Care Quality Commission

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Bridge Street Dental Surgery

Inspection Report

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Overall summary

We carried out this announced inspection on 24 May 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The practice is well-established and located in the small Norfolk town of Fakenham. It provides mostly NHS treatment to adults and children, and serves about 10,000 patients. The dental team includes four dentists, nine dental nurses who also act as receptionists, and one part-time dental hygienist.

There are five treatment rooms and the practice opens from 9am to 5.30 pm Monday to Friday, with late opening on a Wednesday evening until 7.30pm.

There is level access for people who use wheelchairs and those with pushchairs.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 44 CQC comment cards filled in by patients and spoke with two other patients.

During the inspection we spoke with the principal dentist, two dental nurses and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice had effective systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.
- Risk assessments were robust and action was taken to protect staff and patients.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- Patients received their care and treatment from well supported staff, who enjoyed their work.
- Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.
- The practice had thorough staff recruitment procedures.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The practice asked staff and patients for feedback about the services they provided. Staff felt involved and supported, and worked well as a team.
- There was no system in place to ensure that untoward events were analysed and used as a tool to prevent their reoccurrence.
- Individual prescriptions were not monitored effectively to identify their loss or theft.

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

- Review the security of prescriptions and ensure there are systems in place to monitor and track their use.
- Review the practice's system for recording, investigating and reviewing incidents with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review staff awareness of the legal precedent by which a child under the age of 16 years of age can consent for themselves and ensure all staff are aware of their responsibilities.
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping. In addition to this review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking X-rays and its grade.
- Review staff's understanding of never events and implement local safety procedures for invasive procedures such as tooth extraction.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services. We asked the following question(s).

Are services safe? We found that this practice was providing safe care in accordance with the relevant regulations. The practice had robust arrangements for essential areas such as infection control, clinical waste, the management of medical emergencies and dental radiography (X-rays). We noted that not all X-ray units were fitted with rectangular collimators to reduce patient dosage, and patients' radiographs were not always justified, reported on or quality graded. Staff had received safeguarding training and were aware of their responsibilities regarding the protection children and vulnerable adults. Risk assessment was comprehensive and effective action was taken to protect staff and patients. Equipment used in the dental practice was well maintained. Staff were qualified for their roles and the practice completed essential recruitment checks. There were sufficient numbers of suitably qualified staff working at the practice to support patients. Untoward events were not always reported appropriately and learning from them was not shared across the staff team. Individual prescriptions were not monitored effectively to identify their loss or theft.	**No action** ✔
Are services effective? We found that this practice was providing effective care in accordance with the relevant regulations. Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. Improvement was needed in the recording of patient recall intervals, medical histories and caries risk. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. We found staff's knowledge of Gillick competence guidelines could be improved.	**No action** ✔
Are services caring? We found that this practice was providing caring services in accordance with the relevant regulations. Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received and of the staff who delivered it. Staff gave us specific examples of where they had gone out of their way to support patients. We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.	**No action** ✔
Are services responsive to people's needs? We found that this practice was providing responsive care in accordance with the relevant regulations.	**No action** ✔

Summary of findings

The practice's appointment system was efficient and met patients' needs. Patients could access routine treatment and urgent care when required and the practice opened late one evening a week.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with hearing loss.

There was a clear complaints' system and the practice responded professionally and empathetically to issues raised by patients. The practice took patients views seriously and had implemented their suggestions to improve the service.

Are services well-led?

No action ✓

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

The practice had arrangements to ensure the smooth running of the service. These included systems for staff to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated. We found staff had an open approach to their work and shared a commitment to improving the service they provided.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for, and listening to, the views of patients and staff.

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The principal dentist was the named lead for safeguarding within the practice and had undertaken level three training. All other staff had received in-house training. There was good information on display around the practice of how to make a referral, and the practice manager showed good awareness of domestic violence issues. We viewed minutes of a staff meeting held in October 2017, where a safeguarding reporting flow chart was discussed to ensure that all staff knew how to report an incident correctly.

All staff had enhanced disclosure and barring checks to ensure they were suitable to work with children and vulnerable adults.

The practice had a whistleblowing policy and staff told us they felt confident they could raise concerns.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. Nurses confirmed this was the case and we viewed a recently used rubber dam kit in the bin in one surgery.

The practice had a staff recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice followed their recruitment procedure to ensure only suitable people were employed. We found no interview notes were kept to demonstrate that it had been conducted fairly and in line with good employment practices.

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

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. Records showed that fire detection and firefighting equipment was regularly tested. Staff undertook regular fire evacuations and one involving patients was planned so that staff could be better prepared for managing them should an incident occur.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations the required information was held in the practice's radiation protection file. Clinical staff completed continuing professional development in respect of dental radiography, and radiography audits were completed each year. We noted that not all X-ray units were fitted with rectangular collimators to help reduce patient dosage, and patients' radiographs were not always justified, reported on or quality graded.

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

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. Staff were aware of recent European directives regarding the use of dental amalgam.

A sharps risk assessment had been undertaken and staff followed relevant safety regulation when using needles and other sharp dental items.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Details of how to respond to an emergency were on display in treatment rooms. The practice manager told us that she planned to introduce regular medical simulations so that staff could keep their learning and skills up to date. During our inspection, a patient medical emergency occurred and we saw that the whole practice team responded swiftly and effectively.

Are services safe?

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Eye wash, bodily fluid spillage and mercury spillage kits were easily available.

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Evidence reviewed regularly

We noted that all areas of the practice were visibly clean, including the waiting areas corridors toilets and staff areas

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Staff carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. The practice did not have any data loggers or printouts available and we noted there was no record of the elapsed time, chamber temperature and pressure for the first test load of the day as recommended.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The practice had undertaken a full assessment of its premises and we noted that action had been taken to implement its recommendations, such as removing a dead leg in the pipework, improving access to the water tank and labelling drinking water. We noted that the risk assessment had not included potential hazards in relation to the practice's air conditioning and dental unit water lines. The principal dentist assured us this would be addressed.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored externally in a locked container, although this had not been secured adequately to prevent its removal.

There was signage around the practice indicating potential hazards to patients such as uneven surfaces and the use of X-ray. Fire escape exits and the location of emergency equipment was clearly signposted.

Safe and appropriate use of medicines

There was a suitable stock control system of medicines that were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. The practice stored and kept records of NHS prescriptions as described in current guidance. We found there was no system in place to monitor and track individual prescriptions to quickly identify their loss or theft.

Antimicrobial prescribing audits were carried out. We viewed a recent audit and noted it did not include information about patients' temperatures and indicated that antibiotics had sometimes been prescribed for patients in pain. This was not in line with national antimicrobial stewardship guidelines.

Lessons learned and improvements

The practice had some policies and procedures to manage and learn from accidents and incidents. We found staff had a limited understanding of the term 'never event' and had not implemented any local safety procedures for invasive procedures such as tooth extraction.

Staff were recording unusual events and we viewed written records for a number of incidents such as nurse who had hit their head on a surgery light and a patient fall. There was no evidence to show they had been investigated and discussed to prevent their reoccurrence.

The practice manager and principal dentist received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), and implemented any action if required. Staff we spoke with were aware of recent alerts affecting dental practice

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 44 comments cards that had been completed by patients prior to our inspection. All the comments received reflected patient satisfaction with the quality of their dental treatment.

The practice was a member of the British Dental Associations good practice scheme which provided clinicians with the latest guidance and updates in relation to dental care.

We viewed a sample of dental care records and saw that dentists assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We noted that patients' medical history updates were not always recorded or signed, treatment discussions were not always documented and caries risk recorded.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate. Dentists used fluoride varnish for children based on an assessment of the risk of tooth decay. A part-time dental hygienist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease.

Nurses we spoke with confirmed that dentists talked to patients about their smoking and alcohol consumption.

There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. General information about oral health care for patients was available in the waiting areas and information about sugary drinks was on display in treatment rooms.

Consent to care and treatment

The practice's consent policy included information about the Mental Capacity Act 2005. Staff understood their responsibilities under the act when treating adults who might not be able to make informed decisions. One member of staff we spoke with showed a good knowledge about how dementia might affect a patient's ability to make decisions for themselves. We noted that the practice's medical history form actively sought patients' consent to contact a named person in the event of an incident. The practice had also sought the consent of a patient whose daughter wanted to complain on their behalf. We found not all staff had a clear understanding of Gillick competence when treating young people under 16 years of age, and of checking for parental responsibility.

Effective staffing

The dentists were supported by appropriate numbers of dental nurses and administrative staff and staff told us there were enough of them for the smooth running of the practice. The practice manager told us they had never needed to use agency or locum staff, and there was often a spare nurse available to help in the decontamination room.

Clinical staff had completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role. Staff told us they discussed their training needs at their annual appraisals. We saw evidence of completed appraisals and the practice manager showed us new style comprehensive personal development plans for staff that were in the process of being implemented.

Co-ordinating care and treatment

Staff confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. The practice did not keep a central log of patients' referrals so they could be tracked, and patients were not routinely offered a copy of their referral. The practice manager told us that she would implement one.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as caring and empathetic to their needs. Nervous patients told us staff were particularly understanding of their fear. One patient told us of the patience and time clinicians had taken with their five-year-old child to make them less fearful of opening their mouth for the dentist. Staff gave us specific examples of where they had gone out their way to support patients. For example, providing a lift home for a frail patient and helping a patient who had fallen outside the practice.

Privacy and dignity

The patient waiting areas were separate from the reception area, allowing for good privacy. Reception staff told us the practical ways they maintained patients' confidentiality especially when asking them if they were entitled to free treatment. Reception computer screens were not visible to patients and patients' paper notes were kept in filing cabinets which were locked each night.

All consultations were carried out in the privacy of the treatment room and we noted that the doors were closed during procedures to protect patients' privacy.

During our inspection and incident occurred. We saw that the door to the room was closed immediately and all other patients were asked to wait elsewhere to help maintain the person's dignity and privacy.

Involving people in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Staff told us they used dental models and treatment leaflets were used to help patients better understand their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had its own website that provided general information about its staff and services.

The waiting areas provided magazines and leaflets about various oral health conditions and treatments, and there were toys to help occupy children while they waited.

The practice had made reasonable adjustments for patients with disabilities, although they did not have a fully accessible toilet. There was level access, ground floor treatment rooms and a portable hearing loop to assist those who wore a hearing aid. Patients had access to translation services and the practice's leaflet had been produced in large print to assist those with visual impairments. Longer appointments were available for any vulnerable patients.

Timely access to services

The practice opened late one evening a week to accommodate the needs of patients who worked full-time. Three patients told us that staff were very accommodating with appointment times, and others stated that practice could offer immediate care if needed. Each dentist had two emergency appointment slots per day, giving an hour a day available for patients in dental pain.

Patients confirmed that their telephone calls were answered promptly.

At the time of our inspection there was a treatment waiting time of about two to three weeks and

the practice was not accepting new NHS patients.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Listening and learning from concerns and complaints

Details of how to complain were available in the waiting areas for patients and in the practice's information leaflet. The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint and reception staff spoke knowledgeably about how to deal with patients concerns.

We reviewed paperwork in relation to two complaints received in the last year and found they had been managed in a timely, empathetic and professional way.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had overall responsibility for the clinical leadership of the practice. He was supported by a practice manager who was responsible for the day-to-day running of the practice. We found that the practice manager had the capacity and skills to deliver high quality, sustainable care. We found them to be knowledgeable, experienced and committed to providing a quality service to patients.

Staff told us that both the principal dentist and practice manager were visible, approachable and responsive to their needs.

Vision and strategy

The provider had a mission statement to provide 'high quality care and customer care to all'. This was on display in the waiting areas making it easily accessible to patients.

There were clear plans in place to complete an extensive refurbishment plan and to implement digital care records and X-rays. Staff were aware of these plans and told us they had been involved and consulted about the development of the service.

Culture

The practice had a long standing and well-established staff team, offering good continuity of care: something patients told us they particularly appreciated. Staff told us they enjoyed their job and felt supported, respected and valued in their work. Staff told us they could raise concerns and were encouraged to do so.

The practice had a Duty of Candour policy in place and staff were aware of their obligations under it. Complaints paperwork we reviewed showed that the practice apologised when things had gone wrong.

Governance and management

The practice manager was responsible for the day-to-day running of the service. There was a clear staffing structure in place and staff were aware of their own roles and responsibilities. There were lead roles for key areas such as safeguarding and infection control.

There were clear and effective processes for managing risks, issues and performance. The practice had comprehensive policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

Communication was structured around full practice meetings which staff told us they found useful. Although only two of these had been held in the last year, staff told us that communication systems were good and they were aware of, and felt involved in what was happening in the practice. Written memos were used effectively to keep staff informed.

Appropriate and accurate information

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were well maintained, up to date and accurate. All staff received training on information governance. The practice had robust information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The practice manager was aware of recent guidance in relation to data protection requirements. Patients were provided with a specific leaflet informing them how the practice would manage information held by them.

Engagement with patients, the public, staff and external partners

Surveys were used to obtain patients' feedback about the service. In response to patients' suggestions, the practice had installed grab rails; put children's books in the waiting room, and displayed a warning sign on the reception door frame. Patients were encouraged to complete the NHS Friends and Family Test (FFT), and feedback from this was on display in the reception area. We viewed the result of 70 FFT responses which showed that 65 patients (93%) would recommend the practice.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. One staff member told us their concerns about dampness in their treatment room had been listened to and the room had been prioritised in the practice's refurbishment as a result.

Continuous improvement and innovation

Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. In addition to standard audits for infection control, radiography and dentalcare records, we viewed audits for treatment waiting times and cleanliness.

Staff received regular appraisal of their performance which although they valued, staff told us they could be a little more in-depth.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so. The practice paid for nursing staff to receive the monthly dental nursing journal to help keep their knowledge and skills up to date.