

Ishak Practices Ltd

Brite Care Dental Practice

Inspection report

11 Fairfield Road
Market Harborough
LE16 9QQ
Tel: 01858410401

Date of inspection visit: 14 December 2021
Date of publication: 11/01/2022

Overall summary

We carried out this announced inspection on 14 December 2021 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 Care Quality Commission, (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 questions:

- Is it safe?
- Is it effective?
- 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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services well-led?

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

Summary of findings

Background

Brite Care dental practice is in Market Harborough, Leicestershire and provides NHS and private dental care and treatment for adults and children.

There is ramped access to the practice for people who use wheelchairs and those with pushchairs and ground floor treatment rooms. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes three dentists, three trainee dental nurses two of which also work as receptionists. The practice has three treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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 Brite Care dental practice is a partner.

During the inspection we spoke with one dentist, one dental nurse, two receptionists (who are also trainee dental nurses) and the providers, one of whom is the registered manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday from 9am to 5pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation. However, the provider did not have oversight to ensure the correct level of disclosure and barring service check had been completed for dental nurses.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had information governance arrangements.

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

- Ensure there are systems in place to track and monitor the use of NHS prescription pads.
- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice. In particular, ensuring the correct level of Disclosure and Barring Service checks are completed for staff.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No action	✓

Are services safe?

Our findings

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

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

Staff 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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The practice's safeguarding policies did not give staff information to assist them to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation. The provider confirmed that they would update the policies immediately. Policies were available in paper format for ease of access to all staff. Other safeguarding information such as a reporting flow chart was available at reception. The provider had guidance for staff regarding children who were not brought to their appointments and the appropriate action to take.

A dentist at the practice was the safeguarding lead and the registered manager was a safeguarding champion. Staff were aware whom they should speak to within the practice should they have any safeguarding concerns. We saw evidence that staff had received safeguarding training to the appropriate level. Safeguarding was discussed during practice meetings as and when necessary or on a six-monthly basis, minutes of practice meetings demonstrated this. Staff knew about the signs and symptoms of abuse neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight patients who required other support such as with mobility or communication, within dental care records.

The provider 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, (HTM 01-05), published by the Department of Health and Social Care. The policy was reviewed annually and updated as required. Staff completed infection prevention and control training and received updates as required.

Effective standard operating procedures and measures had been implemented to reduce the spread of Covid 19. For example, screening was in place at reception, patients were requested to wear face coverings, wash their hands and use antibacterial hand gels on entering the premises. Information was provided to staff and displayed for patients to enable staff to act on any suspected Covid-19 cases.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which was completed by an external professional in April 2021. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected, we saw the practice was visibly clean.

Are services safe?

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

The infection control lead carried out infection prevention and control audits twice a year. The latest audit dated 11 October 2021 showed the practice was meeting the required standards and no issues for action were identified.

The provider had an underperformance/whistle blow policy. Staff felt confident they could raise concerns without fear of recrimination. Both internal and external contacts were recorded on the policy should staff wish to report any issues or concerns. Staff told us that the practice owners were both helpful and approachable and staff would always raise any concerns or queries with them in the first instance.

The dentist spoken with had only worked at the practice for a few months and had not as yet carried out any root canal treatment. They confirmed that they would always use a dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. The provider confirmed that dental dams were available and would always be used.

The providers carried out recruitment of staff at the practice and a recruitment policy and procedure was in place to help them employ suitable staff. Policies reflected the relevant legislation. We were sent employment information prior to this inspection and looked at two staff recruitment records during the inspection. These showed the provider followed their recruitment procedure. However, we noted that dental nurses had not completed the required level of Disclosure and Barring Service checks (DBS).

We were told that an agreement was in place with an agency to provide dental nurses as needed. The agency completed the relevant checks required prior to any nurses working at the practice. The provider was unable to provide evidence of these checks but confirmed that they would ensure that the relevant information was provided in the future.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. A gas safety certificate was available dated February 2021 and an electrical installation condition report dated July 2021. Checks were also completed on portable electrical appliances.

A fire risk assessment was carried out in July 2021 by an external professional company in line with the legal requirements. We were told that any issues for action identified had been addressed and we saw an action plan which had been dated and signed when actions taken. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Records were available to demonstrate the dates of servicing and maintenance completed on fire safety equipment such as fire extinguishers and emergency lighting. Records also demonstrated that routine testing took place of fire alarms, emergency lighting, fire extinguishers and fire exits were regularly checked.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

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

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

Are services safe?

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. An external company had completed a health and safety risk assessment at the practice in April 2021, the action plan had been dated and signed to demonstrate that actions identified had been addressed. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. A risk assessment was in place for any staff who were non-responders to the vaccination.

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped to ensure that staff made triage appointments effectively to manage patients who presented with a dental infection and where necessary referred patients for specialist care.

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

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

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team. The cleaner worked alone in the practice and there was no lone worker risk assessment in place. We were told that the cleaning company who employed the cleaner had completed a lone worker risk assessment.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Material safety data sheets were also available for each product in use at the practice. A cleaner is contracted to work at the practice and the company who employed the cleaning staff provided control of substances hazardous to health (COSHH) information for any cleaning products in use at the practice. The cleaners provided their own cleaning products.

The practice occasionally used agency staff. We were told that these staff received an induction to ensure they were familiar with the practice's procedures, but this was an informal process and there was no documentary evidence to demonstrate this.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a 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.

Are services safe?

We saw staff stored and kept records of NHS prescriptions, but some improvements were required. We saw that staff were not logging all prescriptions received on to the premises but were logging when each prescription had been issued. It would therefore be difficult to identify if a prescription was missing or had been destroyed. The provider confirmed that they would address this immediately.

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

Antimicrobial prescribing audits were carried out annually. The most recent audit completed in October 2021, indicated the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. The provider forwarded patient and medicine safety alerts to reception staff, alerts were logged, printed off and a copy kept in a folder for reference. Relevant safety alerts were shared with the team and acted upon if required. The provider monitored to ensure that the process was followed, and alerts were logged and discussed as necessary.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

Patient records demonstrated that a comprehensive assessment was completed to establish patients' individual needs and preferences. They were given information and an explanation as to the purpose of the appointment. Details of any treatment including costs were discussed and treatment plans available, this was evidenced in patient records.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, treatment rooms, reception and waiting areas on the ground floor and an accessible toilet with handrails and a call bell.

The practice had access to translation services to assist those who did not speak or understand English. A hearing loop was also available for those with hearing difficulties and some Braille signage was available throughout the practice for those who were visually impaired. This helped to ensure that patients were able to understand the information given regarding their care and treatment. Information could be provided in large print if required.

Out of hours contact details were available to patients on the practice website, telephone answerphone message and in the window of the practice.

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

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

Consent to care and treatment

Staff 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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment. The practice used Clinipads (a handheld electronic device) to record patient consent and information.

Are services effective?

(for example, treatment is effective)

The practice had a policy and guidance regarding 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 may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy was also available.

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. Staff password protected patients' electronic care records and backed these up to secure storage. Paper records were also securely stored.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice participated in an induction programme which included reading policies and procedures, orientation to the practice, introduction to the vision and values of the practice and ongoing training and mentoring. Staff were given copies of guidance, policies and procedures as part of the induction and had signed to confirm that they had read and understood the information given to them. Staff confirmed that they had undertaken an induction and discussed the process. We were told that everyone was helpful and supportive and trainee nurses received support from the college. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services well-led?

Our findings

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

The provider demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked well together. The information and evidence presented during the inspection process was clear and well documented. They could show how they delivered high-quality sustainable services and demonstrated improvements over time.

Leadership capacity and capability

We found partners had the capacity, values and skills to deliver high-quality, sustainable care.

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

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The provider ensured that sufficient staff were on duty to continue providing a service to patients during the Covid 19 pandemic. We were told that staff from a neighbouring sister practice could be used to cover shifts, also both reception staff were trainee dental nurses and could provide chairside support as needed.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population. The provider ensured that sufficient staff were on duty to continue

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued, we were told that they enjoyed their job and were proud to work in the practice. Staff said that there was a strong ethos of teamwork and everyone worked well together and helped each other out.

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and practice procedures. Staff discussed the appraisal process and said that the providers were both helpful and supportive. The provider had commenced dedicated training and learning days for all staff at the practice every six-months. We saw evidence of completed appraisals in the staff folders. Staff had access to online training which was paid for by the provider. We were told that staff were encouraged to complete training and prompted to ensure their continuing professional development was kept up to date.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The registered manager was the complaint lead. Complaint information for patients was on display on the wall in the waiting area. The policy was documented on two pages with some information not easily visible as it was on the reverse side of the page and patients may not be aware that further information was available.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Are services well-led?

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed. Staff said that they worked well as a team and the providers were supportive and helpful and always available for a discussion if required.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

A dentist and the lead nurse had overall responsibility for the management and clinical leadership of the practice. A receptionist was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. The provider reviewed policies on at least an annual basis and policies were dated with implementation and review dates to demonstrate this. Staff confirmed that they had been provided with copies of relevant policies and received updates and held discussions at practice meetings regarding these. Information was securely stored and computerised records were password protected and backed up regularly to secure storage.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS Business services authority performance information, surveys and audits were used to ensure and improve performance. Performance information was combined with the views of patients.

The provider 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

Staff involved patients, staff and external partners to support the service.

The provider used surveys and encouraged verbal comments to obtain patients' views about the service. A satisfaction survey was sent out to patients twice per year, but we were told that very few surveys were returned. The last survey was undertaken in October 2021. Positive feedback was received. Two suggestions made by patients had been acted on. Patients had commented that they could not see the fees or the complaint information in the waiting room. We saw that these were on display. However not all of the complaint information was clearly visible as some was on the reverse of the page.

At the time of our inspection the practice had scored three point three out of a possible five stars from a total of sixteen online reviews. The practice also received two one-star reviews and three five-star reviews on the NHS Choices website.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff told us that they were encouraged to leave any suggestions for change or other feedback with the providers. They felt confident and able to discuss any issues or concerns and receive support as needed. Staff told us about the practice meetings that were used for updates, discussions and training. A private social media group chat was used to update staff with any urgent information which would be followed up with a practice meeting.

Continuous improvement and innovation

Are services well-led?

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

The partners showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.