

Mr. David George Boff

Bilton Dental Practice

Inspection Report

181 Main Road
Bilton
Hull
HU11 4AA
Tel: 01482 815640

Date of inspection visit: 31 May 2017
Date of publication: 29/06/2017

Overall summary

We carried out this announced inspection on 31 May 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information.

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 not providing well-led care in accordance with the relevant regulations.

Background

Bilton Dental Practice is located in Hull and provides NHS and private treatment to adults and children.

Car parking spaces are available near the practice. Due to both surgeries being located on the first floor wheelchair users are directed to a local practice with step free access to ground floor facilities.

The dental team includes two dentists, four dental nurses, a dual site practice manager and a receptionist. The practice has two treatment rooms.

Summary of findings

The practice is owned by an individual. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 17 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses, a 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 – Friday 9am – 5pm.

Our key findings were:

- The practice was cluttered and required some building work.
- The practice had infection control procedures which reflected published guidance. We found the flow could be improved upon in the surgeries to clarify clean and dirty zoned areas.
- Staff knew how to deal with emergencies. Some emergency equipment required replacement.
- The practice had systems to help them manage risk.
- The practice had safeguarding processes and staff knew their responsibilities for safeguarding adults and children. We found this was not always acted upon.
- The practice had thorough staff recruitment procedures.
- Improvements could be made to bring care and treatment of patients in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice did not have effective leadership.
- The practice dealt with complaints positively and efficiently.

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

- Ensure the process for checking medical emergency equipment to manage medical emergencies takes into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Ensure the staff are aware of their responsibilities under the practice's safeguarding policies with regard to sharing information of concern.

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

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

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health taking into account guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'
- Review the practice's current audit protocols to ensure audits of key aspects of service delivery are undertaken at regular intervals and where applicable learning points are documented and shared with all relevant staff.
- Review the practice responsibilities to respond to the needs of patients with disability and the requirements of the Equality Act 2010.
- Review dental care records to ensure they are complete and accurate including treatment provided, decisions made, risks and benefits.

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 which could be improved to provide safe care and treatment. There was no evidence to support that information was shared to learn from incidents.

Staff received training in safeguarding and knew how to recognise the signs of abuse. We found could be improved around the sharing of information with regards to dental neglect.

Staff were qualified for their roles and the practice completed essential recruitment checks.

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

The practice did not have suitable arrangements for dealing with medical and other emergencies. Some equipment required replacement and this had not been reported.

The dentists did not use rubber dam when providing root canal treatment to patients.

No action



Are services effective?

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

We found improvements could be made to how the dentists assessed patients' needs and provided care and treatment in line with recognised guidance.

Patients described the treatment they received as first rate and staff were professional and caring. 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 supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



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 17 people. Patients were positive about all aspects of the service the practice provided. They told us staff were

No action



Summary of findings

caring, welcoming and friendly. They said that they were given advice about dental treatments 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 that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

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 patients' different needs. The practice had access to telephone and face to face interpreter services and had arrangements to help patients with sight or hearing loss. The practice should review the requirements of the Equality Act 2010.

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 that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

We found improvements could be made to the checks for the medical emergency drugs and equipment, safeguarding reporting procedures, the use of rubber dam and the recording of information in patients dental care records.

We found there was no clearly defined management structure in place and staff did not feel supported to enhance their skills.

The practice had arrangements to ensure the smooth running of the service. Improvement to the systems in place for the practice team to discuss the quality and safety of the care and treatment provided could be improved.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. Improvements to action plans and learning outcomes were required.

This staff asked for and listening to the views of patients and staff.

Requirements notice 

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate and respond to accidents, incidents and significant events. The practice recorded, responded to all incidents to reduce risk. We found information was not shared within the practice to ensure learning was in place. Staff knew about these and understood their role in the process.

The practice recorded, responded to all incidents to reduce risk. We found this information could be shared to support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse or neglect. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. On discussion with a dentist we were told of a patient who they felt were neglected. Nothing had been done to share this information with the safeguarding lead or any other local agencies.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists did not use rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment and no other safety precautions were in place.

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.

Not all emergency equipment was available as described in recognised guidance. On the day of the inspection we found the battery for the defibrillator was low, the medical oxygen was under $\frac{3}{4}$ full and did not have the recommended amounts to respond to a medical emergency, there was no portable suction, one of the adrenaline pens was out of date and an adult air way was missing. The mask for the self-inflating bag was perished and no child size face mask was available. We brought this to the attention of the practice manager who contacted the registered provider to order these items immediately. We were sent confirmation the day after the inspection. Staff kept records of checks of emergency equipment and medicines to make sure these were available, within their expiry date, and in working order but none of the issues we found had been identified or shared with the practice manager.

Staff recruitment

The practice had a staff recruitment policy and 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 risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. 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.

Are services safe?

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.

The practice had suitable arrangements for 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 infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

Improvements could be made to the decontamination flow in the surgery and to highlight clean and dirty zones as these were not easily identifiable.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Records of this were held remotely by an individual who carried out all the checks for the dental practice.

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

Equipment and medicines

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

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

The practice stored and kept records of NHS prescriptions as described in current guidance.

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 as a continuous process.

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 process for completing dental care records could be improved. We found there was limited evidence available to show justification for treatment and information about patients gum health and preventative advice was not always recorded. We were told patients with gum disease would be monitored through mobility of teeth and not through recommended methods of treatment, recording and monitoring of the severity of gum disease as suggested by the British Society of Periodontology.

The dentists told us they assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. Improvements could be made to this process to highlight the areas of concern we found within the records we reviewed with staff.

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. This was not always recorded in the dental care records.

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 and we found this was not always recorded in the dental care records.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments but we did not see examples in the records viewed. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

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

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. We did not see examples within the patient dental care records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the staff 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 were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were professional and polite. We saw that staff treated patients with respect, courtesy and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas limited 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.

Involvement in decisions about care and treatment

We were told the practice gave patients clear information to help them make informed choices, this was not always reflected in the dental care records. 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.

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

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 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. One patient had commented they struggled with the stairs but staff had helped them to ensure they could take their time and did so safely.

Staff told us that they telephoned all patients the day before their appointment to make sure they could get to the practice. We were told this was to try and reduce the high failure to attend rate they had within the practice.

Promoting equality

The practice could not accommodate wheelchair users due to both surgeries being located on the first floor.

Reasonable adjustments including hand rails either side of the stair case had been provided. There was no disability access audit in place to review if the practice could improve on their services and implement any other adjustments. This was brought to the attention of the practice manager.

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

Access to the service

The practice displayed its opening hours in the premises and on their information leaflet.

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

The practice was committed to seeing patients experiencing pain on the same day and kept some appointments free for same day appointments. Emergency out of hour's treatment was provided by the 111 service. The 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.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager 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. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments and compliments the practice received within the past 12 months.

We were shown historical evidence of complaints to show the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

We noted there had been no complaints received within the past 12 months.

Are services well-led?

Our findings

Governance arrangements

We found improvements could be made to the checks for the medical emergency drugs and equipment, safeguarding reporting procedures, the use of rubber dam and the recording of information in patients dental care records.

The practice manager was responsible for the day to day running of the service and was available on the telephone if they were not on site. 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.

Staff told us there was an open, no blame culture at the practice. They said the practice manager 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 manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held irregular meetings the last being in May 2017 and previously in November 2016. We were told staff could raise any concerns and discuss clinical and

non-clinical updates through daily informal discussions and more urgent information could be shared if the need arose. We found no evidence to support the practice held informal meetings

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. We found areas of improvement identified to the results of these audits, the resulting action plans and learning outcomes. This had not been reviewed or shared within the practice.

The practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses and receptionists had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We were told these were not always responded to and staff had felt their development needs had not been reviewed. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed highly recommended 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.

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

The practice used patient surveys, comment cards and verbal comments to obtain staff and 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 on NHS services they have used.

This section is primarily information for the provider

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 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance.</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at Bilton Dental practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>The registered provider had not ensured checks of all medical emergency medicines and equipment are established to manage medical emergencies, giving due regard to guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.</p> <p>The registered provider had not ensured all staff were aware of the process in sharing safeguarding concerns for children and vulnerable adults.</p> <p>Regulation 17 (1)</p>