The Briars Dental Centre

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Inspection Report

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Overall summary

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 Briars Dental Centre has been a dental practice for over 100 years. The practice occupies a converted detached residential property. The management team has expanded and modified the premises over the years, to ensure it meets all dentistry requirements and to improve patient experience. The practice is open Monday to Friday from 8.00am to 5.00pm

The practice provides private dental services and treats both adults and children. The practice offers a range of dental services including routine examinations and treatment, cosmetic dentistry, implants, crowns and bridges, orthodontics, endodontics, periodontics and preventative gum disease management.

The staff structure of the practice is comprised of four dentists, two periodontists, an orthodondist, an endodontist, ten dental nurses (two of which also held reception duties), a patient coordinator, two receptionists, a financial and a clinical administrator.

Joanne Louise Flitter is the registered manager (also a clinical administrator). 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.

We carried out an announced, comprehensive inspection on 23 June 2015. The inspection took place over one day and was carried out by a CQC inspector and dental specialist advisor.

Summary of findings

We received 50 CQC comment cards completed by patients and spoke with two patients who used the service on the day of our inspection. We also feedback from 45 patients via the CQC website.

Patients were positive about the care they received from the practice. They were complimentary about the friendly and helpful attitude of the staff.

Our key findings were:

- 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 indicated that they felt they were listened to and that they received good care from a helpful and patient practice team.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- There were governance arrangements in place and the practice effectively used audits to monitor and improve the quality of care provided.

The area where the provider could make improvements and should:

- Ensure the appropriate Health and Safety Executive (HSE) notification is recorded in the radiation protection file.

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.

The practice had systems in place to minimise the risks associated with providing dental services. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The practice had policies and protocols, which staff were following, for the management of infection control, medical emergencies and dental radiography. We found the equipment used in the practice was well maintained and checked for effectiveness.

Are services effective?

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

The practice could demonstrate they followed relevant guidance, for example, issued by the National Institute for Health and Care Excellence (NICE). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment.

The practice maintained appropriate medical records and details were updated appropriately The practice worked well with other providers and followed patients up to ensure that they received treatment in good time. Staff engaged in continuous professional development (CPD) and were meeting the training requirements of the General Dental Council (GDC).

Are services caring?

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

We received feedback from patients through comment cards that they were treated with dignity and respect. They noted a positive and caring attitude amongst the staff. We found that patient 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 appointments, including emergency appointments, which were available on the same day. The practice had access to telephone interpreting services to support people who did not have English as their first language. The needs of people with disabilities had been considered and there was level access to the waiting area and treatment rooms. Patients were invited to provide feedback via a satisfaction survey and a suggestions box situated in the waiting area. There was a clear policy in place which was used to handle complaints as they arose.

Are services well-led?

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

Summary of findings

The practice had robust clinical governance and risk management structures in place. These were well maintained and disseminated effectively to all members of staff. A system of audits was used to monitor and improve performance. Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the registered manager. They were confident in the abilities of the management team to address any issues as they arose.

The Briars Dental Centre

Detailed findings

Background to this inspection

This announced inspection was carried out on the 23 June 2015 by an inspector from the Care Quality Commission (CQC) and a dental specialist advisor.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies. We also reviewed the information we held about the practice.

During the inspection we toured the premises and spoke with one dentist, two dental nurses, one dental hygienist, the registered manager, and a patient coordinator. To assess the quality of care provided we reviewed practice policies and protocols and other records relating to the management of the service.

We obtained the views of 50 patients who had filled in CQC comment cards and spoke with two patients who used the service on the day of our inspection. We also received feedback from 45 patients via the CQC website. We reviewed patient feedback gathered by the practice over the last 12 months.

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

Staff we spoke with were aware of, and had access to, the incident reporting system. This allowed staff to report all incidents including near misses where patient safety may have been compromised. Accidents and incidents were documented, investigated and reflected upon by the dental practice. Staff told us they felt confident about reporting incidents and accidents and discussed learning from them at monthly team meetings. We reviewed incidents that had taken place in the past year and found the practice had responded appropriately.

The principal dentist understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and confirmed no reports had been made.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team, social services and other agencies, such as the Care Quality Commission. All staff we spoke were familiar with the procedures and knew how to access the safeguarding policy, if required.

Staff had completed safeguarding training and were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead. There had been no safeguarding issues reported by the practice to the local safeguarding team.

We discussed safeguarding issues with all of the staff we spoke with. For example, they were able to describe in detail the types of behaviour a child might display that would alert them if there were possible signs of abuse or neglect. This showed that the safeguarding policy had been effectively disseminated amongst staff.

The practice followed national guidelines on patient safety. For example, the practice used rubber dam for root canal treatments, in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. All staff had received training in emergency resuscitation and basic life support. This training was renewed annually. The staff we spoke with were aware of the practice protocols for responding to an emergency.

The practice had suitable emergency equipment in accordance with guidance issued by the Resuscitation Council UK. This included relevant emergency medicines, oxygen and an automated external defibrillator (AED). (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). There were face masks of different sizes for adults and children. The equipment was regularly tested by staff and a record of the tests was kept.

Staff recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. We reviewed personnel files of two staff members who had been recruited in the last two years. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, health checks, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The dentists, dental nurses and hygienist working at the practice were registered with the GDC. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. The practice kept a record to evidence staff were up to date with their professional registration.

Monitoring health & safety and responding to risks

The practice had arrangements to deal with foreseeable emergencies. A health and safety policy was in place. The practice had undertaken a number of risk assessments in order to identify and manage risks to patients and staff. For example, we saw risk assessments for fire safety, safe management of sharps, radiation and health and safety.

Are services safe?

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients, staff and visitors that were associated with hazardous substances had been identified and actions were described to minimise these risks. We saw that COSHH products were securely stored. Staff training files indicated that staff had received relevant training in managing COSHH products.

The practice had a business continuity plan in place, and staff knew how to access this. This included information about what to do should any of the key utilities (such as electricity and water supply) were interrupted and contact information for relevant suppliers who could be called to fix any problems.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. There was an infection control policy which included the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. The provider had delegated the responsibility for infection control procedures to the practice's lead dental nurse and with one of the dentist. We saw evidence all staff received regular infection control training.

We observed the cleaning process and reviewed the practice protocols in relation to infection control. This demonstrated that 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 (HTM 01-05).

The lead dental nurse showed us the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments; packaging and storing clean instruments. The practice routinely used washer-disinfectant machines to clean the used instruments, then examined them visually with an illuminated magnifying glass, then sterilised them in an autoclave. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear.

The autoclave was checked daily for its performance, for example, in terms of temperature and pressure. A log was kept of the results demonstrating that the equipment was working well. The ultrasonic cleaner was also being checked with a 'foil' test and records were kept. The foils that were kept indicated that the cleaner was working effectively.

The practice used a system of individual consignments and invoices with a waste disposal company. Waste was being appropriately stored and segregated. This included clinical waste and safe disposal of sharps. Staff demonstrated they understood how to dispose of single-use items appropriately.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The method described was in line with current HTM 01-05 guidelines.

A professional legionella risk assessment was carried out in 2011, which required actions to be taken to maintain safety. This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients.

The practice had carried out regular infection control audits. These were conducted on a yearly basis. The recent infection control audit, confirmed the practice was compliant in all aspects of infection control.

All of the staff were required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients. Records we reviewed confirmed all staff had been vaccinated again Hepatitis B.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, fire equipment and X-ray equipment had all been inspected and serviced. Portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process during which electrical appliances are routinely checked for safety.

Are services safe?

Medicines in use at the practice were stored and disposed of in line with published guidance. Medicines in use were checked and found to be in date. There were sufficient stocks available for use and these were rotated regularly. We spoke with staff and found that the ordering system was effective. Emergency medical equipment and oxygen supplies were monitored regularly to ensure they were in working order and in sufficient quantities and records were kept of these checks.

Batch numbers and expiry dates for local anaesthetics were recorded in the clinical notes. These medicines were stored safely and could not be accessed inappropriately by patients.

Radiography (X-rays)

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. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) within the recommended timescales. One of the dentist was the radiation protection supervisor (RPS). We saw evidence all clinical staff including the RPS had completed radiation training. X-rays were graded and audited as they were taken.

During our visit we found, the Health and Safety Executive (HSE) notification was not present in the radiation protection file.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines. This was repeated at each examination in order to monitor any changes in the patient's oral health.

We reviewed a sample of dental care records. This showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth were recorded. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). These were carried out at each dental health assessment and different BPE scores triggered further clinical action.

Patients were monitored through follow-up appointments and these were scheduled in line with NICE recommendations. Patients spoken with and comments received on CQC comment cards reflected that patients were satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. The practice provided preventative care and advice in line with the 'The Delivering Better Oral Health toolkit'. (DBOH-This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). Staff told us they discussed oral health with their patients, for example, effective tooth brushing or dietary advice. Patients completed a medical questionnaire which included questions about smoking and alcohol intake. Appropriate advice was provided by the dentist.

The waiting room and reception area at the practice contained literature in leaflet form that explained the services offered at the practice. This included information about effective dental hygiene and how to reduce the risk of poor dental health. The practice had a range of products that patients could purchase that were suitable for both adults and children.

Staffing

The practice had identified core staff training including medical emergencies, child protection, infection control, immediate life support and resuscitation and medical emergency training. Staff we spoke with were clear about their roles and responsibilities, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed.

There was an induction programme for new staff to follow to ensure that they understood the protocols and systems in place at the practice. The induction systems were comprehensive and effective. For example, the induction included induction procedure, quality manual, decontamination and human resources.

The registered manager ensured there were sufficient staff to meet needs and staff were available to cover staff absences.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. The practice had a number of dentists who had specialist expertise, skills and qualifications. For example, the practice had, specialist prosthodontist, orthodontist, periodontics and endodontics. The registered manager told us many patients from other practices were referred to this practice, for further investigations and specialist advice. The practice worked closely with all practices and ensure their patients received the appropriate care and treatment, before returning to their own practice.

The practice referred patients to other clinicians within the practice. For example, patients were referred to the hygienist. All letters were scanned into patient's notes kept on the computer. The dentists discussed with the patients their referral letters to ensure they understood which service they had been referred to.

Consent to care and treatment

Staff told us they discussed treatment options, including risks and benefits, as well as costs, with each patient. Notes

Are services effective?

(for example, treatment is effective)

of these discussions were recorded in the patient care records. Formal written consent was obtained using standard treatment plan forms. Patients were asked to read and sign these before starting a course of treatment.

The practice demonstrated an understanding of how the Mental Capacity Act 2005 (MCA) applied in considering whether or not patients had the capacity to consent to dental treatment (MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves). We noted minutes from a recent staff meeting which confirmed the Mental Capacity Act 2005 and patient consent was actively discussed.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from ninety seven patients. Patients were very positive about the care they received from the practice. Patients told us they were treated with compassion, respect and dignity. The comments cards we received and the patients we spoke with all commented positively on staff's caring and helpful attitude. Patients indicated that they felt comfortable with their dentists and that they were made to feel at ease during consultations and treatments. We observed staff were welcoming and helpful when patients arrived for their appointment.

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate and empathetic care and treatment. We observed that staff treated patients with dignity and respect and maintained their privacy. The reception area and waiting area were separate, this ensured private conversations between patients and staff in the reception area were not heard. Staff told us that should a confidential matter arise; a private room was available for use. Treatment rooms were used for all discussions with patients. We observed staff were helpful, discreet and respectful to patients.

A data protection and confidentiality policy was in place and staff were familiar with these. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that patient records were held securely. Electronic records were password protected and regularly backed up.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area which gave details of private dental charges or fees. On the day of our inspection we observed the receptionist took time to explain private charges to patients in detail.

Staff told us that they took time to explain the treatment options available. They spent time answering patients' questions and gave patients a copy of their treatment plan. There was a range of information leaflets in the waiting area which described the different types of dental treatments available.

The patient feedback we received via discussions, the CQC website and comments cards, confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff.

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. Each dentist could decide on the length of time needed for their patient's consultation and treatment. They could schedule additional time for patients depending on physical need as well as based on psychological need. For example, one dentist told us when they treated young children, who often were nervous or anxious, they ensured longer time was scheduled in for them. This allowed the dentist to provide additional care and support to the patient.

The dentist told us they had enough time to treat patients and that patients could generally book an appointment in good time to see them. The feedback we received from patients confirmed that they could get an appointment within a reasonable time frame and that they had adequate time scheduled with the dentist to assess their needs and receive treatment.

Patients told us that they could see the dentist they preferred, but could also move between dentists if they asked to do so.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Staff told us they had access to a translation service should a need arise.

The dentists we spoke with told us they provided written information for people who were hard of hearing and used large print documents for patients with some visual impairment.

Patients who were nervous about dental treatment could bring a friend or relative to accompany them during treatment. We received comments from patients that told us appointments were available outside of school hours.

Access to the service

The practice was open from Monday to Friday from 8.00am to 5.00pm. The practice displayed its opening hours on their premises and on the practice website. New patients were also given a practice information sheet which included the practice contact details and opening hours.

The practice supports patients to book appointments in advance which provides flexibility and the ability to pre-plan appointments. Patients told us that they could get an appointment in good time and did not have any concerns about accessing the dentist.

We asked the registered manager about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message gave details on how to access out of hours emergency treatment.

The dentists we spoke with told us that all of the dentists had some gaps in their schedule on any given day which meant that patients, who needed to be seen urgently, for example, because they were experiencing dental pain, could be accommodated. One dentist told us they would see patients at anytime they presented themselves to practice with an urgent need. They told us often this meant working through lunch break or working beyond the closing time, to ensure patients received dental care and treatment immediately.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the registered manager to ensure responses were made in a timely manner. Information about how to make a complaint was displayed in the reception area. There was a complaints policy describing how the practice would handle formal and informal complaints from patients. The patients we spoke with told us they could approach the receptionist or the registered manager if they wanted to make a complaint.

The practice kept a record of all written complaints received and we reviewed a sample of the complaints. We saw the complaints had been investigated and responded to, where possible, to the patient's satisfaction. The outcomes of complaints, actions required and lessons learned were shared with the staff during team meetings.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements with an effective management structure. There was a comprehensive system of policies, protocols and procedures in place covering all of the clinical governance criteria expected in a dental practice. The systems and processes were maintained in an orderly fashion with files that were regularly reviewed and completed. Records, including those related to patient care and treatments, as well as staff employment, were kept accurately.

There was a clear management structure in place. The practice had developed a clear leadership structure which included named members of staff in lead roles. For example, one dentist was lead in areas such as infection control, radiography and marketing and another dentist was lead in building and maintenance and complaints.

The staff fully understood all of the governance systems because there was a clear line of communication running through the practice. This was evidenced through the effective use of staff meetings, where relevant information was shared and recorded in meeting minutes.

Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said that they felt comfortable about raising concerns with the dentists or with the registered manager. They felt they were listened to and responded to when they did so.

The staff we spoke with all told us they enjoyed their work and were well-supported by the management team. There was a system of staff appraisals to support staff in carrying out their roles to a high standard. Notes from these appraisals demonstrated that they successfully identified staff's training and career goals.

Learning and improvement

The practice was a member of the British Dental Association's 'Good Practice' accreditation scheme. This is quality assurance scheme that is intended to demonstrate a visible commitment to providing quality dental care against a set of established standards.

The practice had a rolling programme of clinical audit in place. These included audits for record keeping, access, medicine-toxin fillers and X-ray quality. Audits were repeated at appropriate intervals to evaluate whether or not quality had been maintained or if improvements had been made. For example, we reviewed the record keeping audits for the last four years. The aim of this audit was to ensure the practice was adhering to current best practice guidelines with regard to record keeping. The audit results showed the practice had made considerable improvement since 2012, as all clinicians had achieved above the 95% minimum in 2014 and 2015, in record keeping.

Staff were also being supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council (GDC). We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the GDC.

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

The practice had systems in place to seek feedback from patients using the service, including carrying out patient surveys and via the suggestion box.

The most recent patient survey carried out in February 2015 showed a good level of satisfaction with the quality of service provided. We saw evidence the practice sought feedback in many aspects of the practice. This included, appointment system, cleanliness of the practice, waiting room patient information and on the clinicians. The majority of feedback had been positive in these areas.

We noted that the practice acted on feedback from patients where they could. For example, some patients had made a suggestion they would like handrails on the staircase. The practice reviewed this suggestion and handrails were installed. This showed that the feedback had been used to improve patient's experiences of coming to the practice.