenings. The practice is set out over four floors and has three surgeries, a decontamination room, staff room, reception and patient waiting area. The demographics of the practice was mixed with patients from a wide range of backgrounds.

We did not receive any completed Care Quality Commission comment cards; however we were able to speak with patients during our inspection and their feedback was generally positive. They told us staff were friendly and helpful and that the treatment they received was good. They described the premises as always being clean and tidy.

Our key findings were:

- There were effective processes in place to reduce and minimise the risk and spread of infection.
- Patients' needs were assessed and care was planned in line with best practice guidance.
- Patients were involved in their care planning and were enabled to make informed decisions.
- Staff were up to date with their continuing professional development requirements.
- Appropriate governance arrangements were in place to facilitate the smooth running of the service including audits being undertaken regularly.
- There was appropriate equipment available, and staff had access to emergency drugs to enable the practice to respond to medical emergencies.

Summary of findings

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

- Review the practice policies and procedures to ensure they have up to date information and are relevant.
- Ensure that all necessary equipment, such as the illuminated magnification device used for checking instruments after cleaning is in working order.
- Ensure all staff are aware of their responsibilities under the Mental Capacity Act (MCA) 2005 as it relates to their role.
- Ensure radiograph audits are undertaken periodically

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 provider had systems in place to receive safety alerts from external organisations. Staff were trained to the appropriate levels of safeguarding and child protection, and staff we spoke with demonstrated awareness of safeguarding issues.

Processes were in place for staff to learn from incidents, and lessons learnt were discussed amongst staff. The practice carried out risk assessments to ensure the health and safety of staff and patients.

Equipment used in the practice was maintained and serviced appropriately. Medicines and equipment were available in the event of an emergency.

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

There were suitable systems in place to ensure patients' needs were assessed and care and treatment was delivered in line with published guidance such as from the National Institute for Health and Care Excellence. Patients were given relevant information to assist them in making informed decisions about treatment. Referrals were made and followed up appropriately. Information was available to patients relating to health promotion including smoking cessation and maintaining oral health. All clinical members of the dental team were meeting requirements for their continuing professional development.

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

Feedback from patients indicated that staff were friendly, caring and helpful. We did not receive any completed CQC comment cards however we were able to speak with patients. Their feedback was complimentary about staff. They all confirmed that staff acted in a professional manner and were attentive to their care needs. Observations we noted between staff and patients in the waiting area were positive.

Are services responsive to people's needs?
We found that this practice was providing responsive care in accordance with the relevant regulations.

Patients had access to the service which included a range of opening times including weekend appointments and evening appointments. Information was available via the practice website and a practice leaflet. Patients could access on the day urgent appointments during opening hours. Patients were given information about where to access treatment outside of opening hours. There were systems in place for patients to make a complaint about the service if they needed to. Information about how to make a complaint was contained in the patient handbook, which was given to all patients (and a copy was available in the waiting area for patients' reference).

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

Summary of findings

Governance arrangements were in place for the smooth running of the service. There were a range of policies and procedures and all staff had to sign to confirm they had read them. Staff meetings were held to update staff, and personal development meetings were held with staff to identify and plan for development. Audits were being carried out for on-going monitoring of the service. Improvements could be made to ensure that policies and procedures were reviewed and updated periodically.

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Detailed findings

Background to this inspection

We inspected Bridge Dental on 27 August 2015. The inspection was undertaken by a CQC inspector and a dental specialist adviser. Prior to the inspection we reviewed information provided by the provider and information available on the provider's website.

The methods used to carry out this inspection included speaking with staff including a dentist, trainee dental nurse, practice manager and receptionist, speaking with patients, reviewing documents and general observations.

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

There were processes in place for safety alerts to be received and shared with staff in the practice. The practice manager told us that alerts were received from external organisations and shared with staff via email or during meetings as and when required.

The practice had not had any RIDDOR incidents (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013)); however the practice manager had an understanding of the regulations. The paperwork the practice had for RIDDOR was the 1995 regulations and they did not have the current regulations to refer to. We spoke with the practice manager and they advised that the most recent and relevant regulations would be made available to staff immediately.

There had not been any incident in the 7 months the practice had been open. We discussed how incidents were reported and handled and the practice manager gave us a thorough explanation of how they would be handled. The explanations were in line with expectations on a provider under the duty of candour. [Duty of candour is a requirement on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity]. Reporting forms and an accident book were accessible to all staff. Staff we spoke with were aware of how to report incidents and accidents.

Reliable safety systems and processes (including safeguarding)

One of the principal dentists was the safeguarding lead. There was a safeguarding policy that covered both adults and children. The policy did not have the details of the local authority contacts for safeguarding, however a picture chart for recording any concerns and diagram were available. The practice manager assured us that the local authority details would be added immediately

The majority of staff in the practice had completed adult safeguarding and child protection training in the last two years (this included all clinical staff). The practice manager told us that all staff were due to receive refresher training in the next few months. Staff we spoke with demonstrated that they understood and could identify signs of potential abuse situations.

The practice was following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatment. [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].

Medical histories were taken and included details of current medication, known allergies and existing medical conditions. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories were updated appropriately.

Medical emergencies

The provider had appropriate arrangements in place to deal with medical emergencies. There were medicines in line with the British National Formulary (BF) guidance for medical emergencies in dental practice. We checked the stock of emergency medicines and they were all within their expiry date. We saw records of the weekly checks carried out. Staff had access to emergency equipment including an automated external defibrillator in line with Resuscitation Council Guidance UK standards for the dental team [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. Medical oxygen was also available with the appropriate apparatus to use it.

All staff had received basic life support training in May 2015 and this training was due to be repeated annually. All staff we spoke with were aware of where medical emergencies medicines and equipment were stored. There were also signs in the surgeries making staff aware of where they were stored.

Staff recruitment

The staff team consisted of five dentists, two dental nurses, a trainee dental nurse and administration staff including a practice manager.

The practice had a selection and recruitment policy that outlined how staff were recruited and the pre-employment checks that were carried out before someone could commence work in the practice. The provider had recently

Are services safe?

taken over the practice and staff had been transferred under TUPE regulations (Transfer of Undertakings (Protection of Employment) Regulations 2006). The practice manager explained the all staff recruitment was completed through an agency and they carried out all the pre-employment checks, and passed details to them. We reviewed staff files and saw that pre-employment checks were carried out before staff commenced work in accordance with their current policy, with the agency forwarding details of the pre-employment checks. This included checking identity, obtaining references, registration evidence (if clinical staff), obtaining details of previous work history and completing a disclosure and barring services (DBS) check for clinical staff. The practice did not carry out DBS checks on non-clinical staff and a risk assessment in place for this.

All qualified clinical staff were registered with the General Dental Council.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. The practice had a business continuity plan which covered how they would respond to such situations. The practice also had a health and safety policy and had a range of risk assessments in place to respond to health and safety issues. A practice risk assessment had been carried out on 9 December 2015. It covered significant hazard areas such as autoclave and biological agents. Those at risk were identified and controls in place or action required were outlined. The risk assessment was due to be reviewed in December 2015. Other risk assessments included cleaner risk assessment and a building risk assessment.

There were processes in place to respond to fire risks. The fire extinguishers were checked every week, and fire drills were carried out monthly. There was a fire action plan outlining what staff should do in the event of a fire. The fire alarm had been serviced on the 1 April 2015. The practice manger advised us that a fire risk assessment had been completed however the paperwork was not available during our inspection.

Infection control

The practice had an infection control policy that covered procedures relating to minimising the risk and spread of infection. There was a copy of the Health Technical Memorandum 01-05 Decontamination in primary care dental practices (HTM 01-05) from the Department of Health, for guidance. One of the dental nurses was the infection control lead.

The practice had a decontamination room with a clear flow from dirty to clean zones to minimise the risk of cross contamination. The trainee dental nurse and one of the hygienists gave us a demonstration of the decontamination of instruments and this was in line with HTM 01-05 guidance. The demonstration included carrying instruments in a lidded box from the surgery; placing in the ultrasonic bath; inspecting under an illuminated magnification device to visually check for remaining contamination (and re-washing if required); placing in the autoclave; pouching and then date stamping, so expiry date was clear. Corrective protective equipment was worn during the demonstration. On the day of our inspection the light to illuminate the magnifying glass was not working; however staff told us it would be repaired or replaced soon.

We reviewed records of the checks and tests that were carried out to the autoclaves and ultrasonic and these were mainly in line with guidance.

All relevant staff had been immunised against blood borne viruses and we saw evidence of this. There was a contract in place for the safe disposal of clinical waste, which was collected every two weeks. We saw the consignment notes for the collections for July and August 2015.

Staff understood the sharps injury procedure and knew how to report an injury. Sharps containers were assembled correctly; however not all sharps bins were labelled. For example the sharps bin in the decontamination room was not labelled.

The surgeries were visibly clean on the day of the inspection. There were sufficient stocks of personal protective equipment such as gloves, face masks and aprons. Paper hand towels, hand gel and foot controlled bins were available in each surgery. The dental nurses cleaned all clinical surfaces and the dental chair in the surgeries in-between patients and at the beginning and end of each session.

A legionella risk assessment had been completed on the 25 August 2015; however the practice had not received the report at the time of our inspection. The practice manager advised us that the risk assessment had not identified any issues and was negative for bacterium [Legionella is a

bacterium found in the environment which can contaminate water systems in buildings]. The dental lines were maintained with a purifying agent. Taps were flushed daily in line with recommendations.

Equipment and medicines

Equipment was maintained appropriately. There were service contracts in place for the maintenance of equipment such as the autoclave and pressure system. The autoclave and pressure system had been serviced on the 18 August 2015 and portable appliance testing had been carried out on 6 August 2015.

Medicines that required refrigeration were stored appropriately in the fridge.

Radiography (X-rays)

The practice had a named radiation protection supervisor and had appointed an external radiation protection adviser. The radiation protection file was in order and up to date. We saw confirmation for all relevant staff that had completed the required Ionising Radiation (Medical Exposure) Regulation 2000 (IRMER) training for their continuing professional development cycle. Other staff had completed radiography training as required for their post.

Staff were recording radiographs taken in the surgery and recording diagnostic quality on patients records. However the practice was not undertaking x-ray audits on an annual basis. We spoke with the practice manager and they told us that there were plans for this to be done annually and they would be commencing in a few months.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current legislation. This included following the National Institute for Health and Care Excellence (NICE) guidance.

Staff were aware of the Delivering better oral health toolkit. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

During the course of our inspection we checked 15 dental care records to confirm the findings. We saw evidence of comprehensive assessments and treatment plans being carried out. All assessment included an up to date medical history outlining medical conditions and allergies. Records documented that consent had been taken, where relevant smoking/ dietary advice had been given, radiographs and grading (on some records) had been completed and treatment options discussed. A basic periodontal examination (BPE) was undertaken and this was also documented in patients' notes The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.

Health promotion & prevention

Staff told us that they gave health promotion and oral health advice to patients. Notes we checked confirmed this although some notes did not document that dietary advice was given. Staff told us they worked closely with GP services and referred patients to them as and when necessary, for example for smoking cessation advice.

Leaflets were available relating to health promotion and prevention.

Staffing

All clinical staff had current registration with the General Dental Council and they were up to date with their continuing professional development. [The GDC required all dentists to carry out at least 250 hours of CPD every five years and dental nurses 150 every five years].

We saw evidence that staff had opportunities for development through attendance at conferences and non-core training events.

Working with other services

The practice worked with a range of other professionals to ensure that patient' needs were met. This included referring patients to an orthodontist close by, and the GP for smoking cessation. The practice also received referrals from other practices for root canal treatment.

The dentist explained the processes in place to ensure that referrals made between these services were comprehensive. This included ensuring the referral letter had details of the reason for referral, medical history, social history and personal contact details. All correspondence was scanned onto the patients' record.

We reviewed paperwork for a referral. We saw that all relevant information was passed on and the dentist had been updated on the progress of the treatment.

Consent to care and treatment

Some staff we spoke with demonstrated an understanding of however other staff were unaware of the Act or its remit as it related to their work. [The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves]. Staff had not received formal MCA training at the time of our inspection. The practice manager told us that training had been planned for all staff to attend in the coming months. There was a copy of the Act for staff to refer to if they needed guidance.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We did not receive any completed CQC comment cards however we spoke with patients during the inspection. Patients told us that staff treated them with respect and dignity. They were complimentary about staff and their attitude towards them.

We observed interactions between patients and staff in the waiting room and saw that interactions were positive. Staff spoke with patients in a polite and respectful manner and spoke in low tones so others could not hear their conversation.

Involvement in decisions about care and treatment

Patients we spoke with told us that they were always involved in decisions about their care and treatment. They gave examples that demonstrated that staff gave them information to enable them to make informed decisions. For example, giving them time to go and think about a course of treatment and discussing the benefits and consequences of having or not having treatment.

Staff we spoke with confirmed the details patients told us and the dental care records we checked also showed that it was documented when things were discussed and patients were given treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was open at various times throughout the week including opening and offering evening appointments and appointments on Saturdays. Staff told us that the appointment times were reflective of patients' needs. The practice demographics were made up of a high percentage of city workers who worked long hours and needed an appointments system that reflected this. The practice opening times were therefore tailored around their patients. The practice also had a staggered lunch time to enable them to be able to provide appointments over the lunch period, which again was in response to patients' needs. For example, the practice manager told us that the dentists sometimes had lunch at 3pm to ensure they could provide cover over the core lunch hours of their patients.

Patients experiencing pain and in need of an urgent appointment were always offered an appointment on the same day.

Tackling inequity and promoting equality

Staff told us that the patient population was quite diverse. They also had a high concentration of people working in the City of London. The practice manager told us that they took account of the varying needs of patients and made reasonable adjustments to ensure all patients had equal access to the service. This included having a range of opening hours and also providing information in other languages if required.

The practice was set out over four levels and was not wheelchair accessible. It was a listed building and as such modifications were not permitted. The practice had arrangements in place to refer potential patients or existing patients whose mobility needs changed, to a nearby practice.

Staff had access to translation services. The staff team were also multi-lingual with staff speaking a range of languages including Punjabi and Polish.

Access to the service

The practice had a comprehensive website with information about their services, treatments and contact details. Opening times were displayed on the website as well as on the practice door. There was a patient handbook with detailed information for patients outlining treatment costs, services, patients' charter and how to complain. All patients were given a copy of the handbook when they joined and a copy was available in the practice for patients to refer to when they visited.

Patients we spoke with told us that they were always seen at or within minutes of their appointment time. Staff also confirmed that waiting times were minimal in the practice and audits carried out the by the practice had confirmed this.

Concerns & complaints

There was a complaints policy and procedure in place. It included how to make a complaint, response times and contact details of the practice. Details of the external body to escalate the complaint to if they were not satisfied were also in the policy as were the details of the General Dental Council (GDC). All staff were required to sign to confirm they had read and, understood the policy. We saw that staff had signed it. Since opening the practice had not received any complaints. The practice manager went through how complaints would be responded to. The explanation was in line with their policy and our expectations from a provider. This included explaining that a thorough investigation would take place followed by a letter to the patient outlining the outcome, any lessons learnt and an apology. The outcome of complaints would also be shared with staff for learning and development.

Are services well-led?

Our findings

Governance arrangements

There was an employee handbook that outlined staff benefits, details about the organisation, policies and procedures and other useful employee information. The handbook was intended to ensure staff were aware of governance arrangements and had a point of reference if needed. Staff we spoke with were all aware of the handbook and told us they referred to it, as and when necessary.

The practice had plans for regular audits to be conducted. At the time of our visit an Infection Prevention Society (IPS) audit had been completed in May 2015 and a waste audit completed 27 in July 2015. Both audits had actions highlighted and staff were working towards completing the outstanding actions.

Dental care records we checked were complete, legible and accurate and stored securely on computers that were password protected and in filing cabinets that were locked.

Leadership, openness and transparency

We spoke with one of the principal dentists and they explained the practice purpose. They told us that the senior partners lead by example and were always willing to receive feedback from staff. Likewise they had clear lines of communication with staff. The partners had taken over the practice approximately seven months ago and had implemented changes to strengthen the practice. For example, policies and procedures had been updated and changes had been made to improve the working environment for staff. Meetings were held with staff and the principal dentist and staff told us they were useful and people were always open and honest and felt free to discuss any issue.

There had not been any incidents since they had opened or complaints; however the principal dentist gave example of how they had handled such instances in the past. The explanations were in line with the expectations under the duty of candour. [Duty of candour is a requirement on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Learning and improvement

All clinical staff were up to date with their continuing professional development (CPD) requirements. There was a programme in place for staff to have appraisals. We reviewed appraisals for staff that had been completed in January 2015. We saw that objectives had been set for the year ahead and staff had contact with the practice manager to review their objectives.

Staff meetings were held monthly. We reviewed the meeting minutes for June, July and August 2015. Areas covered included discussing plans to improve the reception area, customer services and handling of incidents. Staff told us that they valued team meetings.

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

The practice had processes in place to obtain feedback from patients. This included a patient satisfaction survey and a comments and compliments box in the reception area. At the time of our visit they had not received any completed forms or written comments. The practice manager explained that a high number of their patients worked locally and as a result were usually in a rush to return to work. This meant that very few had time to complete the surveys or leave written comments. The practice manager told us that the practice received a high number of verbal comments but there was no process in place to document the comments. They were looking at ways they could improve patients' providing feedback which included starting to document verbal feedback.