Burnside Dental Surgery Limited

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Inspection Report

Burnside Dental Surgery
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Overall summary

We carried out this announced inspection on 7 January 2020 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

Burnside Dental Surgery is a well-established practice that offers mostly private treatment to approximately 7,000 patients. It is based near Cambridge town centre. The dental team includes two dentists, four dental nurses, two hygienists, reception staff and a practice manager.

There is level access for people who use wheelchairs and those with pushchairs. There are dedicated parking spaces just outside the practice and on the nearby streets.

Summary of findings

The practice is open Monday to Friday from 9am to 5pm. Out of hours appointments are available by arrangement.

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. The registered manager at the practice is the principal dentist.

On the day of inspection, we collected 33 CQC comment cards filled in by patients. We spoke with 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 provider had systems to help them manage risk to patients and staff.
- 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.
- Staff felt respected, supported and valued.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Review the security of NHS prescription pads in the practice to ensure there are systems in place to track and monitor their use.

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 had received safeguarding training and knew about the signs and symptoms of abuse and neglect, and how to report concerns. Information about protection agencies was widely available around the practice, making it easily accessible to staff.

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.

Only one of the dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. The other dentist used alternative methods to protect patients' airways but told us he was committed to improving his practice in this area.

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 the most recently recruited employee. This showed the practice had not followed their procedure, as a disclosure and barring check had not been obtained for them at the point of their recruitment. This was also the case for two other members of staff. The provider assured us DBS checks would be obtained for all future employees at the point of their recruitment.

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, and staff undertook regular fire drills. The principal dentist had undertaken specific fire marshal training. The recommendation from the practice's fire risk assessment to link all the alarms had been implemented.

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.

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 sharps risk assessment had been undertaken and staff followed relevant safety laws when using needles. Sharps' bins were wall mounted and labelled correctly. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus, and appropriate measures were in place for one staff member who was a non-responder to the vaccine. We noted that information in relation to one staff member's hepatitis B antibody level was missing. The provider assured us they would seek confirmation from the member of staff concerned.

Emergency equipment and medicines were available as described in recognised guidance. 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.

Are services safe?

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

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 carried out infection prevention audits and 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.

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 and records of water testing and dental unit water line management were maintained. We noted however, that the water temperature in the practice's toilet had not reached the required level.
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. 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. We noted that although the clinical waste bin had been locked it had not been secured to a fixed item to prevent its unauthorised removal.

Safe and appropriate use of medicines

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

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. Prescription pads were held securely, although there was no system in place to identify any loss of theft of individual prescriptions.

The practice did not conduct antimicrobial audits 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. We viewed completed event records for two unusual incidents that had occurred in the practice. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

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

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Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 33 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, 'Treatment for my tooth extraction was painless in all senses'. Another commented, 'My whole family are looked after extremely well by this practice. We are always listened to and advised well'.

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.

Staff had access to intra-oral cameras and an orthopantomogram machine to enhance the delivery of care.

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.

Two dental hygienists were 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 high fluoride toothpaste were 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.

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. There was always an additional member of nursing staff available each day and the practice had a dedicated decontamination nurse. Staff reported that they did not feel rushed in their work. A dental nurse did not routinely work with the hygienists, and there was no risk assessment in place for this. However, dental nurses were available to assist the hygienists with six-point pocket charting and decontaminating their instruments.

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. We found nursing staff to be knowledgeable and proactive.

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

Co-ordinating care and treatment

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.

Patient referrals were monitored 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 as professional, caring and efficient.

Staff gave us specific examples of where they had gone out of their way to support patients such as reopening the practice to attend to someone who had fallen off their bike and injured their face and providing additional support for a patients with special needs.

We spent time at the reception desk and noted the receptionist dealt sensitively and empathetically with one patient who had recently experienced a bereavement.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it. Patients' historic dental records were kept behind a lockable screen in the staff room.

Staff password protected patients' electronic care records and backed these up to secure storage. 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, 'All treatments are explained in full and all questions are answered in as much detail as I ask for (often a lot!).'

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 and staff members. The waiting area was comfortable with a water machine and specific children's play area. There was a TV screen showing information about dental treatments and oral health.

The practice had made reasonable adjustments for patients with disabilities. This included level entry access, downstairs treatment rooms, and a hearing loop, although the toilet was not fully accessible. Medical history forms could be enlarged on the patient clinipads to make them easier to read.

There was no information in relation to translation services for patients who did not speak English, and the practice had not formally registered with a translation service provider.

Timely access to services

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

Appointments could be made by telephone or in person and the practice operated an email and text appointment reminder service for patients. The waiting time for a routine appointment was about two weeks. Patients confirmed they could make emergency appointments easily and were rarely kept waiting for their appointment once they had arrived. One patient told us, 'They were very quick to arrange an emergency appointment just before Christmas'. Another reported, 'I am always able to get an emergency appointment when needed'.

There were specific emergency slots each day for anyone in dental pain and staff told us these patients would be seen the same day. The practice was part of a rota with four other local surgeries to offer emergency out of hours services to its private patients.

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

We viewed a recent patient complaint and found that it had had been investigated and responded to appropriately. All complaints were recorded as formal events so that learning from them could be shared across the staff team.

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 principal dentist had overall responsibility for the management and clinical leadership of the practice but was well supported by a practice manager and experienced staff. There were specific staff lead roles in the practice for infection control, radiography and reception.

Staff spoke highly of senior staff, describing them as approachable and responsive to their requests.

Culture

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

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Governance and management

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. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any serious issues or omissions. Staff took immediate action to rectify minor issues we identified during our visit.

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

Patient feedback about the quality of the service was gathered by a 'comments and suggestion form' that was available on the reception desk. The practice also used the NHS Friends and Family Test as a way for patients to let them know how well they were doing. We viewed 22 responses and noted that all would recommend the practice. Staff actively monitored and responded to google on-line reviews. At the time of our inspection the practice had received five stars out of five based on 19 reviews.

Staff told us that patients' suggestions to stock eco-friendly dental products and chairs with arms to aid patient mobility had been implemented.

The practice gathered feedback from staff through meetings 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 ideas to purchase a handpiece oiler and cleaner, support a local charity and obtain an intraoral scanner had been agreed and implemented.

Continuous improvement and innovation

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

Staff discussed their training needs at appraisals and one to one meetings. We saw evidence of completed appraisals which covered staff's development, knowledge of polices and additional support required.