Nickolas Burnett & Associates Limited

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Inspection Report

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Overall summary

We carried out this announced inspection on 18 December 2019 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

Nickolas Burnett and Associates is a well-established practice that offers both NHS and private treatment to approximately 9,000 patients. It is based near Cambridge town centre. In addition to general dentistry it offers dental implants and conscious sedation. The practice moved into refurbished new premises in 2017. The dental team includes six dentists, six dental nurses, a hygienist, reception staff and a practice manager.

Summary of findings

There is level access for people who use wheelchairs and those with pushchairs and a public car park nearby.

The practice opens Monday to Fridays from 8.30 am to 5.30pm. The practice opens on a Saturday morning by appointment for privately paying patients.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission 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. At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the delivery of services for which the practice is registered.

On the day of inspection, we collected 40 CQC comment cards filled in by patients. We spoke with the finance/ administrative manager, the practice manager, two dentists, two dental nurses, and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Patients were positive about all aspects of the service the practice provided and commented positively on the treatment they received, and of the staff who delivered it.
- Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Patients' care and treatment was provided in line with current guidelines.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Staff felt respected, supported and valued. The practice proactively sought feedback from staff and patients, which it acted upon.
- There was effective leadership and an emphasis on striving to improve.

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

- Review the practice's procedures to ensure staff are up to date with their mandatory training and their continuing professional development, in particular in relation to intermediate life support and CBCT training.

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** 
Are services effective?	**No action** 
Are services caring?	**No action** 
Are services responsive to people's needs?	**No action** 
Are services well-led?	**No action** 

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.

We saw evidence that staff received safeguarding training and knew about the signs and symptoms of abuse and neglect, and how to report concerns. One of the dentists was the lead for safeguarding matters in the practice and information about protection agencies was available around the practice. In addition to this, staff had downloaded a specific safeguarding application onto their mobile devices.

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

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

We confirmed that all clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. The practice had a recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. We looked at staff recruitment information for two recently recruited employees which showed the practice had followed their procedure.

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, although staff had not undertaken annual fire evacuations.

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

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and the practice had the required information in their radiation protection file. We noted that some of the X-ray units did not have rectangular collimators fitted. The practice manager assured us they would be ordered immediately.

The dentists justified, graded and reported on the radiographs they took. The practice 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 practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff.

A basic sharps risk assessment had been undertaken and staff followed relevant safety laws when using needles. Sharps bins were wall mounted and had been labelled correctly. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Staff were aware of the signs and symptoms of sepsis. A sepsis information poster was displayed in the staff area and the practice manager told us they would put up an additional poster for patients in the waiting area.

Emergency equipment and medicines were available as described in recognised guidance, and an oxygen cylinder was held on each floor of the practice for easy access. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year.

There was a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for all materials used within the practice.

Are services safe?

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 audits, although not as frequently as recommended in national guidance. 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 was validated, maintained and used in line with the manufacturers' guidance. The practice's main decontamination room was large and modern and we noted that surfaces had been colour coded to delineate clean and dirty areas.

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. All recommendations in the assessment had been actioned, such as the removal of inappropriate pipework, and records of water testing and dental unit water line management were maintained.

We noted that all areas of the practice were visibly clean, including the waiting areas corridors toilets and staff areas. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. We noted some loose and uncovered local anaesthetic cartridges that risked aerosol contamination. Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination.

The practice used an appropriate contractor to remove dental waste from the practice, which was stored securely in a locked cupboard on the premises.

Safe and appropriate use of medicines

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

Prescription pads were held securely, and there was a system in place to identify any loss of theft of individual prescriptions. However, we noted that the practice's name and address details were not included on the medicine container label when medicines were dispensed.

Plans were in place to conduct an antimicrobial audit to ensure dentists were prescribing them in line with national guidance.

Information to deliver safe care and treatment

We looked at a sample of dental care records to confirm our findings and noted that records were written in a way that kept patients safe. Dental care records we saw were accurate, complete and legible. They were kept securely and complied with The Data Protection Act and information governance guidelines.

Lessons learned and improvements

The practice had procedures in place to investigate, respond to, and learn from significant events and complaints, and staff were aware of formal reporting procedures. Staff told us of new procedures that had been implemented following a patient who had had a serious fall by a doorway.

We noted that the practice manager had recorded the lack of audits and some practice meetings as unusual events, so that these incidents could be formally noted and learnt from. However, we noted several incidents recorded in the practice's accident book, including sharps injuries. There was limited evidence to show that these had been fully investigated and discussed with staff to prevent their recurrence.

A system was in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and implemented any action if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 40 comment cards that had been completed by patients prior to our inspection. All the comments received reflected high patient satisfaction with the quality of their dental treatment and the staff who delivered it. One patient told us, 'I always receive impeccable and wonderful treatment every time I visit. My wisdom teeth removal went incredibly smoothly'. Another commented, 'the treatment is of a high standard and always painless'.

Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken, and the advice given to them. Our discussions with the dentists demonstrated that they were aware of, and worked to, guidelines from National Institute for Heath and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. The practice had systems to keep dental practitioners up to date with current evidence-based practice.

The practice offered dental implants. These were placed by one of the dentists who had undergone appropriate post-graduate training. We found the provision of dental implants was in accordance with national guidance. The practice also offered conscious sedation for patients who were very anxious about dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015, although we noted that staff had not undertaken intermediate life support training as recommended in the guidance.

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. There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. Free samples of toothpaste were also available at reception.

Consent to care and treatment

The practice 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 dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Patients confirmed clinicians listened to them and gave them clear information about their treatment. One patient told us, 'treatment is always explained before being carried out.'

Dental records we examined demonstrated that treatment options, and their potential risks and benefits had been explained to patients.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who might not be able to make informed decisions. Staff were aware of the need to consider this when treating young people under 16 years of age.

Effective staffing

The dentists were supported by appropriate numbers of dental nurses and administrative staff. The nurse staffing pool was relatively small, but the practice manager told us they were actively recruiting more staff and that, as a qualified clinician, she could nurse if needed. Staff reported that they did not feel rushed in their work and the hygienist always worked with chairside support.

We confirmed clinical staff 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.

The provider had current employer's liability insurance in place.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. There were clear systems in place for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Reception staff monitored referrals to make sure they were dealt with promptly,

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 helpful, gentle and attentive. One patient told us 'the dentist is great with my children and somehow manages to keep them calm though all procedures'.

Staff gave us specific examples of where they had gone out of their way to support patients such as providing additional support for a nervous patient, coming in on their day off so patient appointments were not cancelled and calling taxis for patients.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it. There was a separate room available if patients wanted to discuss anything in private. Staff password protected patients' electronic care records and backed these up to secure storage. One patient told us, 'Reception staff are always very pleasant and discreet with my details when other patients are present'.

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' 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. One patient told us, 'the dentist always listens and responds to any queries I may have'.

Dental records we reviewed showed that treatment options had been discussed with patients. Dentists used intra-oral cameras, models, and X-ray images to help patients better understand their treatment options.

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 which gave patients information about its services, fees and staff members. There was a specific folder in the waiting areas, giving patients information about the practice's key policies and data handling systems. There was also a TV screen showing the news and also information about some dental treatments.

The practice had made reasonable adjustments for patients with disabilities. This included level entry access, a stair lift, downstairs treatment rooms, a hearing loop and a fully accessible toilet. There was a lowered area on the reception desk so that staff could communicate more easily with wheelchair users. Medical history forms could be enlarged on the patient clinipads to make them easier to read. Some of the surgeries had specialist chairs for patients with limited mobility.

There was information in relation to translation services for patients who did not speak English, and reception staff were aware of the service.

Timely access to services

At the time of our inspection the practice was taking on both private and new NHS patients

Appointments could be made by telephone or in person and the practice operated an email and text reminder service. The waiting time for a routine appointment was about six weeks at the time of our inspection.

There were two emergency slots per dentist per day for anyone in dental pain. The practice was part of a rota with other local surgeries to offer emergency out of hours services to its private patients. Patients confirmed they could make emergency appointments easily and were rarely kept waiting for their appointment once they had arrived.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Details of how to complain were available in waiting areas for patients, although were not particularly visible or accessible.

We viewed the practice's complaints log and found that patients' concerns had been investigated and responded to appropriately. We viewed evidence which showed that complaints were discussed at staff meetings so that learning form them could be shared across the staff team.

Reception staff spoke knowledgably about how they would manage a patient's complaint.

Are services well-led?

Our findings

Leadership capacity and capability

There were clear responsibilities, roles and systems of accountability to support good governance and management. The practice manager took responsibility for the day to day leadership in the practice, supported by a lead nurse and lead receptionist. They had only been working at the practice for a few months, but staff told us they had implemented many positive changes since taking up the post. They told us they had great confidence in the practice manager's ability, citing their knowledge, experience and organisational skills as the reason.

Staff told us that the owners were approachable and responsive, and one stated that they were thanked everyday by the principal dentist, something they greatly appreciated.

Culture

The practice had a culture of high-quality sustainable care. Staff said they felt respected, supported and valued, and enjoyed their job.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it.

Governance and management

There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions. The information and evidence presented during the inspection process was clear and well documented.

There were 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 across the practice was structured around a regular meeting for all staff which they told us they found useful. Minutes showed that different topics and polices were discussed each month to ensure staff kept up to date with the latest guidance.

The practice used an online governance tool to help with the running of the service.

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 maintained, up to date and accurate.

The practice 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, the public, staff and external partners to support high-quality sustainable services. Staff told us that patients' suggestions to have an umbrella stand in the waiting room and for coat hooks in treatment rooms had been implemented.

The practice had introduced the NHS Friends and Family Test as a way for patients to let them know how well they were doing. These were monitored by one of the reception staff and the results shared at the staff meetings. We viewed 10 responses that had been received in November 2019 and noted that 8 people 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 told us these were listened to and acted upon. Their idea to have a shoe rack in the staff room and have the facilities to iron their uniforms had been implemented.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of complaints, dental care records, radiographs, and infection prevention and control. Although these had not been conducted as frequently as recommended, we saw evidence that the practice manager had scheduled them to happen more frequently.

Staff had signed up to a local Dental Network application, which gave them easy access to the latest NHS policies and clinical guidance.