

PR and TPR Garrod

The Bower Dental Practice

Inspection Report

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Overall summary

We carried out this unannounced inspection on 10 April 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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Background

The Bower Dental Practice is in Tonbridge and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including some for blue badge holders, are available in the practice car park.

Summary of findings

The dental team includes two dentists, one dental hygienist, two dental nurses, two receptionists and a practice manager. The practice has three treatment rooms.

The practice is owned by a partnership 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 Bower Dental Practice was the principal dentist.

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

The practice is open:

Monday to Friday 9am to 6pm

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which were out of date and no longer reflected current published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and some life-saving equipment were available, however the practice did not have an Automated External Defibrillator (AED) as per Resuscitation Council guidance and General Dental Council Standards (GDC).
- The practice did not have systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.

- The practice had staff recruitment procedures, but some required documentation had not been acquired.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- 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 appointment system met patients' needs.
- The practice had effective leadership, however some training had lapsed and there were no systems to monitor training needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review stocks of medicines and equipment and the practice's system for identifying, disposing and replenishing of out-of-date stock.

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles however, the practice did not complete some essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had some arrangements for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as of high quality. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice were not supporting staff to complete training relevant to their roles and had did not have a system to help them monitor this.

No action



Are services caring?

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

We received feedback about the practice from three people. Patients were positive about treatments the practice provided. They told us staff were kind and helpful, although one of the dentists could be strict with them.

They said that they were given good treatment and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Summary of findings

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to an online interpreter service and would make arrangements to help patients with sight or hearing loss, should this be requested.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

The practice did have some arrangements to ensure the smooth running of the service. Systems for the practice team to discuss the quality and safety of the care and treatment provided were not in place.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

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.

Requirements notice



Are services safe?

Our findings

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

The practice had some systems to keep patients safe.

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 staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients in their records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy which needed updating as it did not contain information of external organisations for staff to contact.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

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

The practice did not have an up to date staff recruitment policy or procedure to help them employ suitable staff including checks required under schedule 3 of the Health and Social Care Act 2008. We looked at staff recruitment records. There were some staff who had not been subject to the required checks and not all of the documentation was available to demonstrate safe recruitment practices.

We noted clinical staff were qualified and registered with the General Dental Council (GDC). However, we did not see professional indemnity cover for three members of staff.

The practice ensured 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 such as smoke detectors and fire extinguishers were regularly tested.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. We noted that the local rules were being updated.

We saw evidence that the dentists justified, graded and reported upon the radiographs they took. The practice had not carried out radiography audits every year to follow current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

The practice did not have systems in place to assess, monitor and manage risks to patient safety.

The practice health and safety policies, procedures and risk assessments had all passed the review dates and had not been updated regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice arrangements for safe dental care and treatment. Staff followed the relevant safety regulation when using needles and other sharp dental items. However, a sharps risk assessment had not been undertaken.

The provider did not have a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination had been checked.

Staff when questioned knew how to respond to a medical emergency but had not completed training in emergency resuscitation and basic life support (BLS) every year the last training had been in 2016. Staff told us that training was booked for July 2018 for the whole team.

Some emergency equipment and medicines were available as described in recognised guidance. However, the practice did not have an Automated External Defibrillator (AED) and

Are services safe?

were reliant on using a public AED stored at the local library. There had been no risk assessment with regard to the need to obtain the AED in an emergency situation or any thought given to what they would do if the AED was in use or what maintenance was carried out to ensure it would be in working order. Staff kept records of their checks to make sure these were available, within their expiry date and the oxygen cylinder was working.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team . The dental hygienist worked without chairside support and no risk assessment had been conducted.

The provider had some risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Staff told us that they were currently compiling these risk assessments for all of the dental and cleaning materials used at the practice.

The practice had an infection prevention and control policy and procedures which were out of the review date and did not contain current information. Some staff had completed infection prevention and control training. We noted that training for the whole team was booked for June 2018.

The practice did not have suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. There was no consistency with the dating of pouched instruments. Some pouches were dated the day of processing, some were dated the date of expiry and some were not dated at all. We noted that dirty instruments were being transported on open trays to decontamination facilities from one of the treatment rooms and this had not been risk assessed. Following our inspection we were informed that lockable lidded boxes were now being used to transport instruments around the practice. 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 had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, however, there had not been a risk assessment conducted. We saw evidence that a risk assessment had

been booked for June 2018. Dental unit water line management was not being completed fully. We found that the dental unit water lines were only flushed with water and no disinfectant had been used. Following our inspection we were informed that dental unit water lines were being flushed regularly with an appropriate disinfectant product.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

The practice had policies and procedures which were outside of the review date with regard to clinical waste. We observed that clinical waste was segregated and stored appropriately in line with guidance.

The practice had not carried out infection prevention and control audits twice a year as per current guidance.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines. We noted that there were some medicines that had expired and we brought this to the attention of the provider who disposed of them immediately.

The practice stored NHS prescriptions but had not recorded them as described in current guidance.

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

Are services safe?

There were some risk assessments in relation to safety issues. The practice did not monitor or review incidents and this did not give staff an opportunity to learn.

Lessons learned and improvements

The practice did not have the opportunity to learn or make improvements when things went wrong, as there were no processes to record, analyse or learn from accidents and events.

The staff were not aware of the Serious Incident Framework which is a tool to record, respond to and discuss all incidents to reduce risk and support future learning in line with the framework.

The practice did not have adequate systems for reviewing and investigating when things went wrong.

There was a system for receiving and acting upon safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice did not have systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

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.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

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 told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice consent policy was out of date and did not contain up to date information or information in relation to the Mental Capacity Act 2005. The team when questioned,

understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to the legal precedent (formerly called the Gillick competence) by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw the practice had not audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice did not undergo a period of induction based on a structured induction programme. We confirmed clinical staff completed some of the continuing professional development required for their registration with the General Dental Council.

The practice had not addressed the training requirements of staff, there was no process to determine when training was required and most of the mandatory training had not been completed for some time.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective 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.

The practice also had systems and processes 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.

The practice monitored NHS referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were professional. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the requirements under the Equality Act

The Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.

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. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice website and information leaflet provided patients with information about the range of treatments available at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. These included step free access via a ramp and parking directly outside of the practice.

A Disability Access audit had not been completed in order to continually improve access for patients.

Patients were reminded of their appointment in a way which suited them, some received a text message, others an email or phone call.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, and included it in their practice information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day.

Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

They took part in an emergency on-call arrangement with 111 out of hour's service.

The practice 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. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaint policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received over the last three years.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

They were knowledgeable about issues and priorities relating to the quality and future of services. They were aware that there were gaps in processes for monitoring risks and were in the process of addressing this. They understood the challenges and were addressing them.

Vision and strategy

The practice had a realistic strategy and supporting business plans to achieve priorities.

The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

The practice focused on the needs of patients.

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

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

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. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider did not have a working system of clinical governance in place which include policies, protocols and procedures that were accessible to all members of staff.

Appropriate and accurate information

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

The practice involved patients, the public to support high-quality sustainable services.

The practice used patient surveys and verbal comments to obtain patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback about the NHS services they have used.

The practice gathered feedback from staff through meetings and informal discussions.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice did not have quality assurance processes to encourage learning and continuous improvement. Audits of dental care records, radiographs and infection prevention and control had not been carried out.

Annual appraisals were not conducted. This did not give staff the opportunity to discuss learning needs, general wellbeing and aims for future professional development.

We saw that staff had completed some of the 'highly recommended' training as per General Dental Council professional standards. We also noted that training for infection control, safeguarding vulnerable adults and children and medical emergencies had lapsed.

The General Dental Council also requires clinical staff to complete continuing professional development.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular: documents required under schedule 3 were not obtained such as DBS checks and references.</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular: no auditing of the service provision was conducted.</p>

This section is primarily information for the provider

Requirement notices