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Porterbrook Dental Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 5 January 2017 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

Porterbrook Dental Centre is situated in Sheffield, South Yorkshire. The practice offers privately funded dental treatments. The services include preventative advice and treatment, routine restorative dental care and dental implants.

The practice is located within a medical centre, has two surgeries, a decontamination room, a spacious waiting area, a reception area and an office. All of the facilities are on the ground floor of the premises along with accessible toilets.

There is one dentist and two dental nurses (one of whom is a trainee). The practice also employs a specialist restorative dentist.

The opening hours are Monday to Friday 9-00am to 7-00pm. Appointments are available on a Saturday by prior arrangement only.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

During the inspection we received feedback from 18 patients. The patients were positive about the care and treatment they received at the practice. Comments

Summary of findings

included staff were professional,caring and their needs were met. They also commented the dentist explained the treatments well and the premises appeared clean and safe.

Our key findings were:

- The practice was visibly clean and uncluttered.
- Staff were qualified and had received training appropriate to their roles.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- Dental care records showed treatment was planned in line with current best practice guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- We observed patients were treated with kindness and respect by staff.
- There was a warm and welcoming feel to the practice.
- Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- Patients were able to make routine and emergency appointments when needed.
- The governance systems were effective.
- There were clearly defined leadership roles within the practice and staff told us they felt supported, appreciated and comfortable to raise concerns or make suggestions.
- Some areas surrounding risk management required improvement.

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

- Review availability of a secondary dose of adrenaline to manage anaphylaxis giving due regard to guidelines in the British National Formulary (BNF).
- Review the practice's protocols for medicines management and ensure a log of prescription only medicines is implemented.
- Review the protocol for making appropriate notes of verbal references taken.
- Review the practice's process to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.

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.

Staff told us they felt confident about reporting incidents and accidents. There was an effective system for the analysis of such events and they were discussed at practice meetings.

Staff had received training in safeguarding at the appropriate level and knew the signs of abuse and who to report them to.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Some areas relating to risk management required improvement. For example, there was no environmental risk assessment and few risks assessments relating to dentistry specifically. We were later sent evidence that these risk assessments had been put in place.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use.

The practice kept a stock of antibiotics for patients. The provider did not maintain a log of which medicines had been dispensed to patients.

Are services effective?

No action

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and provided treatment when appropriate.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). The dentist provided preventative treatment and advice in line with the 'Delivering Better Oral Health' toolkit (DBOH).

Staff were encouraged to complete training relevant to their roles and this was monitored by the practice manager. The clinical staff were up to date with their continuing professional development (CPD).

Referrals were made to secondary care services if the treatment required was not provided by the practice.

Summary of findings

Are services caring?

No action

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

During the inspection we received feedback from 18 patients. The patients were positive about the care and treatment they received at the practice. Comments included staff were professional and caring and their needs were met.

We observed the staff to be welcoming and caring towards the patients. All patients were offered a drink when arriving at the practice.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

The dentist ensured enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which they understood.

Are services responsive to people's needs?

No action

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

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

The practice had made reasonable adjustments to enable wheelchair users or patients with limited mobility to access treatment.

Are services well-led?

No action

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice.

The practice did not have regular staff meetings as there were only three members of staff. Instead they interacted on a daily basis to disseminate learning and discuss matters relating to the running of the practice.

The practice regularly audited clinical and non-clinical areas as part of a system of continuous improvement and learning. We noted the Infection Prevention Society audit had not been completed prior to the day of inspection. This was completed on the day of inspection and evidence was sent to confirm this.

Porterbrook Dental Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

During the inspection we received feedback from 18 patients. We also spoke with the dentist and both dental nurses. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

The practice had guidance for staff about how to report incidents and accidents. Staff were familiar with the importance of reporting significant events. We reviewed the significant events which had occurred in the last 12 months. These had been well documented and analysed.

The dentist understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. These were actioned if necessary and were the stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The dentist was the safeguarding lead for the practice and all staff had undertaken level two safeguarding training.

The practice had a whistleblowing policy in place with an associated procedure to enable staff to raise issues and concerns. There were no contact details within this policy for the external organisations. This issue was raised on the day of inspection and we were told this would be addressed.

We spoke to with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A safer sharps system was in use at the practice and staff felt adequately trained in the use of it.

The dentist told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. 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. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We saw patients' clinical records were computerised and password protected to keep personal details safe. Any paper documentation relating to patients' records were stored in lockable cabinets.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The practice kept an emergency resuscitation kit, medical emergency oxygen and emergency medicines. Staff knew where the emergency kits was kept. We checked the emergency equipment and medicines and found them to be in date and in line with the Resuscitation Council UK guidelines and the BNF. We noted there was no secondary dose of adrenaline available in the event of an anaphylactic shock. We were told this would be ordered to arrive the next day.

The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (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.).

Records showed regular checks were carried out on the AED, emergency medicines and the oxygen cylinder. These checks ensured the oxygen cylinder was full and in good working order, the AED battery was charged and the emergency medicines were in date.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff files

Are services safe?

and found the recruitment procedure had generally been followed. We did note that verbal references for staff had not been documented. We were told this would be done for any future verbal references.

The dentist told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We reviewed records of staff recruitment and these showed all checks were in place.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

The approach towards health and safety and risk assessments required improvement. For example an environmental risk assessment had not been completed for the practice and there were only a limited number of risk assessments relating to the provision of dentistry. This was brought to the attention of the dentist and we were told these would be completed. We did not find any evidence on the day of inspection that the improvements needed in terms of risk management had a detrimental effect on the safety at the practice. We were later sent evidence that these risk assessments had been put in place.

A fire risk assessment had been completed for the building and the staff at the medical centre were responsible for carrying out fire alarm tests and fire drills. We saw documented evidence these had been completed. Fire extinguishers were serviced on an annual basis.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. The practice identified how they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures.

Infection control

There was an infection control policy and procedures to keep patients safe. This included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

Staff had received training in infection prevention and control. We saw evidence staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment rooms and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned. There were hand washing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located and not overfilled. We noted there we no details filled in on the sharps bin to say who assembled it and when it had been assembled. Waste was stored securely prior to removal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were well-informed about the decontamination process and demonstrated correct procedures.

Are services safe?

The practice had systems in place for daily and weekly quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

On the day of inspection an Infection Prevention Society (IPS) self- assessment audit had not been carried out. This audit is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. This audit was completed on the day of inspection and evidence was later sent to us to confirm it had been completed. The provider has also put in place a procedure to ensure it is completed on a bi-annual basis.

Records showed a risk assessment process for Legionella had been carried out (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning and end of each session and between patients, monitoring cold and hot water temperatures each month and the use of a water conditioning agent.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclaves and the compressor. We saw evidence of validation of the autoclaves and the compressor. Portable appliance testing (PAT) had been completed in (PAT confirms that portable electrical appliances are routinely checked for safety).

The practice dispensed antibiotics for its patients. These were kept locked away. All of these antibiotics were in date. We noted a log of which antibiotics had been dispensed was not maintained. This was raised on the day of inspection and we were told this would be implemented.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated the X-ray equipment was regularly tested and serviced. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in both surgeries and within the radiation protection folder for staff to reference if needed. We saw a justification, grade and a report was documented in the dental care records for all X-rays which had been taken.

X-ray audits were carried out every six months. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit undertaken confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentist carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

Medical history checks were updated every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentist followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary.

Health promotion & prevention

The practice provided preventative care and supported patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the dentist applied fluoride varnish to children who attended for an examination. High fluoride toothpastes were recommended for patients at high risk of dental decay.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist and saw in dental care records that smoking cessation advice was given to patients where appropriate.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included the location of the emergency kit and the fire evacuation procedures.

Staff were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice organised in house training for medical emergencies to help staff keep up to date with current guidance on treatment of medical emergencies in the dental environment. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD. Staff felt they could approach the registered provider or practice manager at any time to discuss continuing training and development as the need arose.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with current guidance. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics and oral surgery. Patients would be given a copy of the referral letter and advised of the approximate time frame of when they would be seen. They were advised to contact the practice if they had not heard anything within the time frame.

The practice had a procedure for the referral of a suspected malignancy. This involved sending an urgent letter the same day and a telephone call to confirm the letter had arrived.

Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. The dentist described to us how valid consent was obtained for all care and treatment and the

Are services effective?

(for example, treatment is effective)

role family members and carers might have in supporting the patient to understand and make decisions. The dentist was familiar with the concept of Gillick competency and clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. Patients confirmed this. Patients were given a written treatment plan which outlined the treatments which had been proposed and the associated costs. For more complex treatments patients were provided with written consent forms which outlined the risks associated with the treatment and alternative options. Patients were given time to consider and make informed decisions about which option they preferred. The dentist was aware that a patient could withdraw consent at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented they were treated with care, respect and dignity. Staff told us they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone. The dentist told us they would always spend time with patients to discuss any concerns or fears they had with regards to dental treatment. Several patients commented that the dentist was good at listening and said their fears were reduced by the dentist's calm manner.

All patients were offered a drink when they entered the practice and were made to feel comfortable in the waiting area.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. This included ensuring dental care records were not visible to patients and keeping surgery doors shut during consultations and treatment.

We observed staff to be helpful, discreet and respectful to patients. Staff told us if a patient wished to speak in private an empty room would be found to speak with them.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. There were several leaflets available in the waiting room which described the different treatments which were available at the practice. The practice website also had information about different treatments

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us patients who requested an urgent appointment would be seen the same day. We saw evidence in the appointment book there were dedicated emergency slots available each day for each dentist.

Patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Patients were sent appointment reminders by test message, e-mail or post.

Tackling inequity and promoting equality

The provider had not carried out a Disability Discrimination Act audit, but had taken into account the needs of different groups of people, for example, people with disabilities. These included step free access to the premises, a lowered reception desk and a ground floor accessible toilet. The surgeries were large enough to accommodate a wheelchair or a pram.

Access to the service

The practice displayed its opening hours on the premises and on the practice website. Patients could access care and treatment in a timely way and the appointment system met their needs. The practice had a system in place for patients requiring urgent dental care when the practice was closed. All calls were diverted to the dentist's mobile phone. Patients would be given advice or the dentist could open up the practice out of hours to provide treatment. If the dentist was on holiday then there was an arrangement with other local practices to provide emergency treatment.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room. The complaint procedure was displayed behind the reception desk and would be difficult to see for those with a visual impairment. The dentist told us this would be relocated to a more visible position.

The dentist was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the dentist to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially. The practice had received one complaint in the past 12 months and we found it had been dealt with in line with the practices policy. The practice kept a log of any complaints which had been raised. This included any correspondence with the patient.

Are services well-led?

Our findings

Governance arrangements

The dentist was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements.

The approach towards health and safety and risk assessments required improvement. For example an environmental risk assessment had not been completed for the practice and there were only a limited number of risk assessments relating to the provision of dentistry. This was brought to the attention of the dentist and we were told these would be completed. We were later sent evidence that these risk assessments had been put in place.

There was an effective management structure in place to ensure responsibilities of staff were clear. Staff told us they felt supported and were clear about their roles and responsibilities.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These would be discussed openly at staff meetings where relevant and it was evident the practice worked as a team and dealt with any issue in a professional manner.

Regular staff meetings were not carried out as the team only comprised of three people. We were told they spoke on a daily basis about issues at the practice and any improvements which could be made.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included audits such as x-rays, dental care records and clinical waste. We looked at the audits and saw the practice was performing well.

Staff told us they had access to training and ensured? essential training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

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

The practice had not completed a patient satisfaction survey for over a year. We were told the last one which was completed showed that all patients were very satisfied with the service provided. The dentist also told us that patients were often reluctant to complete surveys and only received a few responses. We were told that patients were able to make comments directly to staff. These would be discussed between staff and any improvements could be made.