Apex Dental Care Limited

Bupa - Bury Road, Brandon

Inspection Report

Bupa Dental Care Brandon
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Overall summary

We carried out this announced inspection on 24 July 2018 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

Bupa Dental Care Brandon is a well-established dental practice which provides both private and NHS treatment to adults and children. The dental team includes two dentists, two dental nurses and two receptionists. The practice has three treatment rooms and serves about 1700 patients.

There is level access for people who use wheelchairs. The practice does not have its own parking facilities, but there is free parking nearby.

The practice is owned by a company and as a condition of registration must have a person registered with the

Summary of findings

Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at the practice is the practice manager.

On the day of inspection, we collected 8 CQC comment cards filled in by patients and spoke with two patients. We spoke with two dentists, two dental nurses, and reception staff. One of the provider's area managers and a clinical lead were also on site. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: from 8.30 am to 5.30 pm Monday to Thursday, and Fridays from 8.30am to 5pm.

Our key findings were:

- 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.
- The practice had thorough staff recruitment procedures.
- The practice had infection control procedures which reflected published guidance
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.
- The practice asked staff and patients for feedback about the services they provided.
- The practice staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements
- The practice did not provide a portable hearing loop to assist patients who wore hearing aids.

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

- Review their responsibilities to meet the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

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 were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

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

Are services effective?

No action

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

Are services caring?

No action

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

Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received, and of the staff who delivered it. Patients said staff treated them with dignity and respect.

Staff gave us specific examples of where they had gone out of their way to support patients.

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

Are services responsive to people's needs?

No action

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

Summary of findings

The practice's appointment system was efficient and met patients' needs. Appointments were easy to book and patients could sign up for text and email reminders for their appointments.

Staff considered patients' different needs and had made some adjustments to meet the needs of patients with disabilities. The practice should consider providing a portable hearing loop to help those who wear hearing aids.

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

Are services well-led?

No action 

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 to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated, despite recent challenging staffing issues.

The practice team kept complete patient dental care records which were clearly typed 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.

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & 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. The practice manager was the named lead for safeguarding concerns and information about reporting agencies was available in the staff office. We viewed evidence that staff received appropriate safeguarding training for their role.

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

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We viewed a memo from the provider's head office stressing the importance of using rubber dams to all clinicians.

The practice had a business continuity plan describing how it would deal with events that could disrupt its normal running.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at two staff recruitment records. These showed the practice followed their recruitment procedure. We spoke with a newly recruited member of staff who told us she had received a good induction to their new role.

We noted that clinical staff were qualified, 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 appliances. Records showed that emergency lighting, fire detection and firefighting equipment such as fire extinguishers were regularly tested. A fire risk assessment had been completed and its recommendation to install emergency lightening was being implemented. We viewed fire training certificates for staff and saw that their awareness of fire management was assessed by the means of a knowledge spot check.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and all required information was 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. We noted that one X-ray unit did not have a rectangular collimator attached to reduce patient dosage, however staff assured us that one had been ordered.

Clinical staff completed continuing professional development in respect of dental radiography, evidence of which we viewed.

Risks to patients

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

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

We looked at the practice's arrangements for safe dental care and treatment. Staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and staff received training. We noted that one sharps box was dated 2017 and had not been emptied after a period of three months as recommended by guidance.

Staff were aware of forthcoming regulations in relation to the use of dental amalgam.

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.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Medical emergency scenarios were

regularly discussed during staff meetings. For example, in July 2018 staff discussed responding to a patient experiencing an asthma attack and in June 2018, responding to an angina attack.

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

The provider had suitable risk assessments to minimise potential risks from substances that were hazardous to health.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) 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 and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' 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. All recommendations were in the process of being completed and records of water testing and dental unit water line management were in place. We noted that the temperature of the water at sentinel points rarely exceeded 51 degrees Celsius. Staff were aware of this and were acting to address it.

We noted that all areas of the practice were visibly clean, including treatment rooms, the waiting area, toilets and staff areas. Dirty to clean zoning in treatment rooms was clear and exposed objects such as computer keyboards within the splatter zone had been covered.

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

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

Information to deliver safe care and treatment

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

We discussed with clinicians 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 accurate, complete, and legible. They were kept securely and complied with data protection requirements.

Safe and appropriate use of medicines

The practice 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.

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

Antimicrobial prescribing audits were carried out annually. The most recent audit demonstrated the dentists were following current guidelines.

Lessons learned and improvements

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice. For example, in response to an absence of dentist at the practice, the business continuity plan had been updated to guide staff in what to do if this reoccurred. Following a poorly managed complaint, the practice's protocol had been updated to include information about how to manage a complaint in the absence of the practice manager.

There was a system for receiving and acting on national safety alerts and we saw that recent alerts in relation to face masks and endodontic equipment had been discussed at the practice meeting to make all staff aware of them.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Patients told us they were happy with the quality of the treatment they had received at the practice. 96% of patients who had responded to the practice's own survey felt that the quality of treatment provided was good. Two patients told us they had seen a number of different dentist in the previous year and felt this had affected the continuity of their dental care.

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

The detail in clinical records around the consent process was lacking in regard of the discussions on options, risks etc and didn't always reflect the detailed process as described by the dentists. There was scope for expanding the record keeping in this regard.

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 told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They reported that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. Nurses we spoke with confirmed this to be the case.

We noted leaflets in the waiting area giving patients information about orthodontic treatment, tooth sensitivity, flossing and dry mouth. The practice also sold dental hygiene products to maintain healthy teeth and gums, including interdental brushes, mouthwash and toothpaste. One nurse told us that she had attended a local primary school with a dentist to deliver oral health care session to pupils.

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 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. In the dental notes we reviewed, we noted some instances where patient consent had not always been adequately recorded, as well as evidence that treatment options had been discussed with the patient.

Patients told us that they were provided with good information during their consultation and they had the opportunity to ask questions before agreeing to a treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

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 that the practice audited patients' dental care records to check that the dentists recorded the necessary information. The quality of these audits was regularly checked by one of the provider's national compliance leads and action was taken with individual clinicians to address any identified shortfalls.

Effective staffing

The practice had experienced significant staffing difficulties in the last year. Two dentists had left and another had become ill, seriously affecting appointment availability for patients. The practice had been relying heavily on locum dentists and nurses to cover vacant shifts.

Are services effective?

(for example, treatment is effective)

At the time of inspection, there was one full-time and one part-time dentist. The provider had been trying to recruit a third dentist to the practice but with little success. In addition to this, the practice had been without a practice manager for a period of six months until a new one had been recruited in November 2017. Despite these difficulties, staff told us there were enough of them now for the smooth running of the practice.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. Free on-line training was provided for dental staff to support their professional development. All new overseas dentist received a two-day induction at the provider's head office where they received all essential training and an introduction to the NHS.

Staff's GDC registration, indemnity cover and training were closely monitored by the provider and any issues were immediately flagged to the practice manager. DBS check for dentists were undertaken every three years to ensure they were still suitable to work with vulnerable adults and children.

Co-ordinating care and treatment

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 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. All referrals were closely monitored and staff completed a specific referral tracker which was sent to the provider's head office.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and comment cards we received described staff as caring and reassuring. Several patients reported that staff dealt with their nervousness well. We spent time in the busy reception area and observed a number of interactions between the receptionists and patients coming into the practice. The quality of interaction was good, and the receptionists were helpful and professional to patients both on the phone and face to face. Staff gave us examples where they had gone out their way to assist patients. For example, working through their lunch or staying later to accommodate patient appointments and assisting patients with limited mobility.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it. All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy. Vertical blinds were in place on ground floor treatment room windows to prevent passers-by looking in.

Staff password protected patients' electronic care records and backed these up to secure storage. Paper records securely in locked filing cabinets.

Involving people in decisions about care and treatment

Patients told us that their dental health issues were discussed with them and they felt well informed about the options available to them. 96% of patients who completed to the practice's own survey stated that they felt involved in decisions about their oral care.

The practice's website provided patients with information about the range of treatments available at the practice. We noted leaflets in the waiting area on tooth extraction, gum disease, dental examinations and maintaining a healthy mouth to aid patient understanding of these issues.

Staff told us the methods they used to help patients understand treatment options, which included the use of models and websites.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Staff were clear on the importance of emotional support needed by patients when delivering care and gave us practical examples of how they supported nervous or needle phobic patients.

Reasonable adjustments had been made for patients with disabilities. These included level access, a downstairs treatment room and one surgery had a knee break chair to help those with limited mobility. Staff had access to interpreting services and the dentist spoke several Eastern European languages. The practice did not provide a hearing loop to help those patients who wore a hearing aid, or an accessible toilet for wheelchair users.

Patients had access to free Wi-Fi in the waiting room and there were colouring in sheets and crayons to keep younger patients occupied as they waited. However, the waiting areas were small, cramped and hot, with not enough chairs for more than five patients. Staff told us they sometime had to put extra chairs out in the corridor for patients to sit on.

Timely access to services

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

At the time of inspection, the practice was not accepting new NHS patients. Due to considerable staff challenges in the previous year**,** some patients told us that they had found it difficult to obtain routine dental appointments. However, the practice had recently employed a full-time dentist and this had greatly increased appointment availability.

The practice operated an email and text appointment reminder service. Specific emergency slots were available for those experiencing pain. Reception staff told us the dentists mostly ran to time and patients were rarely kept waiting once they arrived for their appointment. Fifteen minutes were allocated for routine check-up appointments, allowing good time for the consultation.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information about how patients could raise their concerns was available in the waiting room, although not particularly visible to them.

We spoke with one patient during our inspection who told us they had raised a complaint the previous week. They told us the practice manager had dealt with it 'brilliantly', had telephoned them to apologise and arranged a second visit with another dentist, within a few days.

We viewed the paperwork in relation to three recent complaints which demonstrated they had been dealt with in a professional and empathetic way. The practice manager had also responded to complaints we had received from patients thoroughly and openly.

We viewed the minutes of a staff meeting held in July 2018 and noted that a recent patient complaint had been discussed with all staff present so that learning from it could be shared.

Are services well-led?

Our findings

Leadership capacity and capability

The practice manager took responsibility for the overall leadership in the practice supported by an area manager, and compliance and clinical staff who visited to assist them in the running of the service. It was evident that some aspects of governance within the practice had been affected by the lack of a permanent practice manger in the previous year. It was clear though that the provider and new manager were working hard to resolve the issues. Staff described the practice manager as approachable and helpful: they had confidence that they could implement the necessary improvements. Staff told us their morale was good, despite recent difficulties at the practice.

The practice had effective processes to develop leadership capacity and skills. One senior nurse told us she was considering applying for the provider's manager's academy to gain the skills and knowledge to progress.

Vision and strategy

There was a clear vision and set of values which were advertised clearly on the provider's intranet and in the staff area. These included providing passionate, caring and accountability care and formed part of staff's appraisals.

The clinical lead told us that the priorities for the service were to establish a stable dental team, and to consider extending its opening hours and to expand the range of services available, including private treatments.

Culture

Staff told us they enjoyed working at the practice and felt supported in their work. One recently appointed dentist told us they had received excellent support from the provider's clinical advisers. Staff described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the practice manager. They reported that they were listened to and the manager responded when they raised a concern.

Staff had access to counselling services if needed and a specific mobile telephone 'app' to enhance and encourage their well-being.

Governance and management

The practice had a comprehensive list of policies and procedures in place to govern its activity, which were easily available to staff. We looked at several policies and procedures and found that they were up to date and had been reviewed regularly. Staff were required to confirm that they had read and understood them.

There were clear and effective processes for managing risks, issues and performance.

There was an established leadership structure within the practice with clear allocation of responsibilities amongst the staff. For example, there was a head nurse and a head receptionist.

During our inspection we met one of the provider's clinical leads, who showed us a comprehensive on-line compliance and governance tool that was used to monitor the practice's performance.

Communication across the practice was structured around regular scheduled meetings which staff told us they found useful. We viewed a sample of minutes that were detailed, with actions arising from them clearly documented.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were well maintained, up to date and accurate.

The practice had produced a specific leaflet for patients outlining how it would handle their personal information which was easily available in the waiting area. Staff were aware of new regulations in relation to managing patient information and training for all of them was planned.

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

Are services well-led?

services. Patients could leave feedback on the practice's web site and feedback forms were available in the waiting room. Patients were asked about the quality of their treatment, the ease of obtaining an appointment and the friendliness of staff. Results were posted in the waiting room and were also discussed at the regular staff meetings, evidence of which we viewed.

The practice gathered feedback from staff through meetings, and informal discussions. Staff were encouraged to suggest improvements to the service and told us these were listened to and acted upon. For example, their suggestions to recruit a full-time clinically qualified practice manager, and to be provided with refreshing wipes and deodorant in the staff toilet in hot weather had been implemented.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. The provider completed their own comprehensive audit tool of the practice's performance

All staff received an annual appraisal of their performance. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff had completed 'training as recommended by General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. In addition to this staff had access to free on-line training provided by the provider's academy. There was also a specific academy for practice managers.