Den Dental Group Practice LLP

Bupa - Mill Street, Sidmouth

Inspection Report

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Overall summary

We carried out this announced inspection on 12 June 2019 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 not providing well-led care in accordance with the relevant regulations.

Background

Bupa – Mill Street, Sidmouth is in Sidmouth and provides predominantly NHS and some private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes five dentists, four dental nurses, five trainee dental nurses, two dental hygienists, one receptionist and one practice manager/dental nurse. The practice has four treatment rooms.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Bupa – Mill Street, Sidmouth was the practice manager.

On the day of inspection, we collected four CQC comment cards filled in by patients. Three comment cards gave us a positive view of the practice, one was more critical.

During the inspection we spoke with the staff on duty, a practice manager from another Bupa dental service (covering in the absence of the practice manager) and a compliance lead for Bupa. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 8.30am – 5pm.

Our key findings were:

- Staff knew how to deal with emergencies.
- The practice had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- 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.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs. Patients reported they often experienced delays in timekeeping on the day of their appointment.
- The leadership at the practice was ineffective and was not resulting in a culture of continuous improvement.
- Staff felt improvements could be made to work better as a team.
- The provider asked patients for feedback about the services they provided. However, survey results lacked a plan of action to improve services.
- The provider was not dealing with complaints efficiently.
- The provider had suitable information governance arrangements.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Send CQC a written report setting out what governance arrangements are in place and the plans to make improvements.

Full details of the regulation the provider is not meeting is at the end of this report.

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

- Review the practice's sharps procedures to ensure the practice is following the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the system for tracking and monitoring the use of NHS prescription pads in the practice.
- Review the practice's protocols to ensure an antimicrobial audit is undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, all practice audits have documented learning points and the resulting improvements can be demonstrated.
- Review the practice's infection control procedures and protocols, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the supervision needs of individual staff members at appropriate intervals and ensure trainee nursing staff receive adequate clinical supervision and leadership.

Summary of findings

- Review the practice's systems for checking and monitoring equipment, taking into account relevant guidance and ensure that all equipment is well maintained. In particular, all equipment brought into the practice by visiting dental implantologists.
- Review the practice's processes and systems for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.
- Review the practice's complaint handling procedures and establish a system for honest and transparent, handling and responding to complaints, including noting any learning points to prevent future similar complaints.
- Review the practice's protocols and procedures in relation to the Accessible Information Standard to ensure that the requirements are complied with.
- Review the practice radiation protection file to ensure procedures and policies reflect IRMER regulations (2017).
- Review the practice arrangements for ensuring good governance and leadership are sustained in the longer term.

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?

No action

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

Staff were receiving a training update in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

The premises were properly maintained.

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

The practice had systems and processes to provide safe care and treatment. However, the following improvements could be made regarding reviewing reporting protocols to ensure learning is demonstrated as a result of all incidents. Ensuring that there is a robust assessment of risk from associated sharp instruments used in the practice. Introducing robust processes to ensure that medicines are appropriately stored, and their use monitored. Reviewing and updating infection control policies and protocols for X-ray use.

Are services effective?

No action

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. Three patients described the treatment they received as superb, one person told us they were dissatisfied with their treatment. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The provider supported staff to complete training relevant to their roles. However, improvements could be made regarding clinical supervision of trainee nurses.

Systems could improve to ensure equipment used when placing dental implants is suitable and/or safe for use.

Are services caring?

No action

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

Summary of findings

We received feedback about the practice from four people. Patients were positive about the kindness of staff working at the practice. They told us staff were welcoming and friendly.

They said that they were given helpful explanations about dental treatment, 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.

Improvements could be made to review protocols and procedures in relation to the Accessible Information Standard.

Are services responsive to people's needs?

No action ✓

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to telephone and/or face to face interpreter services.

Improvements could be made to ensure complaints are handled and investigated in an open and transparent way and that learning results from complaints raised.

Are services well-led?

Requirements notice ✗

We found that this practice was not providing well-led care in accordance with the relevant regulations. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

The registered person did not have effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

They failed to fully assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

The practice team kept complete patient dental care records which were clearly written or typed and stored securely.

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. However, the following improvements could be made regarding reviewing reporting protocols to ensure clinical audits contain measurable action plans for improvements and that there is effective monitoring of any action plan as a result of negative patient feedback.

Summary of findings

The practice should review the arrangements for ensuring good governance and leadership are sustained in the longer term.	

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had systems to keep patients safe, but improvements could be made.

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. A recent audit at the practice had identified that a number of staff needed to complete or update their safeguarding training. We saw that progress was being made to ensure all staff had up to date training.

The practice had a system to highlight vulnerable patients on records e.g. people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Most staff we spoke with were confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at ten staff recruitment records. These showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had arrangements to ensure the safety of the X-ray equipment. However, we noted that information in the radiation protection file was not updated to reflect current guidance issued in 2017 and the risk assessment included items not used in the practice. We raised this with the management team, who told us the folder would be updated.

We saw evidence that the dentists justified and reported on the radiographs they took. However, in some instances the grading of radiographs was incomplete. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety, but improvements could be made.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The practice was not using a safer sharps delivery system as recommended in the (2013) Sharps Regulations. The practice risk assessment did not reflect this and therefore lacked a written protocol for control measures to minimise risk.

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

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were available, although it was not stored in an immediately accessible location at the practice. We raised this with the management team, who made arrangements to re-site the equipment to an accessible place.

Are services safe?

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice occasionally used locum and/or agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

The practice had an infection prevention control policy and procedures. The lead staff member for infection control was on maternity leave and no arrangements were in place to cover this. We raised this with the management team, who told us arrangements would be put in place. The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards, however, we noted a number of areas for improvement to follow guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. At the time of the inspection all nurses working alongside dental clinicians were trainee nurses, and lacked robust systems in the practice for clinical supervision. The practice protocol for cleaning and sterilising instruments was unclear regarding dental burs. Trainee dental nurses were unsure of the protocol. The practice was not using a safer sharps system and there was no sharps container in the decontamination room, which raised risk of sharps injury to staff. We saw no needle-stick injury guidance signposting to local services contact numbers. A support pillow for patient use in one surgery had no cleaning protocol. The practice was using cassettes in the autoclaves, which were not designed for the equipment and had resulted in staff injuries.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected. However, we noted some window sills in treatment rooms required cleaning.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines. Improvements could be made.

The dentists were aware of current guidance with regards to prescribing medicines.

The stock control system of medicines which were held on site was ineffective as medicines were not all being stored within a recommended temperature range. We found medicines stored both too cold and too warm. The monitoring systems for medicines had failed to identify when medicines were being stored incorrectly. We raised this with the management team, who took immediate steps to arrange delivery of replacement items, dispose of medicines no longer guaranteed effectiveness and to re-site the replacement medicines to ensure they were stored appropriately.

The practice stored NHS prescriptions as described in current guidance. However, we noted the system for monitoring prescription use was ineffective, with a number of prescriptions unaccounted for in records.

Are services safe?

The practice had not carried out an antimicrobial prescribing audit. Therefore, improvements could be made regarding antibiotic stewardship.

Track record on safety and Lessons learned and improvements

There were risk assessments in relation to safety issues. The practice monitored and reviewed incidents. However, we noted very few incidents, or learning events were recorded and not all were flagged as reportable to senior management. Therefore, the organisation's policy for reporting incidents and learning events was not being followed. This meant the opportunities for further learning were limited.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by a visiting specialist who had undergone appropriate post-graduate training in this speciality. The assessment and delivery of dental implant procedures was in accordance with national guidance. However, we noted the practice had no quality assurance system in place for checking and monitoring the equipment that the implantology specialist brought into the practice.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.

The dentists/clinicians where applicable, 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.

The practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentists and dental hygienist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists 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, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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 the practice audited patients' dental care records to check that the dentists/clinicians recorded the necessary information.

Effective staffing

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Due to trained nurses on extended leave periods, the practice only had trainee nurses and a practice manager/

Are services effective?

(for example, treatment is effective)

trained nurse. Trainee nurses told us they had concerns that the practice manager did not have sufficient time in their working day to supervise them, due to their practice manager commitments. We raised this with the management team, who told us they would make additional arrangements to ensure trainee nurses received appropriate levels of supervision at the practice.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The practice also had systems for 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. We noted there was no pro-active system for monitoring all referrals, to make sure they were dealt with promptly. We raised this with the management team, who told us they would implement a phone call system to patients to check they had heard from the organisation dealing with their referral to ensure they were seem in a timely way.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were friendly and welcoming. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' 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.

Involving people in decisions about care and treatment

The management team told us they were in the process of working to ensure that all staff had knowledge and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given). In the meantime, interpretation services were available for patients who did not use English as a first language. We saw notices in the reception areas, informing patient's translation services were available.

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

The practice's website provided patients with information about the range of treatments available at the practice. We noticed, however, that information about clinical staff working in the practice was out of date.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care, such as patients with dental phobia, adults and children with a learning difficulty and people living with and long-term conditions.

The practice had steps free access and accessible toilet with hand rails and a call bell. A disability access audit had been completed and an action plan formulated to continually improve access for patients.

Staff telephoned some patients shortly before their appointment to make sure they could get to the practice.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs, although patient feedback to the practice indicated that appointments often ran late on the day.

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

The practice's 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.

Listening and learning from concerns and complaints

The practice complaints process was not robust and did not respond appropriately to improve the quality of care.

The practice had a 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. 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 12 months. We noted a theme of being dismissive toward patient complaints and failing to recognise learning opportunities as a result of complaints made. All complaints made were reported to the wider parent organisation as 'not upheld'. We raised this with the management team, who told us they would review complaints handling at the practice.

Are services well-led?

Our findings

Leadership capacity and capability

We found failures in effective governance and quality monitoring at the practice.

Quality assurance systems by the wider organisation, through a recent audit, had identified that a number of improvements needed to be made at the practice. A clear and measurable action plan for improvement had been developed and we saw this was being monitored on a weekly basis, resulting in improvements. However, we found additional areas for improvement. We discussed the improvement plans and our findings with the management team, who responded positively and immediately to issues that could be immediately rectified. They told us they would ensure all other issues be addressed.

We have asked for an action plan for improvement at the practice and will follow this up.

The organisation has the capacity to put in additional managerial support at the practice.

Culture

There had been a number of staff changes at the practice in recent months. The current staff team told us they enjoyed working at the practice.

Some said suggestions they made to improve and/or manage workload was listened to by the practice manager, others said they saw little changes when suggestions for improvements were raised.

We saw the provider took effective action to deal with poor performance.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Governance and management

There were roles and systems of accountability to support good governance and management. This was being impacted upon by some recent staff changes and staff away on extended leave.

The practice manager was responsible for the day to day running of the service.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice involved patients, staff and external partners to support high-quality sustainable services.

The practice used patient surveys and verbal comments to obtain patients' views about the service. We noted patient feedback had not been translated into an action plan for improvement, for example in addressing appointment time keeping.

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.

Continuous improvement and innovation

The practice had systems for quality assurance processes to encourage learning and continuous improvement. However, the systems were not being used or monitored particularly effectively. There were audits of dental care records, radiographs and infection prevention and control. However, not all were completed fully or had resulting action plans to drive improvements.

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Are services well-led?

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.