

Dr Helen Christie

The Bull Ring Dental Practice

Inspection Report

1 The Bull Ring
St Johns
Worcester
WR2 5AA

Tel: 01905 424033

Website: www.thebullringdentalpractice.co.uk/

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Overall summary

We carried out an announced comprehensive inspection on 13 January 2016 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

The Bull Ring Dental Practice is situated on the edge of Worcester city in a converted period property and provides NHS and private dental care. The practice has four dentists, one dental hygienist and six dental nurses two of whom are also the joint practice managers. The clinical team are supported by two receptionists. The practice has four dental treatment rooms and a decontamination room for the cleaning, sterilising and packing of dental instruments used in the first floor treatment rooms. Instruments used in the ground floor treatment rooms were processed in one of those rooms. The reception area and waiting room are on the ground floor.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 26 completed cards. Without exception patients were positive about the quality of the service provided by the practice. They gave examples of the positive experiences they and members of their families (including children) had at the practice and told us the practice team were professional, caring and attentive. Several patients commented that the dentists listened to them and explained their treatment in a way they could understand. Patients wrote that they had a high opinion of the practice and would not consider going elsewhere. Over a third mentioned that they always found the practice clean and hygienic. We saw the practice's NHS Friends and Family results for April to October 2015. Out

Summary of findings

of a total of 122 responses 105 said they were 'extremely likely' to recommend the practice, nine said 'likely' and five selected a neutral response. Just three said they would be 'unlikely' to recommend the practice.

Our key findings were:

- Patients who completed CQC comment cards were all positive about the practice team and the care and treatment provided.
- The practice had an established process for reporting and recording significant events and accidents to ensure they investigated these and took remedial action.
- The practice was visibly clean and a number of patients commented on their satisfaction with hygiene and cleanliness.
- The practice had well organised systems to assess and manage infection prevention and control.
- The practice had suitable safeguarding processes and staff understood their responsibilities for safeguarding adults and children.
- The practice had recruitment policies and procedures and used these to help them check the staff they employed were suitable. The practice obtained the correct information for new staff but their written policy and procedures did not fully reflect the requirements of legislation.
- Dental care records provided comprehensive information about patients' care and treatment. They contained evidence that the dentists took patients general health into account and communicated appropriately with other health professionals.
- Staff received training appropriate to their roles and were supported in their continued professional development.
- Patients were able to make routine and emergency appointments when needed.
- The practice had systems including audits to assess, monitor and improve the quality and safety of the services provided.
- The practice had systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

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

- Review the practice's recruitment policy to fully reflect the requirements of Regulation 19(3) and Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 took safety seriously and had systems for managing this. These included policies and procedures for infection prevention and control, clinical waste management, dealing with medical emergencies, maintenance and testing of equipment, dental radiography (X-rays). Staff were aware of their responsibilities for and child and adult safeguarding. Contact information for local safeguarding professionals and relevant policies, procedures were available for staff to refer to.

Are services effective?

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

The practice provided dental care and treatment in an individualised way. The dental care records we looked at provided comprehensive information about patients' care and treatment. Clinical staff were registered with the General Dental Council and completed continuous professional development to meet the requirements of their professional registration. Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who might lack capacity to make some decisions themselves.

Are services caring?

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

We gathered patients' views from 26 completed Care Quality Commission comment cards. Without exception patients were positive about the practice and their experience of being a patient there. People said they received a compassionate service and several described how their dentist made sure they understood the care and treatment they needed. We also saw the practice's NHS Friends and Family test results for April to November 2015. During the inspection we saw that staff showed a caring and respectful attitude towards patients.

Are services responsive to people's needs?

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

Many patients who completed CQC comment cards said they had been patients at the practice for a long time. They said they had always been happy with the service provided by the practice. Some patients specifically mentioned how the practice met their needs and treated them or their children as individuals.

The practice ensured that patients unable to use stairs had their appointments in a ground floor treatment room. Patients could access treatment and urgent and emergency care when required.

Information was available for patients at the practice and on the practice website. The practice had a complaints procedure which was available for patients but received few complaints.

Are services well-led?

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

The practice had arrangements for managing and monitoring the quality of the service. The practice managers understood their responsibilities for the day to day running of the practice and worked together well. All the staff we spoke with were positive about working at the practice and the leadership by the dentists and practice managers.

Summary of findings

The practice had policies, systems and processes which were available to all staff.

The practice was friendly and welcoming atmosphere and the team were committed to using learning, development to maintain and improve the quality of the service. The staff team were professional, enthusiastic and friendly.

The Bull Ring 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 13 January 2016 by a CQC inspector and a dentist specialist advisor. Before the inspection we reviewed information we held about the provider and information that we asked them to send us in advance of the inspection.

During the inspection we spoke with members of the practice team including dentists, dental nurses, reception staff and the practice managers. We looked around the premises including the treatment rooms. We viewed a

range of policies and procedures and other documents and read the comments made by 26 patients on comment cards provided by CQC before the inspection. We also looked at the practice's NHS Friends and Family survey results for April to November 2015.

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 did not have a formal significant event policy to provide guidance to staff about the types of incidents that should be reported as significant events but did have an established process for this. This included specific reporting forms for various different types of incidents such as child safeguarding, infection control, health and safety and information governance. Staff discussed any such events at staff meetings.

We saw that the practice followed up accidents and other significant events, took remedial action when necessary and used these as opportunities to share learning and to improve.

The practice had a well organised process for checking and sharing national safety alerts about medicines and equipment such as those issued by the Medical and Healthcare Products Regulatory Agency (MHRA).

The practice was aware of their duty of candour responsibilities in respect of being honest and transparent with patients when things went wrong.

Reliable safety systems and processes (including safeguarding)

We asked members of the practice team about child and adult safeguarding. They were aware of how to recognise potential concerns about the safety and well-being of children, young people and vulnerable adults. All members of the practice team completed safeguarding training during 2015. The practice had up to date safeguarding policies and procedures based on local and national safeguarding guidelines and the contact details for the relevant safeguarding professionals in Worcestershire. Staff knew who the practice's two joint safeguarding leads were. We saw an example of a safeguarding referral made by the practice which showed they had recognised a potential child safety concern and acted appropriately.

We confirmed that the dentists at the practice used a rubber dam during root canal work in accordance with guidelines issued by the British Endodontic Society. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment.

The dentists were working in accordance with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013.

Medical emergencies

The practice had arrangements to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The practice had the emergency medicines as set out in the British National Formulary guidance. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines. The staff kept various daily, weekly and monthly records of the emergency medicines and equipment to monitor that they were available, in date and in working order.

Staff completed annual basic life support training and training in how to use the defibrillator.

Staff recruitment

The practice had a low turnover of staff and the two most recently appointed staff had been in post for over a year and four years respectively. We looked at the recruitment records for these staff and the practice's recruitment policy and procedure. The practice had completed appropriate checks for these staff.

We saw evidence that the practice obtained Disclosure and Barring Service (DBS) checks when appointing any new staff. The DBS carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We saw evidence of DBS checks for all members of staff.

Although the practice was assuring themselves of the suitability of staff they employed, the written policy did not fully reflect the requirements set out in Regulation 19(3) and Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2011. The practice managers said they would review the specific content of the regulation and update their policy accordingly.

Are services safe?

The practice had a clear process for checking that clinical staff maintained their registration with the General Dental Council (GDC) and that their professional indemnity cover was up to date.

Monitoring health & safety and responding to risks

The practice had a comprehensive health and safety policy and risk assessment which both addressed numerous general and dentistry related health and safety topics.

We saw evidence that the practice had completed improvements to fire safety arrangements following a fire risk assessment by a specialist company. The practice manager explained that because they were now unable to locate the full version of the original assessment they were arranging for an up to date fire risk assessment to be carried out. Staff had all completed fire safety training in 2015. We saw comprehensive records showing that staff carried out daily, weekly and monthly tests and checks of the various fire safety precautions. Arrangements were in place with a specialist company for the maintenance and servicing of fire safety equipment. We noted that one of the two fire exits was not signposted to show all routes out of the building. The practice made immediate arrangements to purchase additional signs.

The practice had detailed information about the control of substances hazardous to health (COSHH). One of the dental nurses had delegated responsibility for maintaining and updating COSHH records and we saw that they did this conscientiously and in a well organised way.

The practice had a business continuity plan covering a range of situations and emergencies that may affect the daily operation of the practice.

Infection control

The practice used a cleaning company for general cleaning of the building which was visibly clean and tidy. We saw that there was a written cleaning schedule for the cleaners to follow and that the practice had carried out audits of general cleanliness. More than a third of patients who completed CQC comment cards specifically commented on their satisfaction with standards of cleanliness and hygiene.

The practice had an infection prevention and control (IPC) policy and completed IPC audits twice a year using the Infection Prevention Society format. We saw they had completed an annual infection control statement in

December 2015 as described in the dentistry specific section of the Department of Health Code of Practice on the prevention and control of infections and related guidance.

The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures.

Decontamination of dental instruments used in the first floor treatment rooms was carried out in a separate decontamination room on the same floor.

Decontamination of instruments used in the ground floor treatments rooms was carried out in one of the treatment rooms which had the necessary equipment and adequate space for this. The separation of clean and dirty areas in the decontamination room and in the treatment rooms was clear.

These arrangements met the HTM01-05 essential requirements for decontamination in dental practices.

The dental nurses could explain the processes they followed and kept records of the expected processes and checks including those which confirmed that equipment was working correctly.

The practice had personal protective equipment (PPE) such as disposable gloves, aprons and eye protection available for staff and patient use. The treatment rooms and decontamination room had designated hand wash basins for hand hygiene and liquid soaps and paper towels.

The practice had a Legionella risk assessment carried out by a specialist company in 2010 and had completed all the recommended work. A further risk assessment was carried out in February 2015. The practice confirmed that they had arranged for the necessary work this highlighted to be carried out. Legionella is a bacterium which can contaminate water systems. We saw that staff carried out routine water temperature checks and kept records of these.

The practice used an appropriate chemical to prevent a build-up of Legionella biofilm in the dental waterlines. Staff confirmed they carried out regular flushing of the water lines in accordance with current guidelines.

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. Waste was securely stored before it was collected.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. This included information for patients asking them to have a blood test carried out and explaining why they needed to do so. The practice managers had a system for monitoring the immunisation status of each member of staff.

Equipment and medicines

We looked at maintenance records which showed that equipment was maintained in accordance with the manufacturers' instructions using appropriate specialist engineers. This included equipment used to sterilise instruments, the emergency oxygen supply, the compressor and the practice boilers.

Prescription pads were stored securely and the practice had a system for monitoring their use. We saw that the dentists recorded the type of local anaesthetic used, the batch number and expiry date in patients' dental care records as expected.

Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). The records were well maintained and included the expected information such as the local rules and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. The records showed that the maintenance of the X-ray equipment was up to date.

We confirmed that the dentists' continuous professional development (CPD) in respect of radiography was up to date.

The practice had records showing that the practice had audited the technical quality grading of the X-rays each dentist had taken each year since 2012. Dental records showed that X-rays were justified, graded and reported on to help inform decisions about treatment.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists we spoke with described how they assessed patients and we confirmed they carried this out using published guidelines such as those from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP). This included guidance regarding antibiotic prescribing, wisdom tooth removal and dental recall intervals.

We saw examples of suitably detailed treatment plans for patients which reflected their dental needs. Patients were asked to complete an up to date medical history form at the start of a course of treatment and the dentist checked at each appointment that there had been no changes. We saw that dental care records contained expected details of the dentists' assessments of patients' tooth and gum health, medical history and consent to treatment. We saw evidence that the practice computer system included alerts to make sure the dentists were reminded of any medical conditions which might have an impact on a patients' dental treatment. We saw that when needed they consulted patients' GPs about any necessary precautions.

Health promotion & prevention

The dentists were aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. There were leaflets and posters at the practice about various topics such as obtaining help to stop smoking and sensible alcohol use. A range of dental care products were available for patients to buy.

The area had a fluoridated mains water supply and the dentists told us they rarely needed to provide fluoride applications or prescriptions for high concentration fluoride toothpaste. The dentist explained they considered the need for these as part of their assessment and provided them in a targeted way.

The practice took part in mouth cancer month each year and used patients' routine appointments to check for warning signs of cancer. The practice's medical history forms included questions about alcohol consumption and smoking and the dentists gave patients verbal advice about the associated risks. The practice provided examples of

making urgent referrals for patients in line with the NICE cancer referral guidelines. This had led to patients receiving treatment earlier than they would have had the dentist not identified concerns.

Staffing

The practice encouraged staff members to maintain the skills and training needed to perform their roles competently and with confidence. The practice used annual appraisals to monitor that the clinical team had completed training to maintain the continued professional development (CPD) required for their registration with the General Dental Council (GDC). Staff received annual appraisals. We saw training certificates for staff which showed they had completed a wide range of clinical and health and safety related courses. The practice used an external training provider for a range of training including defibrillator training, basic life support and infection control.

One of the dental nurses was undergoing a radiography course to qualify them to take X-rays. Although other dental nurses did not have formal extended role training they were encouraged to develop their roles and experience. For example, one was responsible for the COSHH records and had completed a recent emergency medicines audit. They told us the team were encouraged to take an active role in the running of the practice.

The practice had a structured, competency based induction process which included opportunities for new staff to shadow their more experienced colleagues.

Working with other services

The dentists referred patients as needed to the dental hygienist employed at the practice and to external professionals when they needed complex treatment the practice did not offer. This included referrals for orthodontic treatment and complex gum and root canal treatment. The practice referred patients for investigations in respect of suspected cancer in line with NHS guidelines.

The practice also made referrals to other services for patients unable to manage the access into the building or who needed particular assistance with dental care. This included anxious patients, children needing extensive dental care and others with specific support needs such as learning difficulties. The practice did not routinely ask patients if they wanted a copy of their referral letter.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

We saw that the practice recorded consent to care and treatment in patients' records and provided written treatment plans for both private and NHS patients where necessary. The clinical staff we spoke with understood the importance of obtaining and recording consent and providing patients with the information they needed to make informed decisions about their treatment.

The practice had a written policy and guidance for staff about the Mental Capacity Act 2005. The MCA provides a

legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The dentists and dental nurses we discussed this with had a solid understanding of the relevance of this legislation in dentistry and described a situation where they had needed to take it into account. The practice had an assessment template to help them assess patients' capacity where this was unclear. This reflected the MCA code of practice.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We gathered patients' views from 26 completed Care Quality Commission comment cards. Without exception these patients were positive about the practice and their experience of being a patient there. Several described the positive aspects of the practice which contributed to this. These included staff being compassionate, putting them at their ease and treating them as individuals. Patients described staff as respectful, attentive and gentle. During the inspection we found that staff showed a caring and helpful attitude towards patients.

The practice had clear processes for maintaining patients' confidentiality. These included information governance

arrangements and training for staff about these subjects. The waiting room was separate from reception which helped ensure that patients had privacy when speaking with receptionists.

Involvement in decisions about care and treatment

Many of the patients we received information from confirmed that their dentist listened to them and several described how their dentist made sure they understood the care and treatment they needed.

We saw an example of a comprehensive dental care record which showed the detail the dentist had provided to a patient to assist them to reach a decision about the treatment that was best for them. This included explanations of the risks and benefits of each option.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We gathered patients' views from 26 completed Care Quality Commission comment cards. The overall picture we gained was positive. Many patients who completed CQC comment cards said they had been patients at the practice for a long time. They said they had always been happy with the service provided by the practice. Some patients specifically mentioned how the practice met their needs and treated them or their children as individuals.

The practice ensured that patients unable to use stairs had their appointments in a ground floor surgery. Patients could access treatment and urgent and emergency care when required. We noted an example of a patient needing an appointment quickly, but not urgently, who was fitted in for an appointment within two days.

There was information for patients in the waiting room. This included details of NHS and private charges and details of monthly dental payment scheme available to patients.

Staff told us they arranged transport for eligible patients with a local voluntary transport scheme.

Tackling inequity and promoting equality

The practice had equality and diversity and human rights policies which were signed to show staff had read and understood what these expected of them.

Staff told us that they had very few patients who were not able to converse confidently in English. When needed they used an interpreting service to assist with communication. This service included services for patients who used British Sign Language. The practice had an induction hearing loop to assist patients who used hearing aids.

The practice building was in a grade two listed converted period property. It had been assessed in respect of access for patients with disabilities but had some external steps. The practice could not provide a ramp because of the sloping pavement immediately outside the practice. There was a bell outside which patients needing help into the building could use. Alternatively the practice referred patients with more significant disabilities to practices with suitable access or to an NHS community dental service.

The reception, waiting room and two treatment rooms were on the ground floor. Staff told us that they always arranged for patients with restricted mobility to be seen downstairs.

Access to the service

Most patients who completed CQC comment cards were positive about their experience of making appointments. Some remarked on how easy they had found it to obtain an appointment when they or their children had been in pain or when they had needed to book an appointment at short notice.

The practice was open Monday to Friday at the following times –

Monday and Tuesday – 8.50am to 7pm

Wednesday and Thursday – 8.50am to 5pm

Friday – 8.20am to 4pm

Reception staff confirmed that the length of appointments varied according to the type of treatment being provided and were based on treatment plans. They told us patients needing an urgent appointment because they were in pain were seen on the day they contacted the practice although they might have to sit and wait.

When the practice was closed they provided a recorded message to let their patients know they could access emergency NHS dental treatment by telephoning the local dental access unit or by phoning the NHS 111 number. A separate out of hours telephone number was available for private patients to use.

Concerns & complaints

The practice had a complaints policy and procedures and guidance from the British Dental Association about dealing with complaints. There was information on the practice website and in the waiting room for patients. This explained who to contact if they had concerns and how the practice would deal with their complaint. Details of how they could complain to NHS England and the Dental Complaints Service (for private patients) were included.

We looked at the records of complaints and saw only one had been received since 2013. This had been responded to appropriately and the issue raised had been discussed with staff to reduce the potential for the same thing happening

Are services responsive to people's needs?

(for example, to feedback?)

again. The patient had also posted their concerns on the NHS Choices website. The practice had responded constructively to this by asking the patient to contact the practice so they could deal with their concerns in person.

Are services well-led?

Our findings

Governance arrangements

The practice had two part time practice managers who supported the provider in the day to day running of the practice. There was a clear management structure and staff understood their roles and responsibilities. Monthly staff meetings were held and staff told us they were encouraged to contribute items for the agenda. They added that everyone took turns in writing the meeting minutes which were then put on the staff room notice board where everyone could access them. The meetings followed a set agenda so important subjects such as safety alerts were always discussed. The day of the meeting was rotated to make sure all the staff could attend regularly even if they worked part time. The dates for 2016 meetings were posted on the staff room notice board. In addition the practice also held periodic management meetings and dental nurse meetings.

The practice's statement of purpose outlined their aim to provide consistently good quality dental care and treatment had a range of policies and procedures to support them in this. These were kept in a room at the practice where all staff could refer to them easily.

The practice carried out a range of audits to assist them in the management of the practice and maintaining the quality of the service they provided. We saw evidence that audits of dental care records, information governance, infection control, radiography and health and safety had all been completed in the last year. We noted that the information governance audit form was comprehensive and showed how seriously the practice took the confidentiality of patients' information.

Leadership, openness and transparency

The practice was long established and many staff had worked there a long time. The practice team felt well supported by the dentists and practice managers and confirmed they were approachable. The staff we spoke with said the team got on well and were supportive and friendly.

Management lead through learning and improvement

There was a happy and supportive atmosphere at the practice. The team were enthusiastic and committed to learning, development and improvement. Staff received training and annual appraisals. The practice used staff meetings for training and development as well as for information sharing.

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

The practice showed us the results of their 2015 NHS Friends and Family Test monthly surveys for April to November. These showed that from 122 responses 105 patients were 'extremely likely' to recommend the practice and nine were 'likely' to do so. Before they began using the NHS Friends and Family test the practice had carried out their own surveys. They showed us the results of the 2014 survey. This showed high levels of patient satisfaction and did not identify specific improvements that were needed. However, the practice had reviewed the results carefully and noted a small number of issues they needed to improve to such as making sure patient leaflets were offered to patients.

Staff we spoke with felt they were listened to and felt confident about speaking at staff meetings or raising any concerns they might have.