

Mr. David George Boff

Bilton Dental Practice

Inspection Report

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Overall summary

We carried out a follow-up inspection at Bilton Dental Practice on the 13 July 2017.

We had undertaken an announced comprehensive inspection of this service on the 31 May 2017 as part of our regulatory functions where a breach of legal requirements was found.

After the comprehensive inspection, the practice manager wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only covers our findings in relation to that requirement.

We reviewed the practice against one of the five questions we ask about services: is the service safe and well led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bilton Dental Practice on our website at www.cqc.org.uk.

We revisited Bilton Dental Practice as part of this review and checked whether they had followed their action plan and to confirm that they now met the legal requirements. We carried out this unannounced inspection on 13 July 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.

- Is it well-led?

This question forms the framework for the areas we look at during the inspection.

Our findings were:

Are services well-led?

We found that this practice was 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.

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.

During the inspection we spoke with one dentist, 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.

Summary of findings

The practice is open:

Monday – Friday 9am – 5pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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 well-led?

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

We found all medical emergency drugs, medical oxygen and equipment were now in place and a detailed log had been initiated.

The practice manager had appointed staff as leads to ensure onsite management and support was available in her absence.

Safeguarding arrangements had been reviewed and a staff meeting was held to ensure reporting processes and awareness was in place. A new safeguarding lead had been appointed on site.

The practice had arrangements to ensure the smooth running of the service.

Improvements had been made to the reporting of information in patient dental care records. The practice manager had monthly audits in place and the dentists had been booked on to a record keeping course.

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

This Practice sought and considered the views of patients and staff.

No action



Are services well-led?

Our findings

Governance arrangements

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

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. All necessary equipment had been ordered since our last visit and processes were in place to prevent failings happening again in the future.

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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The dentists had access to rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment and a training course had been booked to enhance the dentist skills.

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 now held 6 weekly meetings. 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.

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.

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 saw evidence of completed appraisals in the staff folders.

The process for completing dental care records required improvement and action had been taken to audit and review records monthly. A course had been booked for both dentists and evidence of this was seen. We were told since highlighting this dentists record keeping had improved.

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

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.

Are services well-led?

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.