

Dr. Jai Basudev

Teamcare Dental Practice

Inspection Report

37 Goldington Road
Bedford
Bedfordshire
MK40 3LH
Tel: 01234352927
Website: www.teamcaredental.co.uk

Date of inspection visit: 25 January 2018
Date of publication: 08/03/2018

Overall summary

We carried out this announced inspection on 25 January 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

The practice is located in Bedford, the county town of Bedfordshire. It provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces for patients who are blue badge holders are available on site. There are no parking facilities for other patients. Public car parking is available at a local multi storey car park and also on street. This is within close walking distance of the practice.

The dental team includes three dentists, six dental nurses (who also work as receptionists) one dental hygienist, one receptionist and the practice manager.

Summary of findings

The building is shared with an orthodontic practice that is based on the first floor.

The practice has three treatment rooms; two of these are on the ground floor.

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 collected 19 CQC comment cards filled in by patients and spoke with four other patients. This information gave us a positive view of the practice.

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

The practice is open: Monday from 9am to 5.30pm, Tuesday to Thursday, from 8.30am to 5.30pm, and Friday from 9am to 5pm.

Our key findings were:

- Effective leadership from the provider and practice manager was evident.
- Staff had been trained to deal with emergencies. Appropriate medicines and lifesaving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected current published guidance.
- The practice had effective processes in place and staff knew their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had adopted a process for the reporting of untoward incidents and shared learning when they occurred in the practice.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice was aware of the needs of the local population and took these into account when delivering the service.
- Patients had access to routine treatment and urgent care when required.
- Staff received training appropriate to their roles and were supported in their continuing professional development (CPD) by the practice.
- The practice had systems to address complaints effectively.
- Staff we spoke with felt supported by the provider and were committed to providing a quality service to their patients.
- Governance arrangements were embedded within the practice.

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

- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff. This refers particularly to staff immunity to Hepatitis B and ensure that any appropriate action is taken once received.
- Review the systems for checking and monitoring electrical equipment taking into account current national guidance and ensure that all equipment is well maintained.
- Review its responsibilities to respond to 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?

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. We noted that additional information was required in relation to staff Hepatitis B immunity.

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.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, effective and gentle. 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.

No action



Are services caring?

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

We received feedback about the practice from 23 people. Patients were positive about all aspects of the service the practice provided. They told us staff were courteous, caring and did their best to help. They said that they were given helpful, detailed and informative explanations about dental treatment and said their dentist listened to them.

The practice had videos on their website which included one to help and reassure nervous patients.

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

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 was efficient and met patients' needs. Patients could get an appointment quickly if in pain. Patient feedback praised the practice for their responsive approach.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had an accessible toilet facility with a handrail and call bell. We noted that the practice did not have a hearing loop. The practice had completed an Equality Act access audit.

The practice took patients views seriously. They valued compliments from patients and had systems to respond 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. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were computerised and held 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.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. We noted two untoward incidents and one accident that had been recorded within the last 12 months. We saw that learning outcomes had been shared with staff and appropriate action had been taken to manage any risks. For example, the practice was in the process of installing CCTV in its reception area as a result of an incident that had occurred.

The practice received national patient safety and medicines alerts, which included those from the Medicines and Healthcare Products Regulatory Authority (MHRA). We were informed that alerts were looked at by the principal dentist and any necessary action would be taken by them. We noted that the practice had not maintained a log to show alerts that had been received and reviewed. We were informed that this would be implemented. Practice meeting records did not include information about the discussion of alerts with staff.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The practice had implemented a procedure for reporting concerns about children who were identified as requiring a dental procedure, but had not been booked to re-attend the practice within two months of initial contact.

We saw evidence that staff received safeguarding training. The practice manager was the lead for safeguarding concerns and we noted they had undertaken appropriate

training for this role. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. External contacts for reporting safeguarding were displayed on a notice board for staff.

All staff had Disclosure Barring Service (DBS) checks in place to ensure they were suitable to work with vulnerable adults and children.

The practice had a whistleblowing policy. The policy referred to the whistleblowing charity 'Public Concern at Work' and contained their contact information. Staff told us they felt confident they could raise concerns without fear of recrimination.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed. The practice had adopted a process for the review of COSHH data on a regular basis to ensure their records were up to date.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Training last took place in November 2017. Staff also undertook medical emergency rehearsals in the year to refresh their knowledge.

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.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the

Are services safe?

relevant legislation. We looked at the recruitment records for three staff members which showed the practice had completed appropriate checks for them. For example, proof of identity, DBS check, evidence of relevant qualifications and references. The systems and processes we saw were in line with the information required by Regulation 19, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at immunisation documentation held in relation to staff Hepatitis B immunity. We noted that two staff members had provided documentation which showed they had received immunisation; however their immunity status was not recorded. The practice had not undertaken a risk assessment in relation to these staff. The practice manager told us they would take further steps to obtain this information and complete risk assessments where required.

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics.

The practice had undertaken a fire risk assessment and had carried out fire drills and alarm tests. External specialists were contracted to service and maintain fire equipment. We saw annual servicing records which were dated within the last twelve months.

The provider did not hold documentation to show that five yearly fixed electrical safety testing had been conducted; we were informed that this was a responsibility of the landlord of the building. The provider told us they would obtain this documentation or ensure that testing took place.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. We did note that whilst the external clinical waste bin was obscured from general view, it was not secured to a fixed object to prevent its removal. The provider told us they would ensure that the bin was secured to one of the walls of the building.

The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

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

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

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

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

The practice carried out infection prevention and control audits twice a year. The latest audit in September 2017 showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The latest risk assessment was undertaken in November 2017.

The practice utilised an external cleaning company to maintain their premises on a daily basis. We saw cleaning schedules for the premises and audits which had been undertaken. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for storing medicines.

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

Are services safe?

Radiography (X-rays)

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

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

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. We looked at a sample of eleven dental care records. These showed that the findings of patients' oral assessments and details of the treatment carried out were recorded appropriately. This included details of the soft tissues lining the mouth and condition of the gums using the basic periodontal examination scores.

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

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. To facilitate this aim, the practice had appointed a dental hygienist, one day every fortnight to work alongside of the dentists in delivering preventative dental care.

Children at high risk of tooth decay were identified and were offered fluoride varnish applications or the prescription of high concentrated fluoride tooth paste to keep their teeth in a healthy condition.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. We saw evidence of this contained in patient records. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice had advertised an annual event held at one of the provider's other local practices for adults and children to attend. The event included activities for children and goody bags provided included free children's toothbrushes. Free check-ups were provided for those who chose to attend.

Staffing

We checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Staff new to the practice had a period of induction based on an induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

The provider had taken over running the practice in 2016. All new staff had started working in the practice during 2017. Staff were due to have their appraisals and we were advised that these would take place shortly.

Working with other services

We looked at a sample of four dental care records which showed that a systematic approach for patient referrals was in place. Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

We saw the practice recorded patients' consent to care and treatment in their records and provided written treatment plans where necessary. We spoke with the dentists about how they implemented the principles of informed consent. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan.

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. The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions.

The policy also referred to young people's competence and the dentists were aware of the need to consider this when

Are services effective?

(for example, treatment is effective)

treating those aged under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were courteous, caring and did their best to help. Comments received from some patients included that they had been registered at the practice for many years and would not go elsewhere for treatment. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

The practice's website included a video recorded by the principal dentist which provided information to nervous patients about the care and considerations which would be provided to them when they attended the practice.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the upstairs waiting area provided privacy when reception staff were dealing with patients. The down stairs waiting area provided more limited privacy. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave 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.

There were newspapers, books and a toy for children available in the waiting room.

An information folder and patient survey results were available for patients to read. A notice board in the waiting area contained staff photos and the practice's objectives.

Involvement in decisions about care and treatment

The practice provided NHS and private dental treatments to patients of all ages. The costs for dental treatment were available to review in the practice. Private patients were given a welcome pack on their first visit and this detailed treatment costs.

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

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. Patient comments included that they were seen quickly by the dentist when they had experienced dental pain and contacted the practice for help.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry, treatments for gum disease, cosmetic procedures and more complex treatment such as orthodontics and dental implants.

Videos were available to review on the practice's website which explained treatments to patients needing more complex dental care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were provided with an example of the care provided to assist these patients. This included a member of staff who helped a patient with sight difficulties complete a form. We were informed that patients with mobility problems were seen in a surgery room on the ground floor as it was more accessible for their needs.

Staff told us that they contacted patients by text message or email in advance of their appointment to remind them to attend the practice.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, double doors at the front entrance for ease of access and a separate accessible toilet with hand rails and a call bell. The practice did not have a hearing loop installed; the provider told us they did not think this would be utilised. A baby nappy changing facility was also available in the accessible toilet. The practice had completed an Equality Act access audit.

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

Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum. We looked at when the next routine appointment was available and noted that this was within 24 hours.

The practice was committed to seeing patients experiencing pain on the same day. They kept a number of appointments free for dental emergencies on a daily basis, for each of the dentists. Patients were advised to contact an out of hours emergency dental service or contact NHS 111 if they required help outside of usual working hours. The information leaflet and answerphone provided telephone numbers for patients needing this service. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

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

The practice manager told us they aimed to settle complaints in-house and would invite patients to speak with them in person to discuss these, if appropriate. 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 within the last two years. We noted that one complaint had been received in 2016. Review of this 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

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

Leadership, openness and transparency

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

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

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

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included

audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental team had planned annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development during management and staff meetings held.

We were informed that individual members of staff had each been assigned areas of responsibility and were given training to act as the leads in these areas. For example, one of the nurses was a first aider, another was the lead nurse and another member of the team was nominated as the smile and implant coordinator.

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

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

The practice used patient surveys to obtain staff and patients' views about the service. We saw examples of suggestions from patients that the practice had acted on. For example, patients had requested arm rest supports on chairs in the waiting room and these had been provided. The practice had also been undertaking a patient survey to obtain feedback about the waiting room and whether it could be further improved.

Staff were invited to provide feedback informally. We were informed that staff made the decision regarding their new uniform choice.