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Horfield Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 5 September 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team that we were inspecting the practice. They did provide information that we reviewed.

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

Horfield Dental Care is in Horfield, Bristol and provides NHS treatment to patients of all ages.

Part of the building is on level access for patients who use wheelchairs and pushchairs to access with ease. There was no car park at the practice instead there is nearby on street parking and good access to local transport services.

The dental team includes three dentists, six dental nurses; one dental nurse was awaiting their certificate of qualification and another is in training for their dental

Summary of findings

nurse qualification, one dental hygienist, one dental hygienist who is also qualified as a dental therapist and the practice manager. The practice manager covered management of the service two days a week and the rest of their time they covered reception. The practice has four treatment rooms.

The practice is owned by an individual who is the principal dentist. 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 24 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

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

The practice is open:

- Monday 9am to 5pm
- Tuesday to Thursday 9am to 6pm
- Fridays 9am to 1pm

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance. Improvements were required to ensure that issues were identified when guidance was not followed.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk. Fire safety required improvement to ensure it met with current regulations.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.

- The practice had staff recruitment procedures that should be improved to ensure they met with current legislation.
- 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.

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

- Review the fire risk assessment giving due regard to all actions are addressed within a reasonable timescale to ensure you are meeting The Regulatory Reform (Fire Safety) Order 2005.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's recruitment policy and procedures to ensure Disclosure and Barring Checks were taken prior to employment for new staff as well as employment history, gaps of employment and verification of why employment ended and evidence of qualifications are requested and recorded suitably.
- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

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. They used learning from incidents 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.

Staff were qualified for their roles and the practice completed recruitment checks, which could be further improved to ensure current legislation was followed.

Premises and equipment were clean and properly maintained. Except improvements were required to ensure they met with fire safety regulations. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

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

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 excellent, professional and caring. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

We received feedback about the practice from 24 patients. Patients were positive about all aspects of the service the practice provided. They told us staff were welcoming, friendly and sensitive to patients concerns. They said that they were given reassurance, good explanations, patience, 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.

No action



Summary of findings

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 facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements 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.

No action



Are services well-led?

We found that this practice was providing well led services 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 written or typed and 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 policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents 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, acted on and stored 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. 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 did not always follow relevant safety laws when disposing of needles after treatment. They told us they would look into safety devices that could be used by all clinicians, ensuring they met with current regulations. 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.

Medical emergencies

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.

The practice had a medical emergency handover form which would be given to the emergency services upon handover. It provided information on the patient's medical history, dental procedure carried out, airway, circulation and breathing checks, blood glucose levels, whether oxygen has been provided, time event happened and handover time. This was to help reduce the handover time and improve the time taken for the patient to be treated. This had not been used in practice as it had just been implemented.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. We looked at four staff recruitment records. We found evidence of proof of identification, signed contracts, evidence of GDC registration and references had been sourced. We found gaps within the recruitment process which did not follow relevant legislation. The practice recruitment files did not have the following; risk assessments for Disclosure and Barring Service (DBS) checks that were not sourced before the employee was employed. Three out of four files did not have verified gaps of employment, verification of why they had left employment and copies of qualifications. For one member of staff two references from one employer had been sourced when they had two other recent employers from whom references could have been requested. For another member of staff employment history had not been sourced. We were told that the main reason for lack of information was because the employees were known to the provider and manager.

Since the inspection we have received risk assessments for DBS checks and all other outstanding recruitment information for the files that we reviewed.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

Are services safe?

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 provider had completed the fire risk assessment in August 2017 and to do this they had completed fire safety training. They confirmed they were not competent in the fire regulations and informed us a new fire risk assessment would be completed by a fire safety company on the 8 September 2017.

The practice had two smoke detectors to cover four floors which were checked daily alongside daily signage checks. There were no other methods of fire alarm in place. There was a source of emergency lighting which was activated daily when all the electrics were turned off. The practice had fire extinguishers which had been serviced annually. It was confirmed that staff had not received training on how to use the extinguishers or on general fire safety.

We saw records that the Portable Appliance Testing had been maintained in the last two years. There was no evidence of an electrical installations certificate, which should be completed every five years. We were informed that they have arranged for an electrician to carry this out on the 22 September 2017.

Following the inspection the provider sent us an action plan following completion of the fire risk assessment. We saw evidence that the majority of actions had been addressed and any outstanding actions would be completed by the end of November 2017. For example, fire marshal training four staff members would be completed in November and remedial electrical work would be completed by the end of October.

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 and dental hygienists when they treated patients. Dental hygienists occasionally worked without support when staff absence occurred.

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. Some improvements could be made; using the correct detergent in the water when manual cleaning, checking the temperature of the water for manual cleaning and immersing instruments in water with detergent prior to the ultrasonic cleaner. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. We noted a quarterly cleaning efficacy test was not carried out on the ultrasonic cleaner. The testing kits have since been purchased by the practice.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. We noted that the infection control audit did not always identify areas for improvement. For example, seamless and impervious flooring within the decontamination room and treatment rooms had not been identified as required. There was no adequate ventilation within the decontamination room.

The practice had not completed an annual infection control statement in the last year, as specified in the Code of Practice on the prevention and control of infections and related guidance.

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

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

Equipment and medicines

We saw servicing documentation for the autoclaves, X-ray equipment and compressor. Staff carried out checks in line with the manufacturers' recommendations.

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

Radiography (X-rays)

Are services safe?

The practice had suitable arrangements to ensure the safety of the radiograph equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits 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 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 audited patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice provided preventative care and supported patients in ensuring better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us that where applicable 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 that where applicable 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 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. We were informed that all staff except for the dentists had received an appraisal. We were told these were being arranged.

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 who had 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 did not record how they monitored urgent referrals. They told us they would implement a system to ensure they were dealt with promptly. The practice told us about an example when they had monitored a referral. A child was referred urgently to the dental hospital and so staff followed up with the patient's guardian on a daily basis to ensure they received good care, however this was not recorded.

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. 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 we spoke with were aware of their responsibility to respect patient's diversity and human rights.

Patients commented positively that staff were professional, reassuring and kind. We saw that staff treated patients with respect, and were kindly, welcoming and friendly towards patients at the reception desk and over the telephone. Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas did not provide privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely. We did note that some patient records were kept in an unsecure room. These were removed immediately and would now be stored securely.

Music was played in the reception area and there were magazines in the two waiting rooms. The practice provided drinking water. An information folder explaining the services that the practice provided was available 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 website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as crowns, implants and dentures.

Dentists showed patients photographs, X-ray images and treatment explanation charts when they discussed treatment options. Staff also provided treatment information leaflets to explain treatment options to patients needing more complex treatment.

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 described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team was alerted to anxious patients on the computer system. Patients were given the option to be seen at quieter times or when they were more likely to be seen straight away, such as early or late in the day. The practice had two waiting rooms and so a patient could use the quieter room to wait.

Staff told us that they telephoned some older patients on the morning of their appointment or the day before to make sure they could get to the practice. The practice routinely text messaged patients or sent an email but if specified on their records they would receive a phone call or they could opt out of being notified.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and accessible toilet with hand rails and a call bell.

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

Access to the service

The practice displayed its opening hours in the premises, their information leaflet 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 and kept appointments free for same day appointments. Patients were always seen the same day if they were in pain. They took part in an emergency on-call arrangement with some other local practices. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last year. 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 practice manager and the principal dentist were 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. Staff told us the practice manager and principal dentist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held 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, radiograph and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. Some improvements were necessary for auditing infection control.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses, hygienists and receptionists had annual appraisals. The dentists would have their appraisal planned in soon with the principal dentist. 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.

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients/staff the practice had acted on. For example, patients commented that hygienist availability on a Friday would be helpful. This had been implemented by the practice. Following patient comments the magazine selection had been changed.

The practice website was upgraded following the purchase of the practice. Patients told them they had welcomed this change. The website now has an online appointment booking system for all patients and was used frequently by the patients. They could also cancel appointments through the text reminder which improved efficiency of the service.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We saw there had been seven reviews from patients since July all of which were either extremely likely or likely to recommend the practice.

The practice had a social media page where patients had commented about the practice. We saw there had been 26 reviews; 24 rated the practice as five star, one four star and one three star.

The practice reviewed NHS choices regularly to view any patient comments. We saw they had responded to a

Are services well-led?

negative comment in an appropriate manner. The positive comments patients had made had not been acknowledged by the service. They informed they would respond to these comments as soon as possible.