

Mr. David George Boff

David Boff Griffin Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 13 March 2017 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

David Boff Griffin Dental Practice is located in Hull and provides NHS and private treatment to adults and children. The services include preventative advice and treatment and routine restorative dental care.

The dental team is comprised of three dentists, four dental nurses (one of which is a trainee) and a practice manager.

The practice has three surgeries all located on the first floor, a staff room/kitchen and a general office.

On the day of inspection we received 25 CQC comment cards providing positive feedback. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be very caring and communicated well; staff were friendly and accommodating. Patients commented they could access emergency care easily and they were treated with dignity and respect in a clean and tidy environment.

The practice is open:

Monday – Thursday 8am – 5pm

Friday 8am – 4pm.

Summary of findings

The principal dentist is registered with the Care Quality Commission (CQC) as an individual registered person. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings were:

- Infection control procedures were effective and the practice followed published guidance.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available in accordance with current guidelines.
- The practice had systems in place manage risks.
- Staff understood and received safeguarding training and knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Effective recruitment processes of staff were in place.
- Treatment was well planned and provided in line with current guidelines.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.

- The service was aware of the needs of the local population and took these into account in how the practice was run
- The practice was well-led and staff felt involved and supported and worked well as a team.
- The practice sought feedback from staff and patients about the services they provided.
- Complaints were responded to in an efficient and responsive manner.

There were areas where the provider could make improvements and should:

- Review and implement a system for prescription pads to monitor and track their use.
- Review the practice risk assessments including implementing COSHH and practice specific risk assessments.
- Review the use of latex within the practice and implement a policy for its safe use.
- Review the practice has a plan in place to meet best practice recommendations in line with HTM 01-05.
- Review the practice audit protocols to document learning points so they can be shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.

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.

Staff told us they felt confident about reporting incidents and accidents. There was an effective system for the analysis of such events and they were discussed at practice meetings.

Staff had received training in safeguarding at the appropriate level and knew the signs of abuse and who to report them to.

We found there was not an effective system for prescription pads to monitor and track their use.

There were no risk assessments for any COSHH materials and practice risk assessments had not been adapted to meet the practice protocols.

Latex was used within the practice and the decontamination room; there was no policy in place for the safe use and storage.

We were told there was no plan in place to meet best practice recommendations in line with HTM 01-05.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines apart from the midazolam they held was not in the right form as they did not have buccal midazolam.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use.

We reviewed the legionella risk assessment dated 2011. Evidence of regular water testing was being carried out in accordance with the assessment.

No action



Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made in house referrals for specialist treatment or investigations where indicated.

The practice followed current guidelines when delivering dental care.

Staff were encouraged and supported to complete training relevant to their roles and this was monitored by the practice manager. The clinical staff were up to date with their continuing professional development (CPD).

No action



Summary of findings

Referrals were made to secondary care services if the treatment required was not provided by the practice.

Informed consent was obtained and recorded.

Are services caring?

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

Patients were very positive about the staff, practice and treatment received. There were 25 responses with patients stating they felt listened to and received the best treatment at that practice.

The staff recognised and respected people's diversity, values and human rights.

Dental care records were kept securely.

We observed patients being treated with respect and dignity during interactions at the reception desk, over the telephone and as they were escorted through the practice. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed staff to be welcoming and caring towards the patients.

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 had dedicated slots each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice.

Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

The practice had made reasonable adjustments to assist patients. All the surgeries were located on the first floor. There was another dental practice in the same building that had a ground floor accessible surgery and we were told patients would be referred there if required.

No action



Are services well-led?

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice.

The practice regularly audited clinical and non-clinical areas but no action plans or learning outcomes were in place.

No action



Summary of findings

Staff were encouraged to share ideas and feedback as part of their appraisals and personal development plans. All staff were supported and encouraged to improve their skills through learning and development.

The practice held quarterly staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues.

The practice conducted regular patient satisfaction surveys. Results of these surveys were analysed and disseminated to all staff.

David Boff Griffin Dental Practice

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We informed NHS England area team and Healthwatch that we were inspecting the practice; we received no information of concern from them.

During the inspection we spoke with two dentists, three dental nurses and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to report, investigate, respond and learn from accidents, incidents and significant events. Staff were aware and understood the process for reporting. Staff understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice manager was aware of the notifications which should be reported to the CQC.

The practice had recorded, responded and discussed all incidents to minimise risk and support future learning.

The practice manager received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE) that affected the dental profession. Relevant alerts were discussed with staff, actioned and stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence all staff had received safeguarding training in vulnerable adults and children. Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the process they needed to follow to address concerns.

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a sharps risk assessment. Disposable matrix bands were implemented for use in each surgery but the use of these and any other sharps were not in the risk assessment. We discussed this with the practice manager who assured they would include all sharps used and their handling processes.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex free rubber,

used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

The practice had a whistleblowing policy which staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

The practice had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The emergency medicines, emergency resuscitation kits and medical oxygen were stored in an easily accessible location. Staff knew where the emergency kits were kept.

The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is 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).

Records showed monthly checks were carried out on the emergency medicines, medical oxygen cylinder and the AED. These checks ensured the oxygen cylinder was sufficiently full and in good working order, the AED was charged and the emergency medicines were in date. We discussed the checks should be completed weekly and we found the adult self-inflating bag required replacement and the midazolam was not the recommended buccal midazolam. The practice manager assured us these items would be in the practice the following day.

Staff recruitment

Are services safe?

The practice had a policy and a set of procedures for the effective recruitment of staff.

We reviewed a selection of staff recruitment files to check that appropriate recruitment procedures were in place. We found files held the required recruitment documents including GDC registration certificates, indemnity proof documents, qualifications, immunisation status, a Disclosure and Barring Service (DBS) check, proof of identification, evidence of induction processes, references and staff appraisals.

Monitoring health & safety and responding to risks

The staff had undertaken risk assessments to cover health and safety concerns to manage and mitigate risks within the practice: this included fire, waste management and safe storage of materials. We found the practice risk assessments could be adapted to cover risks specific to their location.

All clinical staff were supported by another member of the team when providing treatment to patients.

The practice maintained a detailed Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. If any new materials were implemented into the practice a new risk assessment was put in place. No risk assessments were available for any of the dental materials or COSHH substances in the premises. We discussed this with the practice manager who assured us this would be reviewed and rectified as soon as possible.

We noted there had been a fire risk assessment completed for the premises in 2013. We saw as part of the checks by the team the smoke alarms were tested and the fire extinguishers were regularly serviced. There was evidence that a fire drill had been undertaken with staff and discussion about the process reviewed at practice meetings.

We saw the business continuity plan had details of all staff, contractors and emergency numbers should an unforeseen emergency occur.

Infection control

There was an infection prevention and control policy and procedures to keep patients safe. The practice followed the guidance about decontamination and infection prevention and control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

We spoke with dental nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. We also saw the daily and weekly tests were being carried out by the dental nurses to ensure the sterilisers were in working order. We found one of the magnification lights was not in full working order and this made it difficult to examine to see if the hand scrubbing process had been effective. The practice manager told us they would install a new light as soon as possible.

We found instruments were being cleaned and sterilised in line with published guidance. The dental nurses demonstrated correct procedures for the decontamination of used instruments. .

The practice had carried out bi- annual Infection prevention and control self- assessment audits the most recent in February 2017. The audit showed the practice was meeting the required standards but the action plans and learning outcomes were not in place.

We inspected the decontamination area within a treatment room and the spare surgery was being used as a decontamination room for the other surgery. The rooms were clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

We were told the practice did not have a plan in place to meet with best practice recommendations as per HTM 01-05 as they did not have a decontamination room set up. The practice manager assured us this would be looked in to.

Records showed the practice had completed a Legionella risk assessment in April 2011. The practice undertook processes to reduce the likelihood of Legionella developing. Including dental unit water line management.

Are services safe?

Staff had received Legionella training to raise their awareness. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps and amalgam was collected on a regular basis.

We saw evidence of cleaning schedules that covered all areas of the premises. We found, and patients commented the practice was consistently clean.

Equipment and medicines

We saw evidence of servicing certificates for all equipment. Checks were carried out in line with the manufacturer's recommendations and guidelines.

There was a system in place for the prescribing, administration and storage of medicines. We saw the practice was storing NHS prescriptions in accordance with current guidance, but no log was in place to ensure prescriptions were recorded effectively.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR (ME) R) 2000.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays was recorded in dental care records to evidence the potential benefit and/or risks of the exposure had been considered. The patients dental records indicated each radiograph was quality assured and the findings reported on as per FGDP guidance. X-rays were stored within the patient's dental care record.

X-ray audits were carried out by the practice monthly. The results of the most recent audit undertaken confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). We found no action plans or learning outcomes were in place to ensure continuous improvement.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date, detailed dental care records. They contained information about the patient's current dental needs and past treatment. The clinical staff carried out assessments in line with recognised guidance.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. If the patient had more advanced gum disease then a more detailed inspection of the gums was undertaken.

We saw patient dental care records had been audited to ensure they complied with the guidance provided by the FGDP. The audits had no action plans and learning outcomes in place.

Health promotion & prevention

The practice provided preventative care and support to patients in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. Staff told us the dentists would always provide oral hygiene advice to patients.

The practice had a selection of dental products and health promotion leaflets to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentists and saw in dental care records that diet, smoking cessation and alcohol consumption advice was given to patients.

Staffing

New staff to the practice had a period of induction and a training programme was in place. We confirmed staff were supported to deliver effective care by undertaking continuous professional development for registration with the GDC.

Staff told us they had annual appraisals where training requirements were discussed at these. We saw evidence of completed appraisals.

It was evident the skill mix within the practice was conducive to improving the overall outcome for patients. One dental nurse was trained to take impressions and was in the process of completing a fluoride application course and another dental nurse had completed a radiography course.

Working with other services

Dentists confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice.

Details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks. Referral audits were also carried out to ensure referral processes were effective.

Consent to care and treatment

Staff told us how they implemented informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Patients informed us they were given information and appropriate consent was obtained before treatment commenced.

The practice had a consent policy in place and staff were aware of their responsibilities under the Mental Capacity Act (2005) (MCA). Mental Capacity Act 2005 – provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

The dentists demonstrated an understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own treatment).

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We were told staff would take into account the needs of people's diversity, values and human rights.

Feedback from patients was positive and they commented they were treated with care, respect and dignity. We observed staff were always interacting with patients in a respectful, appropriate and kind manner and to be friendly towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality was maintained for patients who used the service on the day of inspection. We were told if patients wanted to talk in private a room this would be sought.

Patients, who were nervous about treatment, commented they were supported in a compassionate and empathic way.

Dental care records were not visible to the public when in use. Patients' electronic care records were regularly backed up to secure storage. Any paper records were securely stored.

Involvement in decisions about care and treatment

The practice provided patients with clear information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them.

We were told staff responded to pain, distress and discomfort in an appropriate way.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and we found the facilities were appropriate for the services that were planned and delivered.

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen the same day. We were told the patients were given sufficient time during their appointment so they would not feel rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

The practice's website provided patients with information about the range of treatments which were available at the practice. This included general dentistry and treatments for gum disease and crowns.

The information leaflet included details of the staff, what to do in an out of hours emergency and opening times

Tackling inequity and promoting equality

The practice had made reasonable adjustments to prevent inequality to any patient group but as the surgeries were located on the first floor they could not accommodate wheelchair users. The practice was in a shared building with another dental practice. We were told anyone who struggled with the stairs or required wheelchair access would be referred to them.

Staff had access to a translation service with contact details of braille and transcription services also available for staff to refer to should the need arise. We were told patient information was available in different formats and languages.

Access to the service

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

We confirmed waiting times and cancellations were kept to a minimum.

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent staff told us patients would be seen the same day so that no patient was turned away. The patients told us when they had required an emergency appointment this had been organised the same day. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC.

The practice manager was responsible for dealing with complaints when they arose. Staff told us they would raise any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially.

We reviewed comments, compliments and complaints the practice had received and found they were responded to appropriately and outcomes were shared with staff to prevent, learn and improve services. There had been no complaints within the past 12 months.

Are services well-led?

Our findings

Governance arrangements

There was an effective management structure in place. Staff were supported, managed and were clear about their roles and responsibility. We were told staff met their professional standards and followed their professional code of conduct.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a process to ensure the safety of patients and staff members.

Leadership, openness and transparency

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle which states the same.

All staff were aware of whom to raise any issue with and told us the practice manager was approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice. Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held quarterly meetings to ensure staff could raise any concerns and discuss clinical and non-clinical updates. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter.

Learning and improvement

We saw audits were carried out with results clearly detailed. Quality assurance processes were used at the practice to encourage continuous improvement. This included clinical audits such as dental care records, X-rays and infection prevention and control. No action plans or learning outcomes were in place for any of the audits completed and this was brought to the attention of the practice manager. They told us they would review the process to ensure the learning and audit cycle was implemented.

All staff had annual appraisals at which learning needs, general wellbeing and aspirations were discussed. We saw evidence of completed appraisal forms in the staff folders.

Staff told us they had access to training which helped ensure mandatory training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their CPD as required by the GDC. They were keen to state that the practice supported training which would advance their careers.

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

The practice had systems in place to involve, seek and act upon feedback from staff and people using the service. These systems included carrying out annual patient satisfaction surveys, comment card in the waiting rooms and verbal feedback. We confirmed the practice responded to feedback.

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