

Welch and Maxey

Bourne Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 23 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The Practice is located in Bourne, a market town in the South Kesteven district of Lincolnshire. The practice provides mostly NHS treatment to patients of all ages. It also provides some private treatments. At the time of our inspection, the practice was not accepting any new NHS patients for registration.

There is level access for people who use wheelchairs and pushchairs. There is no car parking available on site, but there are three local car parks and on street parking near to the practice. This includes parking for blue badge holders.

Summary of findings

The dental team includes 11 dentists, 13 dental nurses, three trainee dental nurses, two dental hygienists, five receptionists, four cleaners and two practice managers who share a dual role. The practice has 11 treatment rooms; four of which are on the ground floor.

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 managers at Bourne Dental Practice are the two partnership members.

The partnership also provides a second dental service of the same name at a location in Coningsby.

On the day of inspection we collected 24 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, three dental nurses, one dental hygienist, three receptionists and both of the practice managers. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday and Wednesday from 9am to 7pm, Tuesday and Thursday 9am to 5.30pm, Friday 9am to 3.30pm and Saturday 9am to 12.30pm.

Our key findings were:

- Effective leadership from the provider and practice managers was evident.
- Staff had been trained to deal with emergencies. Whilst most appropriate medicines and lifesaving equipment was readily available in accordance with current guidelines, we noted some exceptions.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected current published guidance.
- The practice had effective processes in place and staff knew their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had adopted a process for the reporting of untoward incidents and shared learning when they occurred in the practice.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice was aware of the needs of the local population and took most of these into account when delivering the service.
- Patients had access to routine treatment, urgent care when required.
- Staff received training appropriate to their roles and were supported in their continuing professional development (CPD) by the practice.
- The practice dealt with complaints positively and efficiently.
- Staff we spoke with felt supported by the provider and were committed to providing a quality service to their patients.
- Governance arrangements were embedded within the practice.

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

- Review the practice's sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the security of prescription pads in the practice and 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?

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

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

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 and the practice completed 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 arrangements for dealing with medical and other emergencies although we found systems for management required improvement. The practice had some items of emergency medicine and equipment missing which included midazolam and sizes of oropharyngeal airways. Oxygen which was not held in the correct cylinder had expired. We were provided with information following our inspection that confirmed items had been ordered and systems had been strengthened.

No action



Are services effective?

We found that 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. We noted that record keeping could be improved as patients were not always asked to complete and sign records about their medical histories and any changes to their current health status.

The practice was implementing the 'Healthy Gums Do Matter' programme. The programme was designed to support dental teams to effectively manage growing numbers of patients with periodontal concerns in daily practice.

The practice was proactive and a member of staff who was qualified as an oral health educator provided health education sessions in the practice to patients based on referral. They also undertook visits to local nurseries and primary schools to deliver oral health education awareness.

Patients described the treatment they received as excellent, effective and professional.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The practice supported staff to complete training relevant to their roles.

No action



Summary of findings

Are services caring?

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

We received feedback about the practice from 24 people. Patients were positive about all aspects of the service the practice provided. They told us staff were polite, caring and understanding. They said that they were given helpful explanations about dental treatment and said their dentist listened to them. Patients commented that staff made them feel at ease during their visits.

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

No action



Are services responsive to people's needs?

We found that 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 most patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services. The practice did not have a hearing loop. We were contacted after the inspection and informed that enquiries were being made to purchase a suitable system.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. The practice undertook an annual review of complaints received to identify any patterns or trends.

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

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.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. We looked at two untoward incidents recorded during 2017. We noted learning outcomes had been shared with staff and appropriate action was taken to manage any risks. For example, the practice had implemented an additional security measure to address risks concerning staff personal safety.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff and acted on. We noted that a log had not been maintained of any actions taken in response to alerts received. The practice told us they would implement a recording system.

Reliable safety systems and processes (including safeguarding)

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. One of the dentists was the lead for safeguarding concerns and we noted they had undertaken appropriate training for this role. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination. One of the practice managers and partners were the nominated contacts for any whistleblowing concerns to be raised.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data

sheets ensured information was available when needed. The practice had nominated one of the dental nurses as a lead for COSHH. They had adopted a process for the review of COSHH data on a regular basis to ensure their records were up to date.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. We noted that the practice had not implemented the safer sharps system. They had however, taken measures to manage the risks of sharps injuries by using a safeguard when handling needles. The risk assessment completed included a measure that nurses were not to touch used needles. We noted that this was complied with in practice. The practice told us that they were going to trial some safer sharps systems with a view to implementing one of these.

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

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

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Most emergency equipment and medicines were available as described in recognised guidance, although we noted exceptions. The practice did not hold midazolam, sizes of oropharyngeal airways and we noted that oxygen, which was not stored in the correct size cylinder, had expired in 2015. We found that glucagon was stored outside of refrigeration, but had not had the expiry date shortened to reflect this.

The practice had not maintained a completed log of checks of emergency medicines and equipment. We were informed that one of the dentists had responsibility for these checks. Staff told us that whilst they had made checks these had been conducted on a two to three monthly basis. Following our discussions with the provider, they told us that systems would be immediately strengthened. We noted that an order for midazolam was placed on the day of our inspection. After our inspection, we were sent evidence of orders placed for the correctly

Are services safe?

sized oxygen cylinder and sizes of airways. We were also informed that the glucagon expiry date had been amended. We were provided with a log for the checks which showed they had started to be recorded.

Staff recruitment

The practice had a staff recruitment procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment files. These showed the practice followed their recruitment procedure.

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and most risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics.

We reviewed staff immunisation records in relation to Hepatitis B immunity. We noted that one of the nurses had low levels of immunity recorded. We discussed this with the provider who informed us they would make further enquiries in relation to the issue. We noted that a risk assessment had not been implemented. Following our inspection, the practice told us that a risk assessment was completed and an updated record had since been obtained. This showed the staff member had satisfactory levels of immunity.

The practice had undertaken a fire risk assessment, the latest one was completed in 2009. We discussed fire arrangements and whilst appropriate measures appeared to be in place, the practice manager told us that they would update the risk assessment to ensure all risks had been identified. After our inspection, we were provided with an updated fire risk assessment and informed that two members of staff had been appointed as fire marshals.

We identified that the practice had not implemented a lone worker risk assessment and staff were at times working alone. The practice contacted us after the inspection and sent a copy of the assessment which had just been completed. This identified points for action which were being addressed by practice management.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year. We looked at detailed training records for trainee nurses which demonstrated a robust approach adopted by the practice.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out an infection prevention and control audit twice a year. The latest audits in May and November 2017 showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. We noted that a water temperature log was not being kept.

The practice employed four cleaners. We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed in our comment cards that this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

Are services safe?

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice had most arrangements for the management and security of NHS prescriptions as described in current guidance. We did however note that prescription pads in use were not always locked away in surgery rooms. We highlighted this to practice management and were told that action would be taken to secure this controlled stationery.

Radiography (X-rays)

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 saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept dental care records containing information about the patients' current dental needs and past treatment. We noted that patients were not always asked to complete and sign records about their medical histories and any changes to their current health status. We discussed the issue with one of the dentists who informed us that they verbally asked patients about any changes and recorded this information on to their records. The absence of formalised record keeping presented a risk that relevant health information might be inadvertently missed. The dentist we spoke with told us they would strengthen the existing systems and would ask patients to complete documented records.

The dentists assessed patients' treatment needs in line with recognised guidance. Dental care records we looked at showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the soft tissues lining the mouth and condition of the gums using the basic periodontal examination scores.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. To facilitate this aim, the practice appointed two dental hygienists to work alongside of the dentists in delivering preventative dental care.

One of the partners informed us that the practice was implementing the 'Healthy Gums Do Matter' programme. The programme was designed to support dental teams to effectively manage growing numbers of patients with periodontal concerns in daily practice. The dentist told us that patients' attendances at the practice were likely to increase as a result.

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 all children based on an assessment of the risk of tooth decay for each child.

The nurse clinical lead was qualified as an oral health educator and provided a fortnightly oral health education session at the practice to patients, based on referral through the dentists.

The nurse clinical lead told us they had also visited primary schools and nurseries in the local area to deliver oral health awareness education. They told us they visited on request and were due to attend a Beavers cubs' group to deliver awareness to the children.

The dentists told us 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 information to help patients with their oral health. We saw a variety of information posted in the patient waiting area. This included information about poor dental health and its impact and advice for children on effective cleaning of teeth.

Staffing

We checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

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

Are services effective?

(for example, treatment is effective)

referral monitoring, not all of the dentists utilised the tracking process in place. We discussed this with one of the partners who told us that they would ensure that all the dentists monitored referrals.

Consent to care and treatment

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 had implemented a policy about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions.

The practice's consent policy referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were polite, caring, helpful and understanding. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

The practice provided us with examples whereby they considered staff had gone above and beyond their duties. Examples included assisting a member of the public in the street when they had a medical emergency and helping a patient obtain their prescription.

Patients could choose whether they saw a male or female dentist when they registered with the practice.

Staff were aware of the importance of privacy and confidentiality. We were informed that conversations regarding issues such as patient exemptions were discussed with the patient whilst they were in the surgery room. The layout of reception and the four separate 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 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.

There was a selection of magazines and children's activities in the waiting rooms. Information folders and patient survey results were available for patients to review.

Involvement in decisions about care and treatment

The practice provided NHS dental treatments to patients of all ages and offered some private treatments. The costs for dental treatment were available to review in the practice and were also shown on the practice's website.

The practice gave patients clear information to help them make informed choices. Patients confirmed in our comment cards that staff listened to them, did not rush them and discussed options for treatment with them.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry, treatments for gum disease, cosmetic procedures and more complex treatment such as orthodontics and dental implants.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

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 in our comment cards that 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.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were informed that patients with mobility problems were seen in a surgery room on the ground floor. Staff told us they would provide any help as required if they identified a patient requiring support. Staff told us that nervous patients could be allocated a longer appointment if the dentist identified they would benefit from this.

Staff told us that they sent an email to patients to remind them of their appointment ten days in advance. We were told that if a patient had particular special needs, the dentist might inform them directly in advance. The practice information leaflet advised people to inform staff on registration if they had any special needs and appropriate measures would be deployed.

Promoting equality

The practice had made reasonable adjustments for patients with disabilities. These included step free access, handrails in corridors and an accessible toilet with a call bell. At the time of our inspection, the practice did not have a hearing loop to assist patients with hearing aids. We were contacted after the inspection and informed that magnifying glasses had been obtained and placed at the reception desk and the practice were making enquiries to obtain a suitable hearing loop.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website www.bournedentalpractice.co.uk.

We confirmed the practice kept waiting times and cancellations to a minimum where possible.

The practice was committed to seeing patients experiencing pain on the same day and kept five appointments free for each of the dentists on a daily basis. Patients could also be asked to attend the practice and sit and wait to be seen. The dentists shared duties for emergency call outs to see private patients outside of usual working hours. NHS patients were advised to call NHS 111. The practice also offered to treat non registered patients on a casual basis if they had a dental emergency.

The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed.

Patients confirmed they could make routine and emergency appointments easily.

Concerns & complaints

The practice had a policy providing guidance to staff on how to handle a complaint. Information posted in the practice explained how to make a complaint. One of the practice managers was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these, if this was appropriate. 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 within the past twelve months. Complaints we reviewed showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. For example, in one complaint, the practice noted that improved communication with a patient and more detailed note keeping might have prevented the complaint from being made. The practice reviewed complaints on an annual basis to identify any patterns or trends.

Are services well-led?

Our findings

Governance arrangements

The registered managers had overall responsibility for the management and clinical leadership of the practice. The practice managers were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had 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.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

The practice had a mission statement which identified that their aim was to provide NHS and private dental care in a practice that staff were proud of; and their patients were proud to attend.

Staff told us there was an open, no blame culture at the practice. They said the practice managers encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice managers were approachable, would listen to their concerns and act appropriately. The practice managers discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice management had recently implemented additional staff meetings for non-dental staff to attend. These were introduced to enable staff to feel more confident and at ease in discussing any issues and provide feedback. Separate management meetings were also held on a weekly basis.

The practice held meetings every six to eight weeks where all staff could raise concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, consent, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The partnership showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. We noted staff development opportunities. For example, five of the dental nurses had undertaken an implant course and another nurse had applied to undertake a dental hygienist course. These were supported by the practice.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

The provider was in the process of signing up to a CPD online provider. We were told this would enable staff to manage their personal development plans and store their certificates online, and enable effective management monitoring.

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

The practice used patient surveys and comment cards to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice were taking action on. For example, patients had requested improved signage around the practice building and this was being addressed by management. Staff were invited to provide any informal feedback at practice meetings.

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