

# Bromley Healthcare Community Interest Company Eldred Drive Special Care Dental Clinic

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 22 January 2016 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**

Eldred Drive Special Care Dental Clinic is located in the London Borough of Bromley and provides NHS dental services to patients with special care needs who live in Bromley. The service specialises in improvement of the oral health of patients referred to them who have physical, sensory, intellectual, mental, medical, emotional or social impairments.

The staff structure of the practice comprises of seven dentists, two dental therapists and ten dental nurses and an administrator.

Facilities within the practice include two treatment rooms, a dedicated decontamination unit with separate dirty and clean rooms and a waiting area.

The provider's Director of Operations was the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

# Summary of findings

Before the inspection we sent Care Quality Commission (CQC) comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 45 patients and spoke with six members of staff on the day of the inspection. The feedback we received for patients gave a positive view of the services the practice provides. All of the patients commented that the quality of care was good.

We carried out an announced comprehensive inspection on 22 January 2016 as part of our planned inspection of all dental practices. The inspection took place over one day and was carried out by a lead inspector and a dental specialist adviser.

## **Our key findings were:**

- There were effective processes in place to reduce and minimise the risk and spread of infection.
- Patients' needs were assessed and care was planned in line with best practice guidance such as from the National Institute for Health and Care Excellence (NICE).
- Patients were involved in their care and treatment planning.
- There was appropriate equipment for staff to undertake their duties and equipment was well maintained.
- Staff were trained in and there was appropriate equipment for them to respond to medical emergencies.
- Patients told us that staff were caring and treated them with dignity and respect.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
- There were processes in place for patients to give their comments and feedback about the service including making complaints and compliments.
- Governance arrangements were in place and there was a clear vision for the smooth running of the practice.

# 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.

There were systems in place to help ensure the safety of staff and patients. These included policies for safeguarding children and vulnerable adults from abuse, maintaining the required standards of infection prevention and control and maintenance of equipment used at the practice. The practice assessed risks to patients and managed these well. We found that staff were trained and there was appropriate equipment to respond to medical emergencies. In the event of an incident or accident occurring, the practice had a system in place to document, investigate and learn from it. The practice followed procedures for the safe recruitment of staff which included carrying out criminal record checks and obtaining references.

### **Are services effective?**

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

The practice followed guidance, such as that issued by National Institute for Health and Care Excellence (NICE). Patients were given appropriate information to support them to make decisions about the treatment they received. The practice kept detailed dental care records of treatments carried out and monitored any changes in the patient's medical and oral health. Records showed patients were given health promotion advice appropriate to their individual oral health needs such as dietary advice.

Staff were supported by the practice in maintaining their continuing professional development (CPD) and were meeting the requirements of their professional registration.

### **Are services caring?**

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

The patient feedback we received was very positive about the service provided by the practice. We observed that staff treated patients with dignity and respect. We found that dental care records were stored securely, and patient confidentiality was well maintained.

### **Are services responsive to people's needs?**

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

Patients had good access to routine and emergency appointments at the practice. There was sufficient well maintained equipment to meet the dental needs of their patient population. There was a complaints policy and leaflets that were available in easy read versions. We saw that the practice responded to complaints in line with the complaints policy. Patients were given the opportunity to give feedback through the practice's own feedback forms. There were arrangements to meet the needs of people with disabilities.

### **Are services well-led?**

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

There was a clear vision for the practice that was shared with the staff. There were good governance arrangements and an effective management structure. There were regular meetings where staff were given the opportunity to give their views of the service. Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery. Patients were given the opportunity to provide feedback about the practice.

# Eldred Drive Special Care Dental Clinic

## 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced comprehensive inspection on 22 January 2016. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

We received feedback from 45 patients. We also spoke with six members of staff. We reviewed the policies, toured the premises and examined the cleaning and decontamination of dental equipment.

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 suitable processes around reporting and discussion of incidents. We saw there was a system in place for learning from incidents. Staff told us this would mainly be through discussion at team meetings. Staff were able to describe the type of incidents that would be recorded and the incident logging process. We were told that there had been no incident over the past 12 months.

Staff we spoke with understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff were able to describe the type of incidents that would need to be recorded under these requirements. There had been no RIDDOR incidents over the past 12 months. Staff understood the importance of the Duty of Candour and the need to inform the appropriate bodies and patients affected of any relevant incidents [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

### Reliable safety systems and processes (including safeguarding)

The Head of service was the safeguarding lead and staff knew who they should go to if they had a safeguarding concern. The practice had a safeguarding policy. The policy included details of how to spot signs of abuse and included contact information for the local authority's safeguarding teams. Staff had completed safeguarding training that was updated on a regular basis. They were able to explain their understanding of safeguarding issues, which was in line with what we saw in the policies. Contact details of the local safeguarding team were displayed in the staff office. There had been no safeguarding incident that needed to be referred to the local safeguarding teams.

The practice had safety systems in place to help ensure the safety of staff and patients. This included for example having infection control protocols, a fire policy, procedures for using equipment safely, health and safety procedures

and risk assessments. Risk assessments had been undertaken for issues affecting the health and safety of staff and patients using the service. This included for example risks associated with radiography and infection control.

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. During the course of our inspection we checked dental care records to confirm the findings. Dental care records contained patient's medical history that was obtained when patients first registered with the practice and was updated when they returned. The dental care records we saw were well structured and contained sufficient detail enabling another dentist to know how to safely treat a patient. For example, they contained details of any allergies patients had.

The practice followed national guidelines such as use of a rubber dam for root canal treatments. [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 occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.].

The practice carried out conscious (nitrous oxide and oxygen) sedation and followed a process which was in accordance with professional guidance. Patients were assessed for suitability for sedation and monitored at regular intervals during the procedure. Medications used for sedation were stored appropriately and staff involved in sedation had appropriate training.

### Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. Staff had received basic life support training which included cardiopulmonary resuscitation (CPR) training. The practice had a medical emergency kit which included emergency medicines and equipment in line with Resuscitation Council UK and British National Formulary guidance. The kit contained the recommended medicines. We checked the medicines that were in the kit and we found that all the medicines were within their expiry date. The emergency equipment included oxygen and an automated external defibrillator (AED), in line with

# Are services safe?

Resuscitation Council UK guidance. (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).

## Staff recruitment

The practice had a policy for the safe recruitment of staff. In order to reduce the risks of employing unsuitable staff the provider is required to complete a number of checks. They must obtain a full employment history, proof of identification, check the authenticity of qualifications, obtain references, including one from the most recent employer, and complete an up to date Disclosure and Barring Service (DBS) checks. We saw that the provider had satisfactorily carried out the necessary required checks for staff who worked in the practice.

## Monitoring health & safety and responding to risks

The practice had arrangements in place to deal with foreseeable emergencies. A health and safety policy was in place. The practice had a risk management process which was updated and reviewed to ensure the safety of patients and staff members. For example, we saw risk assessments for fire, radiation and infection control. The assessments included the controls and actions to manage risks. For example a 2014 fire risk assessment instructed staff to ensure the lobby that patients needed to enter to access the surgeries was clutter free; we saw that the practice had acted upon the findings of the risk assessment.

The practice had a business continuity plan to deal with emergencies that could disrupt the safe and smooth running of the service. The plan covered what to do in the event of issues such as interruption to utility provision, fire and other emergency situations. However, we found that improvements could be made to tailor the plan to include sufficient details of how to deal issues specific to the location.

## Infection control

The practice had an infection control policy that outlined the procedure for issues relating to minimising the risk and spread of infections. This included details of procedures for hand hygiene, clinical waste management and personal protective equipment. The practice had followed the guidance on decontamination and infection control issued

by the Department of Health namely, Health Technical Memorandum 01-05: Decontamination in primary care dental practices. The lead dental nurse was the infection control lead.

There was a special unit for the decontamination of instruments with separate dirty and clean rooms. There was a flow from dirty to clean areas to minimise the risks of cross contamination. Staff gave a demonstration of the decontamination process which was in line with HTM 01-05 published guidance. This included carrying used instruments in a lidded box from the surgery, cleaning instruments suitably and using an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave, cleaning; pouching and then date stamping.

We saw that daily, weekly and monthly checks that were carried out on equipment used in the practice including the autoclave, to ensure they were working effectively.

We saw evidence that staff had been vaccinated against Hepatitis B to protect patients from the risks of contracting the infection.

There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored appropriately and in lockable bins. The bins were collected fortnightly by a clinical waste contractor.

The practice was visibly clean and tidy. There were stocks of PPE (personal protective equipment) such as gloves and aprons for both staff and patients. We saw that staff wore appropriate PPE. Hand washing solution was available.

A legionella risk assessment had been completed in 2012 and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Another risk assessment had recently been carried out but the report had not yet been sent to the practice. The water lines were flushed daily and weekly.

There was a cleaning plan, schedule and checklist, which was regularly checked by the practice staff.

## Equipment and medicines

We found the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments and X-ray equipment.

## Are services safe?

Portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process where electrical appliances are routinely checked for safety. All the equipment at the practice had annual maintenance checks.

The practice had clear guidance regarding the prescribing, recording and stock control of the medicines used in the practice. Prescription pads were stored securely and logged appropriately.

### **Radiography (X-rays)**

The specialist dental nurse manager was the Radiation Protection Supervisor (RPS). An external organisation covered the role of Radiation Protection Adviser (RPA). The practice kept a radiation protection file in relation to the use and maintenance of X-ray equipment. There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in the file and displayed in clinical areas where X-rays were used. Evidence was seen of radiation training for staff undertaking X-rays. X-rays were graded and audited as they were taken. A comprehensive radiograph audit had been carried out in September 2015.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current legislation. This included following the National Institute for Health and Care Excellence (NICE) guidance, for example in regards to the use of wisdom tooth extraction. The practice also showed awareness of the Delivering Better Oral Health Tool-kit which is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

During the course of our inspection we spoke with three dentists and checked dental care records to confirm the findings. We saw evidence of comprehensive detailed assessments that were individualised. This included having an up to date medical history visit, details of the reason for visit, medical alerts, and a full clinical assessment with an extra- and intra-oral examination. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. Information about the costs of treatment and treatment options available were also given to patients and made available in the waiting area.

### Health promotion & prevention

Patients' medical histories were updated regularly which included questions about smoking and alcohol intake. Appropriate advice was provided by staff to patients based on their medical histories. We saw they provided preventive care advice on tooth brushing and oral health instructions as well as fluoride application, alcohol use, and dietary advice. We saw that leaflets on oral health were available in the waiting area.

### Staffing

Staff told us they had received appropriate professional development and training and the records we saw reflected this. The practice maintained a programme of professional development to ensure that staff were up to date with the latest practices. This was to ensure that patients received

high quality care as a result. Examples of staff training included topics such as the Mental Capacity Act (MCA), safeguarding, medical emergencies and infection control. We reviewed the system in place for recording training that had been attended by staff working within the practice. We saw that the practice maintained records that detailed training undertaken and highlighted training that staff needed to undertake. We also reviewed information about continuing professional development (CPD) and found that staff had undertaken the required number of CPD hours.

### 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. Patients were referred to the service from general needs surgeries in the local area. Dental care records we looked at contained details of the referrals made and information that was shared between the practice and the referring organisations. The records showed the practice worked well with other services. .

### Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. We received feedback from 45 patients. Patients said they were given clear treatment options which were discussed in an easy to understand language by practice staff. Patients understood and consented to treatment. This was confirmed when we checked dental care records and noted evidence that dentists discussed treatment options including risks and benefits, as well as costs with patients.

Staff had received training on the Mental Capacity Act (MCA) 2005. (MCA 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves). Staff were aware of how they would support a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met. This meant where patients did not have the capacity to consent, the dentist acted in accordance with legal requirements and that vulnerable patients were treated with dignity and respect.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We received feedback from 45 patients. All the feedback we received was positive. Staff were described as caring, friendly and helpful. Patients said staff treated them with dignity and respect during consultations. We observed staff interaction with patients and saw that staff interacted well with patients, speaking to them in a respectful and considerate manner.

### **Involvement in decisions about care and treatment**

The practice displayed information in the waiting area that gave details of fees. We also saw that the practice had a website that included information about dental care and treatments, and opening times.

We spoke with three dentists, two dental nurses and a member of the administration staff on the day of our visit. There was a culture of promoting patient involvement in treatment planning which meant that all staff ensured patients were given clear explanations about treatment. Staff told us that treatments, costs, risks and benefits were discussed with each patient to ensure that patients understood what treatment was available so they were able to make an informed choice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting patients' needs**

The practice had a system in place to schedule enough time to assess and meet patients' needs. Staff told us there was enough time to treat patients, and that patients could generally book an appointment in good time to see a dentist. Feedback from patients confirmed that patients felt they could get appointments when they needed them.

The practice was a referral service and patients who were under their care who required emergency treatment were advised to contact one of their five clinics where they could get emergency appointments. There were arrangements in place for out of hours appointments. These were advertised in leaflets and on the practice telephone answering machine.

### **Tackling inequity and promoting equality**

The practice had recognised the needs of different groups in the planning of its services. There was ramped access to the building. There were easy read leaflets giving details

about the service for people with learning disabilities. Staff also had access to a language interpretation service that enabled them to communicate with patients whose first language was not English.

### **Access to the service**

Opening hours for the practice were available on leaflets that were given to patients who were referred to the service. The practice was open 09.00 – 5.00pm Monday to Friday. There were clear instructions for patients requiring urgent dental care when the practice was closed. These instructions were on the telephone answering machine.

### **Concerns & complaints**

The practice had effective arrangements in place for handling complaints and concerns. There was a complaints policy, and information for patients about how to complain was available in the reception area. The policy had last been reviewed in 2015 and was scheduled to be reviewed in 2016. We were told that there had been no complaints in the last year. The policy included contact details of external organisations that patients could contact if they were not happy with the practice's response to a complaint.

# Are services well-led?

## Our findings

### **Governance arrangements**

The provider had governance arrangements in place for the effective management of the service. This included having a range of policies and procedures in place including health and safety, complaints, employment policies and infection control. There was a clear management structure in place with identified staff leading on specific roles such as on infection control and safeguarding. Staff told us they felt supported and were clear about their areas of responsibility. Comprehensive risk assessments had been undertaken to cover various aspects of the service delivery.

Staff told us practice meetings were held regularly to discuss issues in the practice and update on things affecting the practice. We saw that these meetings were used as an opportunity to let staff know about the ongoing business of the practice. For example we saw that dementia awareness training that was being organised was discussed at one practice meetings. Dental care records we checked were stored appropriately.

The quality audits undertaken at the practice included infection control, dental care records and radiography audits.

### **Leadership, openness and transparency**

Staff we spoke with said they felt the practice management were open and created an atmosphere where all staff felt included. Staff told us they were comfortable about raising concerns with managers. They felt they were listened to and responded to when they did so. They described the culture encouraged candour, openness and honesty.

The practice was also keen to ensure that all of their staff provided highly-skilled care. There was a system of periodic staff appraisals and supervision to support staff.

### **Learning and improvement**

Staff told us they had good access to training. There was a system in place to monitor staff training to ensure essential training was completed each year. We saw that staff had regular appraisals where they had the opportunity to discuss training and development requirements. Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC).

The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as on dental care records, X-rays and patient satisfaction. We looked at a sample of these and found audits were being undertaken regularly and identifying issues to learn from. The practice was taking action to address the issues identified in the audits.

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

The practice had gathered feedback from patients through their own surveys. The practice was taking the NHS Friends and Family test. We saw that the combined test results from all questionnaires submitted between October and December 2015 found that 98% of patients said they would be extremely likely to refer friends to the service.