

Nazdent Ltd

Bromsgrove Family Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 12 October 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.

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

Bromsgrove Family Dental Practice is located in a residential area in Bromsgrove and provides private treatment to patients of all ages.

There is level access via a portable ramp into the building. The practice is in a converted residential bungalow. The large waiting room is next to the reception area and leads to two patient toilets, a privacy room, two dental

Summary of findings

treatment rooms, a staff room / kitchen, a staff toilet and a stock room. Car parking spaces for all patients are available directly outside the practice in the dedicated patient's car park.

The dental team includes three dentists, two qualified dental nurses, one trainee dental nurse, a receptionist and a reception manager who is a qualified dental nurse.

The practice is owned by an individual who is the principal dentist there. 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 11 CQC comment cards filled in by patients and looked at patient satisfaction survey results. This information gave us a positive view of the practice.

During the inspection we spoke with a dentist, a qualified dental nurse, a trainee dental nurse and the reception manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday: 9am – 6pm

Tuesday: 7.30am – 6pm

Wednesday: 9am – 8pm

Thursday: 7.30am – 5pm

Friday: 9am – 5pm

Alternate Saturdays: 9am – 2pm

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 mostly available with the exception of a child's self-inflating bag with reservoir. This was ordered on the day of our inspection.
- The practice mostly had systems to help them manage risk although we found five dental materials that had passed their expiry date, these were immediately disposed of, replaced and procedures amended to ensure this could not happen again.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures, the recruitment policy was not available for us to view on the day of our visit however this was sent to us the following day.
- 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. Details of how patients could complain were not visible within the practice however this was immediately rectified on the day of our visit.

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

- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.
- Review the protocols and procedures for use of X-ray equipment taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.

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 to provide safe care and treatment. However, we found five dental materials in one of the treatment rooms that had expired and not been removed. These were immediately disposed of, replaced and procedures were amended to ensure that this could not happen again.

They used learning from accidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Flowcharts containing local authority safeguarding leads contact details were displayed in the staff room.

Staff were qualified for their roles and the practice completed essential recruitment checks. The recruitment policy was not available for us to view on the day of our visit; this was sent to us the following day.

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

The practice had suitable arrangements for dealing with medical and other emergencies. Appropriate medicines and life-saving equipment were mostly available with the exception of a child's self-inflating bag with reservoir. This was ordered on the day of our inspection.

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 fully explained, comfortable and professional. 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. At the time of our visit the practice was supporting one trainee dental nurse to become qualified and the reception manager was implementing treatment care coordinator role.

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

We received feedback about the practice from 11 people. Patients were positive about all aspects of the service the practice provided. They told us staff were compassionate, knowledgeable and helpful. They said that they received a 100% positive service, were always able to be seen at short notice 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. This included providing some facilities for disabled patients and families with children. There was level access via a portable ramp into the practice and there were information leaflets available in the waiting room in three different languages in line with the local population need. The practice had access to telephone translation services and several of the clinical team members who were multi lingual. The practice did not have a portable hearing loop.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. Details of how patients could complain were not visible within the practice however this was immediately rectified on the day of our visit.

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 to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly typed and backed up 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 policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. The accident policy contained some detail relating to incident reporting but did not highlight the different types of incidents that needed to be recorded and stated that all incidents would be recorded in the accident book. Following our inspection the practice implemented an incident reporting policy, incident reporting book and had set time aside on the forthcoming staff meeting to discuss the new policy, reporting procedure and types of reportable incidents.

The practice recorded, responded to and discussed all accidents to reduce risk and 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 and acted on; these were stored with the relevant meeting minutes for future reference.

Reliable safety systems and processes (including safeguarding)

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. A safeguarding flowchart with local authority safeguarding leads contact details was displayed in the staff room. 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 used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice - copies were held in practice and off site.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year with the latest training being completed in October 2017.

Emergency equipment and medicines were mostly available as described in recognised guidance with the exception of a child's self-inflating bag with reservoir. This was ordered on the day of our inspection. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order however, this did not include the automated external defibrillator (AED) as this had just been purchased. The AED was added to the weekly check sheet following our visit.

Staff recruitment

The practice had a recruitment procedure in place which was used alongside an induction training plan for new starters. However the practice did not have a staff recruitment policy to help them employ suitable staff. We looked at six staff recruitment files. These showed the practice followed their recruitment procedure. A recruitment policy was implemented and sent to us the following day.

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?

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

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 transporting, 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 completed in May 2017 showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment completed in June 2015.

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.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They mostly met current radiation regulations and had most of the required information in their radiation protection file. We noted that rectangular collimators were not available for use in the dental treatment rooms. We were informed on the day of our inspection that these would be ordered. The practice was unable to locate the Health and Safety Executive notification confirmation; this was sent to us the following day.

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

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

We saw that the practice last audited patients' dental care records in May 2017 to check that the dentists recorded the necessary information.

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.

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 children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets in the waiting room 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 and personal development plans.

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. This 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. 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 dentists were aware of the need to consider this when treating young people under 16. The dentist 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 we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were compassionate, knowledgeable and very helpful. They said that they received a 100% positive service, were always able to be seen at short notice and said their dentist listened to them. We saw that staff treated patients respectfully 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 provided some privacy when reception staff were dealing with patients. In addition to this the practice had a privacy room available for more sensitive and confidential discussions with patients. 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.

Music was played in the treatment rooms and there were magazines and a screen displaying oral health advice and treatment options in the waiting room. The practice provided drinking water, tea and coffee.

Patient information leaflets and practice procedures were displayed in the waiting room for patients to read.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. 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.

The practice's patient information leaflet and website provided patients with information about the range of treatments available at the practice. These included general dentistry, tooth whitening, domiciliary visits, dental implants and sedation.

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. For example, the reception manager told us that anxious patients had been seen and treated in the privacy room as they were not able to face going into the dental treatment rooms.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access via a portable ramp, a lowered area of the reception desk for wheelchair users and a low level sink in the patient toilet for children and wheelchair users. The toilets were accessible to most patients as on the ground floor however there were no grab rails or assistance bell in place. The practice did not have a portable hearing loop to assist patients with hearing impairments.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had telephone access to interpreter/translation services which included British Sign Language and braille. Some of the clinical team were multilingual and could therefore discuss treatments in the patient's own language. The practice information leaflets were displayed in English, Bulgarian and Polish languages and easy read documents could be produced if required.

Access to the service

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

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. The practice 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 and patients on how complaints were handled. Details of how patients could complain were not visible within the practice however this was immediately rectified on the day of our visit. The practice website explained how to make a complaint. The reception manager was responsible for dealing with these. Staff told us they would tell the reception manager about any formal or informal comments or concerns straight away so patients received a quick response.

The reception 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, compliments and complaints the practice received in the past 12 months. These showed 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 principal dentist had overall responsibility for the management and clinical leadership of the practice. The reception manager was responsible for the day to day running of the service. 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 reception 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 reception manager was approachable, would listen to their concerns and act appropriately. The reception manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

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. They had clear records of the results of these audits and the resulting action plans and improvements.

The staff we spoke with said that principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had received annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory 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. At the time of our visit the practice was supporting one trainee dental nurse to become qualified and the reception manager was implementing treatment care co-ordinator role.

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

The practice used patient surveys, verbal comments and appraisals to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on for example; patients had requested lollipops for children following dental examinations. Due to a conflict of interest the practice could implement this. However they ordered a wider selection of stickers and set up a children's area in the patient waiting room which included a small table with wooden abacus. Following a patient complaint relating to the communication in the dental treatment room the practice were in the process of implementing a treatment care co-ordinator role to ensure a better patient understanding of all the treatment options available to them.

The practice regularly completed their own patient surveys to seek feedback and possible improvement ideas from patients. They collated results for the most recent survey completed in December 2016. The results showed that 90% of the respondents said that they were happy with the service provided.