

Dr. Joseph Peter Bracken

# Bracken Dental Practice

## Inspection Report

Unit 5, Belle Vale Shopping Centre  
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Date of inspection visit: 11/01/2018  
Date of publication: 31/01/2018

### Overall summary

We carried out this announced inspection on 11 January 2018 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 Cheshire and Merseyside area team that we were inspecting the practice. We 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 form the framework for the areas we look at during the inspection.

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

##### **Background**

Bracken Dental Practice is in a suburb of Liverpool and provides dental care and treatment to adults and children on an NHS and privately funded basis.

There is level access to facilitate entrance to the practice for people who use wheelchairs and for pushchairs. The practice has two treatment rooms. Car parking is available near the practice.

The dental team includes three dentists, four dental nurses and two receptionists. The team is supported by a practice manager.

# 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.

We received feedback from 48 people during the inspection about the services provided. The feedback provided was positive about the practice.

During the inspection we spoke to two dentists, dental nurses, receptionists and the practice manager. We looked at practice policies, procedures and other records about how the service is managed.

The practice is open:

Monday and Tuesday 9.00am to 6.00pm

Wednesday 9.00am to 5.30pm

Thursday 9.00am to 5.00pm

Friday 9.00am to 3.30pm.

## **Our key findings were:**

- The practice was clean and well maintained.
- Staff knew how to deal with emergencies. Appropriate medical emergency medicines and equipment were available.
- The practice had infection control procedures in place which reflected published guidance.
- Staff knew their responsibilities for safeguarding adults and children and the practice had processes in place to guide them.
- 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 took patients' needs into account. Dedicated emergency appointments were available.
- The practice had a procedure in place for dealing with complaints. Details of alternative organisations patients could complain to were not available.
- The practice had a leadership structure. Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.
- The practice had systems in place to help them manage risk. We found that not all reasonably practicable measures to reduce risk had been put in place in relation to sharps and Legionella.
- The practice had staff recruitment procedures in place. References were not obtained for staff prior to employment.

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

- Review the protocol for maintaining accurate, complete and detailed records relating to the employment of staff. This includes ensuring references, are obtained and suitably recorded.
- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from undertaking of the regulated activities, specifically in relation to Legionella, the responsibility for dismantling all used sharps, and the damaged operator's chair.
- Review the practice's complaint handling procedures to ensure information about organisations patients can contact, for example NHS England, are available should they not wish to complain to the practice directly or should they not be satisfied with the way the practice dealt with their concerns.

# 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 in place to provide safe care and treatment.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

The practice had suitable arrangements for dealing with medical and other emergencies.

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

We found that the practice had systems in place for the safe use of X-rays.

Staff were qualified for their roles, where relevant.

The practice had procedures in place to manage and reduce risks. We saw that the practice had put in place measures to reduce most of the risks. Not all reasonably practicable measures were in place to reduce risks from Legionella, sharps and the damaged operator's chair. The practice manager assured us this would be addressed.

The practice completed most essential recruitment checks before employing staff, but did not obtain references. The practice manager assured us this would be addressed.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as thorough and excellent.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. One of the dentists had introduced arrangements to help the team identify where patients may have difficulty understanding their care and treatment. We saw examples of where the dentist had discussed such possible future difficulties with patients and their relatives where appropriate, for example, patients recently diagnosed with dementia, and had put in place arrangements to provide tailored care for these patients, as and when required, in the short and longer term.

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 in place to monitor this.

No action



### Are services caring?

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

No action



# Summary of findings

Patients were positive about all aspects of the service. They told us staff were exceptional, welcoming and helpful. They said that dental treatment was explained thoroughly, explanations were easy to understand, and said their dentist listened to them.

Patients commented that staff 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 took account of patients' needs. Patients could obtain an appointment quickly in an emergency.

Staff considered patients' individual needs and made reasonable adjustments to meet these. This included providing facilities for patients with disabilities. The practice had access to interpreter services and had arrangements in place to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. We observed that information about organisations patients could contact, for example NHS England, were not available should patients not wish to complain to the practice directly or should they not be satisfied with the way the practice dealt with their concerns. The practice manager assured us this would be addressed.

**No action** 

## **Are services well-led?**

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

The practice had arrangements in place to ensure the smooth running of the service. These included systems for the practice team to review the quality and safety of the care and treatment provided.

We observed that one of the dentists had set up systems to continually improve the clinical quality and safety arrangements at the practice.

There was a clearly defined management structure. Staff worked well as a team and provide their team colleagues with a high level of support.

Staff were aware of the importance of confidentiality and protecting patients' personal information. The practice team kept accurate patient dental care records which were stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

**No action** 

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. Staff knew about these and understood their role in the process. Staff told us there had never been a significant event at the practice.

We discussed examples of significant events which could occur in dental practices and we were assured that should one occur it would be reported and analysed in order to learn from it, and improvements would be put in place to prevent re-occurrence.

The practice received national medicines and equipment safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. 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 in place to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who are at risk due to their circumstances. Staff received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a whistleblowing policy in place. Staff told us they were confident to raise concerns without fear of reprimand.

We looked at the practice's arrangements for safe dental care and treatment. The practice followed relevant safety laws when using needles and other sharp dental items. We reviewed the procedures the dentists followed when providing root canal treatment and found that although not all the dentists followed recommended guidance, procedures were in place to minimise risks.

The practice had a business continuity plan describing how the practice would deal with 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 medical emergencies and life support every year.

The practice had emergency equipment and medicines available as recommended in recognised guidance. Staff carried out, and kept records of, checks to make sure the medicines and equipment were within their expiry dates and in working order.

### Staff recruitment

The practice had staff recruitment procedures in place to help them employ suitable staff. We looked at several staff recruitment records. These showed the practice had carried out all the essential pre-employment checks, with the exception of obtaining references, and had the required information available.

Clinical staff were qualified and registered with the General Dental Council, where necessary.

### Monitoring health and safety and responding to risks

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace, for example, control of substances hazardous to health and fire, and specific dental practice risks. Staff reviewed risk assessments regularly. We saw that the practice had put in place measures to reduce the risks identified in the assessments.

We found that the risks from the use of sharp instruments had been assessed and some measures put in place to reduce these risks. We observed that not all reasonably practicable measures had been put in place to reduce the risks associated with the use of sharps, for example, a 'user only' dismantles policy.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was identified. Systems were in place to check staff immunity.

The practice had not carried out a Legionella risk assessment to reduce the possibility of Legionella or other bacteria developing in the water systems. The practice

# Are services safe?

manager assured us this would be done as soon as possible and implemented water temperature checking immediately to help reduce the possibility of Legionella developing.

We observed that one of the operator's chairs was ripped and significantly damaged and was not easily cleansable.

A dental nurse worked with each of the clinicians when they treated patients. We saw that the clinical staff had professional indemnity cover.

## **Infection control**

The practice had an infection prevention and control policy and associated procedures in place. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health. Staff completed infection prevention and control training regularly.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

Staff carried out infection prevention and control audits twice a year.

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 in the practice. Staff carried out checks in accordance with the manufacturers' recommendations.

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

The practice stored and kept records of NHS prescriptions in accordance with current guidance.

## **Radiography (X-rays)**

The practice had arrangements in place in relation to the use of X-rays.

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

Where appropriate, staff completed continuing professional development in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The dentists assessed patients' treatment needs in line with recognised guidance. The dentists kept detailed dental care records containing information about patients' current dental needs, past treatment and medical history.

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

### Health promotion and prevention

The practice supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. We observed that smoking, alcohol consumption and diet were discussed with patients during appointments.

### Staffing

Staff new to the practice completed a period of induction based on a structured induction programme.

The General Dental Council requires dental professionals to complete continuing professional development as a requirement of their registration. Staff told us the practice provided support and training opportunities to assist them in meeting the requirements of their registration, and with their professional development. The practice monitored staff training to ensure essential training was completed each year.

Staff told us they had annual appraisals. These were used to discuss learning needs, general wellbeing and future professional development. We saw several completed appraisals which confirmed this.

### Working with other services

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer in accordance with the current guidelines. The practice monitored urgent referrals to ensure 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. 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. Staff understood their responsibilities under the act when treating adults who may not be able to make informed decisions. One of the dentists had an excellent knowledge of the Act and its practical application. The dentist had introduced arrangements to help the team identify where patients may have difficulty understanding their care and treatment. We saw examples of where the dentist had discussed such possible future difficulties with patients and their relatives where appropriate, for example, patients recently diagnosed with dementia, and had put in place arrangements to provide tailored care for these patients, as and when required, in the short and longer term.

The consent policy also referred to Gillick competence. The dentists were aware of the need to consider this when treating young people under 16.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

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

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

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Patients could choose whether they saw a male or female dentist.

The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients. Staff told us that if a patient requested further privacy facilities were available. The reception computer screen was not visible to patients and staff did not leave patient information where people might see it.

### **Involvement in decisions about care and treatment**

The dentists provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them, and gave them time to think. The dentists described to us the conversations they had with patients to help them understand their treatment options.

# 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 was well maintained and most areas of the practice had been recently refurbished.

The practice had an appointment system in place which took account of patients' needs. Staff told us that patients requiring urgent appointments were seen the same day.

We saw that the dentists tailored appointment lengths to patients' individual needs and patients could choose from morning, afternoon and evening appointments.

Staff told us that they currently have patients for whom they need to make adjustments to enable them to receive treatment.

### Tackling inequity and promoting equality

The practice had taken into consideration the needs of different groups of people, for example, people with disabilities, and put in place reasonable adjustments, for example, a wider door at the entrance to the practice to allow easier access for wheelchairs and pushchairs.

The whole practice was located on the ground floor.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had hearing impairment, for example, the practice had a hearing induction loop available.

Larger print forms were available on request, for example, patient medical history forms.

### Access to the service

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

Staff made every effort to keep waiting times and cancellations to a minimum.

The practice made every effort to see patients experiencing pain or other dental emergencies on the same day and had appointments available for this. The practice's information leaflet and answerphone provided contact details for patients requiring emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily.

### Concerns and 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 complaints and aimed to resolve these in-house where possible. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure the patient received a quick response.

We observed that information was not available about organisations patients could contact, for example, NHS England, should they not wish to complain to the practice directly or if they were not satisfied with the way the practice dealt with their concerns. The practice manager assured us this would be addressed.

We looked at comments, compliments and complaints the practice received in the previous 12 months. We saw that the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had systems in place to support the management and delivery of the service. Systems included policies, procedures and risk assessments to support good governance and to guide staff. We saw that these were regularly reviewed to ensure they were up to date with regulations and guidance.

We saw staff had access to suitable supervision and support for their roles and responsibilities.

We saw the practice had arrangements in place to monitor the quality of the service and make improvements where required.

We observed that one of the dentists had set up a number of systems to continually improve the clinical quality and safety arrangements at the practice. Measures introduced included charts to monitor patient's oral health, diet and lifestyle, assessment procedures to help identify patients who had difficulty understanding their care and treatment, regular dentist meetings and peer review to enable dentists to discuss dental issues and updates together.

The practice had arrangements in place to ensure risks were identified and managed, and had put measures in place to mitigate most risks.

We observed that staff were aware of the importance of information security arrangements in protecting patients' personal information.

### **Leadership, openness and transparency**

The practice owner had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Most of the staff had worked at the practice for a number of years and were familiar with the systems in operation at the practice. Staff worked well as a team and provided a high level of support to each other.

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

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they felt confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. The dentists also met regularly to discuss clinical issues. Where appropriate meetings were arranged to share urgent information.

### **Learning and improvement**

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed audits of dental care records, X-rays, infection prevention and control, antibiotic prescribing and waiting times. Staff kept records of the results of these and produced action plans where necessary.

The practice was committed to learning and improving and valued staff contributions. We saw evidence of learning from complaints, audits, and feedback.

Staff had annual appraisals, which helped identify individual learning needs. Staff told us the

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

The practice had a system in place to seek the views of patients about all areas of service delivery through the use of the NHS Friends and Family Test survey.

We saw that the provider acted on patient feedback, for example, patients sometimes experienced delays to appointments. Staff had audited this, identified areas where improvements could be made and put new arrangements in place.

The practice gathered feedback from staff through meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.