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Brighton Villa Dental Care

Inspection Report

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Overall summary

We carried out a comprehensive inspection of Brighton Villa Dental Care on 16 January 2015.

The practice provides NHS dental treatment and private dental treatment. It is part of a national dental payment plan scheme. The practice is situated in a converted former residential property in Hereford city centre. The practice has three dental treatment rooms and a decontamination room for the cleaning, sterilising and packing of dental instruments. The reception area and waiting room are on the ground floor.

Brighton Villa has five dentists (two of whom are the partners who own the practice), a dental hygienist and six dental nurses (one of whom was a trainee). The practice manager and clinical team are supported by an office manager and a receptionist.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to use to tell us about their experience of the practice. We collected six completed cards. These provided a positive view of the service the practice provides. Patients told us the practice was welcoming and described the staff team as caring, charming and always willing to listen. There were positive comments about the cleanliness of the practice. Some patients specifically commented on being involved in decisions about treatment and the professionalism of the team.

Our key findings were:

- Staff reported incidents and kept records of these which the practice used for shared learning.
- The practice was visibly clean and well maintained.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- The practice had effective safeguarding processes and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- The practice took into account any comments, concerns or complaints and used these to help them improve the practice.
- Patients were pleased with the care and treatment they received and complimentary about the dentists and all other members of the practice team.

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?

The practice team were aware of their roles in ensuring patient safety and of the importance of identifying, investigating and learning from patient safety incidents. The practice had suitable arrangements for infection prevention and control, clinical waste management, dealing with medical emergencies at the practice and dental radiography (X-rays). We found that the equipment used in the dental practice was generally well maintained. There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and adults.

Are services effective?

The dental care provided was evidence based and focussed on the needs of the patients. We saw examples of positive team work within the practice and evidence of good communication with other dental professionals. The staff received professional training and development appropriate to their roles and learning needs. Staff who were registered with the General Dental Council (GDC) were supported in their continuing professional development (CPD) and were meeting the requirements of their professional registration.

Are services caring?

We collected six completed Care Quality Commission (CQC) patient comment cards. These provided a positive view of the service the practice provided. Patients told us that the practice was welcoming and described the staff team as caring, charming and always willing to listen. Some patients specifically commented on being involved in decisions about treatment and the professionalism of the team.

Are services responsive to people's needs?

The practice provided patients with clear information about the costs of their treatment. Patients could access treatment and urgent care when required. The practice had one ground floor treatment room and level access into the building for patients with mobility difficulties and families with prams and pushchairs. Hereford has a significant eastern European population and the team had access to telephone translation services if they needed them. Two of the dentists were bi-lingual (English and Polish) so were able to converse with patients in Polish if this helped them understand their care and treatment. The practice had started to provide written information about the practice in Polish.

Are services well-led?

The practice manager and partners worked closely together to co-ordinate the day to day running of the practice. The practice had strategies for supporting learning and improvement including staff led learning sessions as an integral part of team meetings. Staff were aware of the way forward and vision for the practice.

Brighton Villa Dental Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by the CQC.

The inspection was carried out on 16 January 2015 by a CQC inspector.

Before the inspection we reviewed information that we held about the provider and information that we asked them to send us in advance of the inspection. This included their statement of purpose and a record of complaints and how they dealt with them.

During the inspection we spoke with four dentists, a dental nurse, two receptionists and the registered manager. We looked around the premises and some of the treatment rooms. We reviewed a range of policies and procedures and other documents including dental care records.

We viewed the comments made by six patients on comment cards provided by CQC before the inspection

We informed the local NHS England area team that we were inspecting the practice and did not receive any information of concern from them.

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

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

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Learning and improvement from incidents

The practice had an adverse incident reporting policy and standard reporting forms for staff to complete when something went wrong. These were available on the practice computer system for any member of staff if they needed to complete one.

We looked at examples of incidents and accidents that staff had recorded. These showed that staff had acted on things that had happened. Learning from incidents was covered in the practice policy and we saw that incidents and accidents were discussed at staff meetings which took place approximately every two months.

The practice manager received national and local safety alerts by email. We saw evidence that they checked these and recorded whether any were relevant to the practice so that staff could be informed and immediate action could be taken. The alerts were well organised in folders on the practice computer system so they were readily available and easy to refer to. The practice manager also emailed essential information, including about safety alerts, to all staff as a backup.

Reliable safety systems and processes (including safeguarding)

The practice manager was the safeguarding lead and staff knew who they should go to if they had a concern. The practice had comprehensive information available regarding safeguarding policies, procedures for reporting safeguarding concerns and contact information for the local multi-agency safeguarding hub (MASH).

All of the team had completed safeguarding training for adults and children during the previous year.

The practice had not had any situations which they had needed to refer for consideration by either the children's or adults' safeguarding teams. The practice manager demonstrated a good understanding of safeguarding issues in general and the relevance of safeguarding in dental practice in particular.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. The practice showed us they had rubber dam kits available for use when carrying out endodontic (root canal) treatment and staff confirmed they used this. We saw dentists had recorded the use of rubber dam in patients' dental care records. One dentist told us some patients (for example those with claustrophobia) may be unable to tolerate them using a rubber dam. They confirmed they would take other safety precautions in these circumstances.

The practice had clear processes to make sure they did not make avoidable mistakes such as extracting the wrong tooth. The dentists told us they always checked very carefully and worked closely with the dental nurse to ensure this did not happen. They told us that when extracting a tooth based on a recommendation of another dentist (such as when carrying out orthodontic extractions) they never proceeded without written confirmation from the other dentist. One dentist told us they had been known to contact the other dentist to discuss treatment as a further safeguard.

Infection control

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. This assured us that the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices. One of the dental nurses was the lead for infection prevention and control (IPC).

We saw that dental treatment rooms, the decontamination room and the general environment were clean, tidy and clutter free. Patients who commented on this on a comment card said the practice had high standards regarding this. The practice employed a cleaner for general cleaning at the practice. Cleaning equipment was safely stored in line with guidance about colour coding for use in different areas of the building. The cleaner kept written records of the cleaning they had done.

During the inspection we observed that the dental nurses cleaned the surfaces, dental chair and equipment in treatment rooms between each patient. We saw that the practice had a supply of personal protective equipment

Are services safe?

(PPE) for staff and patients including face and eye protection, gloves and aprons. There was also a good supply of wipes, liquid soap, paper towels and hand gel available. The decontamination room and treatment rooms all had designated hand wash basins separate from those uses for cleaning instruments.

A dental nurse showed us how the practice cleaned and sterilised dental instruments between each use. The practice had a clear system which separated dirty instruments from clean ones in the decontamination room, in the treatment rooms and while being transported around the practice. The practice had a separate decontamination room where the dental nurses cleaned, checked and sterilised instruments. All of the nurses at the practice were trained so that they understood this process and their role in making sure it was followed correctly. The dental nurses took it in turns to work in the decontamination room each day and the other dental nurses delivered and collected instruments in colour coded boxes with lids. Different boxes were used for the dirty and clean instruments.

The dental nurse described the practice's decontamination processes. This included rinsing instruments if being cleaned by hand, checking them for debris and using the washer/disinfector and autoclaves (equipment used to sterilise dental instruments) to clean and then sterilise them. The dental nurse explained that they did as little manual scrubbing of instruments as possible. We saw that they had heavy duty gloves for when this was done to reduce the risk of the dental nurses injuring themselves on the sharp instruments. The dental nurse told us these gloves were changed every Friday or more often if damaged.

Clean instruments were stored in the clean area of the decontamination room and used within one week. The practice had a colour coding system to ensure these unpackaged instruments were sterilised again if not used during that time. Instruments that were not used so frequently were packaged and date stamped according to current HTM01-05 guidelines. Any packs not used by the date shown were processed through the decontamination cycle again.

The dental nurse showed us the paperwork they used to record and monitor that the decontamination system and equipment was working effectively. These were fully completed and up to date and stored in an organised way so the records for a specific day could be found if needed. We saw maintenance information showing that the practice maintained the decontamination equipment to the standards set out in current guidelines.

A specialist contractor had carried out a legionella risk assessment for the practice and we saw documentary evidence of this. Legionella is a bacterium which can contaminate water systems. The practice had made improvements to the hot and cold water storage systems as a result of this. We saw that staff carried out regular checks of water temperatures in the building as a precaution against the development of Legionella. The practice used a continuous dosing method to prevent a build-up of legionella biofilm in the dental waterlines. The dental nurses flushed the water lines regularly in accordance with the manufacturer's instructions and current guidelines.

The practice carried out audits of infection control every six months using the format provided by the Infection Prevention Society.

The practice had a sharps policy and risk assessment. Staff told us that the practice rarely had sharps injuries and the accident records confirmed this. The practice manager said that this had improved when the practice changed from manual scrubbing of used instruments to a washer disinfector because the dental nurses were handling instruments less. It was the practice's policy for all staff who sustained a sharps injury to go to the local occupational health department to be tested as a precaution against blood borne viruses. The practice identified which patient an instrument had been used for and contacted them to ask them to consider having a blood test. The practice had a printed leaflet to explain this to them.

The practice had a record of staff immunisation status in respect of Hepatitis B a serious illness that is transmitted by bodily fluids including blood.

Currently the dentists all used traditional dental syringes. Only dentists dealt with these once they had been used. This was to reduce any risk of the dental nurses receiving a sharps injury from used needles. The practice were discussing changing to a safer sharps system for dental needles and syringes in order to fully comply with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

Are services safe?

The practice stored their clinical and dental waste in line with current guidelines from the Department of Health. Their management of sharps waste was in accordance with the EU Directive on the use of safer sharps. Sharps containers were well maintained and correctly labelled.

The practice used appropriate contractors to remove dental waste from the practice and we saw the necessary waste transfer notices.

Equipment and medicines

We looked at the practice's maintenance information. This showed that they ensured each item of equipment was maintained in accordance with the manufacturer's instructions. This included the equipment used to sterilise instruments, X-ray equipment and equipment for dealing with medical emergencies. All electrical equipment had been PAT tested by an appropriate person. PAT is the abbreviation for 'portable appliance testing'.

Prescription pads and antibiotics held by the practice were securely stored. The practice had written records of prescription pads to ensure that the use of these was monitored and controlled.

The practice had a prescribing policy which was based on guidance from the British Dental Association. The dentists recorded the batch numbers and expiry dates for local anaesthetics and these were recorded in the clinical notes. Temperature sensitive medicines were stored in a fridge and the staff kept a record of the fridge temperatures.

Monitoring health & safety and responding to risks

The practice had a comprehensive business continuity plan which described situations which might interfere with the day to day running of the practice and treatment of patients. This included extreme situations such as loss of the premises due to fire. The document contained essential information including contact details for utility companies and practice staff. The practice manager and partners had copies of the plan at home so that essential information was always available. The practice had a 'buddy' system with two other practices so that patients' urgent treatment needs could be dealt with if the practice was unable to open.

We saw that the practice had a fire risk assessment which they had reviewed in January 2015. They had identified actions to improve safety as a result of the review. These were the provision of a torch for the second floor of the building, face to face training in addition to that completed online and the provision of additional signs to identify that oxygen was stored in the building. The fire safety records showed that the practice tested the fire alarm every week. We also saw evidence of fire drills in May 2014 and January 2015. The practice manager explained that the staff also discussed fire safety at practice meetings at least every three to six months. All of the staff had taken part in on line fire safety training and a specialist fire safety company had been booked to provide training at the practice in April 2015. The practice manager told us they planned to review the risk assessment again in consultation with the fire safety company when they came to provide training and again later in 2015 after some building alterations had been made.

The dental care record system included alerts about information that the team needed to be aware of such as whether patients had certain illnesses such as epilepsy, allergies or were taking medicines used to thin the blood.

We noted that the practice manager had integrated a national NHS safety alert about Ebola precautions into the practice's main business continuity plan. The staff had also discussed Ebola and the implications of this for dental practices during a team meeting in November 2014.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. They had an automated external defibrillator (AED - a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). The staff records showed that the staff received annual training in how to use this.

The practice had the emergency medicines as advised in the British National Formulary guidance. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines.

The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff. The practice monitored the expiry dates of medicines and equipment so they could replace out of date items promptly. We noted that the disposable airways in the emergency equipment kit were out of date and needed to be replaced. The practice has notified us that they have done so.

Are services safe?

Staff recruitment

The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice policy was to obtain DBS checks for all staff employed there and we saw evidence that they had done this. However, the written policy did not contain clear information about this or other checks the practice would carry out when appointing new staff. The practice manager said they would review the policy to make sure it fully reflected the practice's current practice and the requirements of Regulation 21 and Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010.

Only one member of staff had started work at the practice during the previous year. We saw that the practice had satisfied itself that the person was suitable for the role they were employed for including obtaining a DBS check. They had obtained verbal confirmation of their conduct in previous employment which had not involved working with children or vulnerable adults.

Radiography (X-rays)

The practice was working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). They had a named Radiation Protection Adviser and Supervisor and a well maintained radiation protection file. This contained the required information including the local rules and inventory of equipment, critical examination packs for each X-ray machine and the expected three yearly maintenance logs.

We saw evidence that the dentists recorded the reasons for any X-rays they took and checked these to monitor the quality and accuracy of the images. We saw evidence that the practice monitored the quality of X-rays by carrying out audits. At the most recent audit the practice had looked at the records of 20 patients for each dentist. The audit identified that the dentists were more consistent at grading some X-ray types than others. The practice had acted on these issues by introducing more structured templates for the dentists to complete when grading X-rays.

The dentists and dental nurses involved in taking X-rays had completed the required training. One dentist's most recent training certificate was not available but the practice manager confirmed that their training was up to date.

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

The dentists described the methods they used to make sure patients had the information they needed to be able to make an informed decision about treatment. They told us that they often used models, pictures, videos, photographs and X-rays to illustrate information for patients. They spoke about the importance of patients having clear information and time to consider what they wished to do.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Three dentists at the practice had completed training about the MCA and consent during 2014 and 2015. Members of the team told us that at present they had few patients where they would need to consider the MCA when providing treatment but were aware of the relevance of the legislation in dentistry.

Monitoring and improving outcomes for people

The dentists confirmed that the lengths and frequency of patients' appointments were based on their assessed treatment needs so that there was time to provide treatment without rushing.

We found that the practice planned and delivered patients' treatment with attention to their individual dental needs and views about the outcomes they wanted to achieve. The dental care records we saw were clear and contained information about patients' dental treatment.

The records contained details of the condition of patients' gums using the basic periodontal examination (BPE) scores. The BPE is a simple and rapid screening tool that is used to indicate the level of treatment needed and offer tailored advice to help patients improve their dental health. We saw that the dentists also checked and recorded the soft tissues lining the mouth and external checks of patients face and neck which can help to detect early signs of cancer. The practice had completed an audit of patient care records during 2014 which showed that some dentists did not always record the soft tissue checks. As a result of this the practice had introduced a more comprehensive recording template to help make sure they remembered to do this.

Working with other services

The practice had a structured policy with guidance regarding working with and making referrals to other services such as NHS community dental services and practices specialising in specific aspects of dentistry. We saw evidence that the practice liaised with other dental professionals and made appropriate referrals to other services when this was needed. One dentist told us about a patient who needed treatment but often worked away. The dentist had arranged for them to receive treatment in the city where they were working.

The practice took part in a scheme with other local dentists to provide reciprocal arrangements for emergency dental treatment outside surgery hours. This service was available to patients using the payment plan or paying for treatment direct to the practice.

Health promotion & prevention

The practice was aware of the Public Health England 'Delivering Better Oral Health' guidelines and were proactive in providing preventative dental care as well as carrying out restorative treatments. The practice manager had a Certificate in Oral Health Education and ran clinics in school holidays as well as individual appointments for patients whose dentist had identified their need for support in caring for their oral health.

The water supply in Hereford does not contain fluoride and the practice offered fluoride varnish applications as a preventive measure for adults and for children.

Staffing

The practice manager had been at the practice for almost 10 years. They were a registered dental nurse and had also completed a Diploma in dental practice management.

We saw evidence that members of the clinical team had completed appropriate training to maintain the continued professional development required for their registration with the General Dental Council. This included medical emergencies in dental practices, infection control, child and adult safeguarding, dental radiography (X-rays), and varied dental topics.

The staff records contained details of confirmation of current General Dental Council (GDC) registration, current professional indemnity cover and immunisation status. The

Are services effective?

(for example, treatment is effective)

practice paid the dental nurses' fees for registration with the General Dental Council and the practice manager monitored that all the dentists and dental nurses remained registered.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The patients who completed Care Quality Commission (CQC) comment cards were complimentary about the care and treatment they received at the practice. Patients told us that the practice was welcoming and described the staff team as caring, charming and always willing to listen. Two of the dentists had completed a course on dental hypnotherapy to enable them to use hypnosis to help patients with anxieties about receiving dental treatment.

During the inspection we observed members of the team dealing with patients on the telephone and at the reception desk. We heard that staff were polite and helpful. On one occasion a person who was in pain telephoned and we noted that the receptionist did not hesitate to tell them to come in to be seen on that day.

Involvement in decisions about care and treatment

Some patients who completed Care Quality Commission comment cards specifically commented on being involved in decisions about treatment and the professionalism of the team.

When we looked at dental care records we saw that the dentists recorded information about the explanations they had provided to patients about the care and treatment they needed. The practice used visual aids such as models, photographs and videos to help them explain patients' treatment to them. One of the dentists we spoke with described how important it was to give patients time to consider which treatment options they wanted to follow. Responses in some of the comment cards described how much patients appreciated the care taken to explain treatment to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice provided mainly NHS dental treatment and private dental treatment which patients could choose to pay for though a national dental payment plan scheme. The website provided information about the types of treatments that the practice offered but did not provide clear information about the availability of NHS treatment at the practice.

Herefordshire does not have fluoride in its drinking water and the practice manager (a registered dental nurse) was trained to apply fluoride varnish to the teeth of children and adults for whom this was assessed as beneficial. They had also completed extended training so that they could provide oral health education for patients.

Two of the dentists had completed a hypnotherapy course to enable them to use hypnosis to help patients with anxieties about receiving dental treatment.

Tackling inequity and promoting equality

Hereford has a significant eastern European community and the team had access to telephone translation services if they needed this. Two of the dentists were bi-lingual (English and Polish) so were able to converse with patients in Polish if this helped them understand their care and treatment. The practice had produced a practice welcome letter in Polish and were looking into having a wider range of information translated.

There was level access into the building and one treatment room was on the ground floor for patients unable to go upstairs. There was also an accessible toilet. The practice manager explained to us that they were aware that a number of their patients were ageing and that they would increasingly need to take frailty and limited mobility into account in providing the service. This was something they were taking into account in planning for the future of the practice. The practice did not have a portable hearing loop to benefit patients who used hearing aids.

The practice was planning some alterations during 2015. This was to create a private office for the practice manager, and modernise the reception area. The changes were also going to affect the waiting room which staff told us they wanted to become more 'patient friendly'.

Access to the service

The practice was open from 9 am till 6pm on Tuesday and Thursday and from 9am till 5pm on Monday, Wednesday and Friday. The practice aimed to provide same day emergency treatment during opening hours and took part in a local scheme amongst a group of local dental practices to provide emergency dental treatment outside surgery hours. Information about this was provided on the practice website and on the out of hours answer phone message. The practice provided NHS patients with details of how to access NHS emergency out of hours dental care.

Concerns & complaints

The practice had a complaints process which was available on the practice website as well as in print at the practice. This contained information about relevant external bodies that patients could contact about their concerns if they were not satisfied with how the practice dealt with them. We looked at information available about comments, compliments and complaints. The information showed that the practice had received one complaint in the last year. The practice had sent this person a written response which offered a variety of solutions regarding their concerns and offered advice in respect of the patient's on-going dental care needs.

Are services well-led?

Our findings

Leadership, openness and transparency

The practice had an experienced, suitably qualified and empowered practice manager who worked closely with the partners. The team appeared to work effectively together and there was a supportive and relaxed atmosphere.

Governance arrangements

We saw and discussed information about audits of patients' records that the practice had completed during 2013 and 2014. The practice had reviewed the records of 20 patients for each of the dentists. The audits had looked at X-rays, medical history, obtaining consent, recording soft tissue checks and treatment plans. Areas for improvement had been identified and action taken. For example, the practice had introduced a more detailed template to make sure the dentists graded all X-rays they took. The audit also found that the dentists had not always made a record to show that they had checked the soft tissues in patients' mouths. This is an important check with can identify early signs of oral cancer. This had also been dealt with by introducing a more comprehensive recording template.

The practice had a range of policies and procedures to support the management of the service. We saw that relevant risk assessments were available. These covered general environmental risk factors and specific risks related to the provision of dental services.

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

Staff told us that the practice manager and dentists were approachable and that they could discuss anything they needed to. There was a comments box at the practice and we saw some of the comments patients had made. The majority were positive and thanked the team for the care and treatment received. One patient had commented that the seating in the waiting room was not easy for people with limited mobility. The practice manager had responded to them to say that the practice was looking into changing the seating to solve this problem.

Management lead through learning and improvement

The practice recognised the value of developing the staff team through learning and development. We found that the clinical dental team all undertook the necessary learning to maintain their continued professional development which is a requirement of their registration with the General Dental Council (GDC).

The practice held staff meetings approximately every two months. We saw that all staff were encouraged to take an active part in the content of these meetings. This included individual staff presenting agenda items to the rest of the team. For example, a meeting in November 2014 had covered nine topics each presented and led by a different member of the team. We learned that staff researched and prepared materials which they then delivered at the meetings. The nine topics at the November meeting had included General Dental Council standards, obtaining valid consent, communicating effectively with patients and effective complaints processes.