

Baddow Dental Practice

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Inspection Report

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Overall summary

We carried out this announced inspection on 27 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 not provide any information.

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

Baddow Dental Practice is in Great Baddow, Chelmsford and provides NHS (approximately 92%) and some private treatment to patients of all ages.

There is a portable ramp for access for people who use wheelchairs or pushchairs. Car parking spaces are available in a public car park near the practice.

The dental team includes six dentists, five dental nurses including two trainee dental nurses, one dental hygiene

Summary of findings

therapist, one apprentice dental nurse, one receptionist and one practice manager. The practice has four treatment rooms, two on the ground floor and two on the first floor.

The practice is owned by a partnership 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 Baddow Dental Practice was the principal dentist.

On the day of inspection we collected 24 CQC comment cards filled in by patients and spoke with three other patients. This information gave us a wholly positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses, the apprentice dental nurse, one receptionist 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 to Thursday 8.30am to 1pm and 2pm to 5.30pm and Friday 8am to 12am and 12.30pm to 3pm.

Our key findings were:

- A strong and effective leadership was provided by the principal dentist and an empowered practice manager. Staff felt involved and supported and worked well as a team.
- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice 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.
- The appointment system met patients' needs.
- The practice asked patients for feedback about the services they provided. Comments received from patients were wholly positive.
- The practice dealt with complaints positively and efficiently. There was scope to ensure verbal complaints were monitored to ensure trends and learning needs were identified.

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 essential recruitment checks.

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

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

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

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

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

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 27 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, friendly and polite. They said that they were given helpful, honest 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.

No
action


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. There was a portable ramp access for disabled patients and families with a pushchair. The practice had access to telephone interpreter services, two clinicians spoke other languages. The practice did not have a hearing loop.

No
action


Summary of findings

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

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

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

The practice team kept complete patient dental care records which were, clearly 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. Comments from patients were wholly positive and where feedback had been given the practice had taken action.

**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 manager understood the formal reporting pathways required following serious untoward incidents as detailed in the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and these were displayed in the practice reception area.

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. All staff had disclosure and barring service (DBS) checks in place to ensure they were suitable to work with vulnerable adults and children. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of retribution.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Equipment for use in a medical emergency was in line with the recommendations of the Resuscitation Council UK, and included an automated external defibrillator (AED).

There was evidence of emergency medicine stock and expiry dates. Staff told us the AED was checked by staff daily, other equipment and medicines for use in an emergency were also checked daily and weekly. This ensured that they would be available, in date, and in good working order should they be required. The practice had a record of all the expiry dates, but did not record the weekly checks. We discussed this with the registered manager and practice manager who took immediate action to ensure recording templates were in place for weekly checks before we finished the inspection. Staff we spoke with were able to describe where the emergency equipment was kept, and which medicines would be required in specific emergencies.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at 13 staff recruitment files. These showed the practice followed their recruitment procedure.

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental hygiene therapist when they treated patients.

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:

Are services safe?

Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

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

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

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing and storing medicines.

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

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray 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.

The practice did not provide sedation services; patients who required sedation were referred elsewhere, which gave them a choice with regard to where they received their treatment. Referrals for NHS orthodontic treatment were made to local orthodontic practices.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Following patient feedback the practice had developed a range of practice advice leaflets for patients following their treatment. For example a guide to post-operative care following a dental extraction.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child. There was a selection of dental products for sale to patients including interdental brushes, mouthwash and toothpaste.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments.

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.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists and dental nurses 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 people's diversity and human rights.

Patients commented positively that staff made them feel at ease, were caring and gentle. We saw that staff treated patients professionally and were friendly and helpful towards patients at the reception desk and over the telephone.

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

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. We saw that staff took great care not to breach patients' confidentiality. 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 any paper records securely.

Music was played in the waiting rooms and there were magazines and children's books available. The practice provided drinking water on request.

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.

The practice had introduced an intraoral camera and each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options. In addition the practice provided two clinipads and staff told us this had proved effective in ensuring patient information and contact details were accurate and up to date.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included a portable ramp and handgrips at the front entrance. There was no disabled toilet to accommodate those with limited mobility and no portable hearing loop to assist patients who wore hearing aids. However the toilet on the first floor was wide enough to support the use of some mobility aids. Staff described how they provided assistance for patients with sight loss who were supported by a guide dog and others with reduced hearing who were able to lip read, and commented that the lack of a hearing loop had not been identified as a problem for patients. The practice were in the process of redeveloping the layout of the surgery. We saw the building plans which proposed an accessible toilet with hand rails, a call bell and baby changing facilities which would be installed on the ground floor.

Staff said they had access to interpreter/translation services and we were told two clinicians were able to translate a number of languages. We were told patients were offered the option to see their own dentist downstairs if they were unable to access the first floor.

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 at least one appointment per dentist free for same day appointments. 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 since 2014. These showed the practice responded to concerns appropriately, we saw minutes of meetings where outcomes were discussed 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 was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The principal dentist was forward thinking and had plans in place to redevelop the structure and lay out of the practice. These plans included the improvements to the treatments rooms, simplifying and redeveloping the decontamination room, improved mobility access and baby changing facilities.

Other plans the principal dentist had already put in place included increased staffing, the practice had recruited an additional dentist, a hygienist and two extra nurses to spread the work load and ensure consistency in care and treatment. Improved and increased staff training; staff undertook rehearsed tasks such as fire drills, complaints process and analysis and dealing with difficult scenarios to support their learning and development. The practice had created a practice management calendar to ensure reviews and tasks were actioned in a timely and effective way and staff were given allocated time to complete general dental practice housekeeping duties. Staff were encouraged to work with each other to support and encourage consistency across the practice. The principal dentist showed us their action plan of redevelopment which also included the refurbishment of treatment rooms, the purchase of new and extra equipment including the clinipads to collect accurate patient information, automated data loggers for autoclaves and an overhauled IT system providing internet access for clinicians in each treatment room.

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 apologetic to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist and the practice manager encouraged them to raise any issues and they felt confident they could do this. They knew who to raise any issues with and told us the principal dentist and the practice manager were 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, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The 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 and receptionist 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. Staff were encouraged to review and appraise each other's work and provide support and advice. The practice funded staff continuing professional development (CPD) courses and ensured they had protected time to complete training.

The principal dentist and practice manager encouraged the dental nursing team to cover each other, working with other clinicians and in the other treatment rooms to ensure continuity of care and treatment throughout the practice. In addition they worked alongside the receptionist to ensure they were aware of practice procedures and provided cover where required.

Staff described how the principal dentist and practice manager supported them through their training and course

Are services well-led?

work. 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, suggestion comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on. For example following patient feedback the practice had installed a hand grip beside the front door to assist patient access. As a result of patient feedback the appointment

system had been reviewed to improve patient access by implementing longer appointment slots in the diary alongside additional emergency appointments at the end of the day.

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. There were comment cards and a response box in the waiting room to allow them to do this. The practice's results for June, July and August 2017 showed that 100% of patients who responded were extremely likely to recommend the practice to friends or family. Responses from the practice patient survey were also wholly positive and where feedback had been given the practice had taken action, as with the appointment system and the exterior handgrip.