

Portman Healthcare Limited

Apollonia House Dental & Health Care

Inspection Report

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Overall summary

We carried out this announced inspection on 13 March 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Apollonia House Dental & Health Care is in Oldham and provides privately funded treatment to adults and children.

Summary of findings

There is level access for people who use wheelchairs and pushchairs. The practice has a car park which includes spaces for blue badge holders.

The dental team includes seven dentists (one of whom has a special interest in endodontics and one in orthodontics), three dental hygienists, a treatment co-ordinator, nine dental nurses (one of whom is a trainee), three decontamination staff members and three receptionists. The clinical team is supported by a practice manager. The practice also has an anaesthetist who attends as necessary to provide sedation services. There are five treatment rooms.

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 Apollonia House Dental & Health Care was the practice manager.

On the day of inspection, we collected 16 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, four dental nurses and decontamination staff, a dental hygienist, the practice manager and a compliance manager from the organisation. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 08:00 to 20:00

Tuesday and Thursday 08:00 to 18:00

Wednesday 08:00 to 19:00

Friday 08:00 to 17:00

Saturday 08.00 to 13.00 by appointment only

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control policies which reflected published guidance. Minor improvements were needed to the decontamination processes.
- 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 had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Review the practice's procedures for closed-circuit television (CCTV) and compliance with the Information Commissioner's Office protocols (ICO).

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.

The practice had suitable arrangements for checking, sterilising and storing instruments in line with HTM01-05. We observed the procedures for transporting and cleaning instruments; these could be improved in line with the guidance and discussed this with decontamination staff and the practice manager.

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.

The organisation used a health and safety company for up to date advice and to carry out comprehensive, risk-rated health and safety risk assessments.

The practice had a three-dimensional Cone-Beam Computed Tomography (CBCT) scanner. A standard operating procedure was not in place for the use of the equipment. This was discussed with staff responsible for the operation of the machine and the practice manager.

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.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. All patients were provided with a detailed treatment plan which included a range of treatment options, risks, benefits and costs.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. The practice received private referrals from other dental practices. A referral procedure and system was in place to manage these effectively.

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

No action



Summary of findings

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 16 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, knowledgeable and very caring. 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.

The practice raised money for a local mountain rescue charity by participating in challenges and holding coffee mornings.

The provider had installed a closed circuit television system (CCTV). They had not informed the Information Commissioners Office and information displayed did not include for what purpose the CCTV was in use and to make them aware of their right of access to footage which contains their images.

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. They offered early morning, evening and Saturday appointments.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children.

Staff knew how to access interpreter/ translation services although staff told us they had never needed to access these.

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

The practice had a system for patients to highlight when a member of staff had provided exceptional service. Staff received reward and recognition for this at monthly meetings.

No action



Are services well-led?

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

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

The practice received regular newsletters and bulletins from the head office which included safety, complaints, training and company information.

No action



Summary of findings

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.

The organisation had an awards system to encourage staff to suggest improvements and recognise outstanding contributions.

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. Staff could also seek additional support from the organisation if necessary.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

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

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

Medical emergencies

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

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Staff involved in the provision of sedation had received additional training and a spare emergency oxygen cylinder was available. The staff also practised and discussed emergency scenarios in meetings.

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 staff recruitment files. These showed the practice followed their recruitment procedures.

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

The practice occasionally used locum agencies. We saw that the practice ensured that appropriate checks were carried out on these staff. Locum staff received an induction to ensure that they were familiar with practice procedures.

Monitoring health & safety and responding to risks

The organisation used a health and safety company for up to date advice and to carry out comprehensive, risk-rated health and safety risk assessments. Policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. A fire risk assessment had been carried out and the recommendations acted on. COSHH risk assessments had been carried out and were reviewed regularly and stored with manufacturer's safety data sheets. 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 hygienist when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed

Are services safe?

guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for checking, sterilising and storing instruments in line with HTM01-05. We observed that the procedures for transporting and cleaning instruments could be improved and discussed this with decontamination staff and the practice manager. For example, instruments were cleaned in an ultrasonic cleaner before rinsing. The layout of the decontamination room inhibited staff being able to carry out the correct procedures. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. Activity and tests from both ultrasonic cleaners were recorded in a single book and were not machine specific. Instruments were transported to and from the decontamination room in trolleys. We observed the decontamination area was very busy, trolleys were moved as staff passed through the area and there was confusion over the process to re-stock and clean trolleys ready for use. The practice manager gave assurance the decontamination processes would be reviewed and additional training provided.

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.

The staff records we reviewed with the practice manager provided evidence to support the relevant staff had received inoculations against Hepatitis B. It is

recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. One member of staff was identified as a low responder. We saw evidence that they had received additional booster vaccinations as appropriate. An individual risk assessment was not in place. We discussed with the practice manager who confirmed this would be completed.

Equipment and medicines

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

The practice had suitable systems for prescribing, dispensing and storing medicines.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They 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 radiographs they took. The practice carried out radiograph audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

The practice had recently installed a three-dimensional Cone-Beam Computed Tomography (CBCT) scanner which produced high-resolution images for diagnosis and treatment planning.

A standard operating procedure was not in place for the use of the equipment. This was discussed with staff responsible for the operation of the machine and the practice manager. They confirmed this would be implemented.

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 also provided dental implants. The dentist explained the process which patients underwent prior to undertaking implant treatment. This included using X-rays to assess the quality and volume of the bone and whether there were any important structures close to where the implant was being placed. We saw evidence these X-rays were analysed to ensure the implant work was undertaken safely and effectively. We also saw that patients gum health was thoroughly assessed prior to any implants being placed. If the patient had any sign of gum disease then they underwent a course of periodontal treatment. After the implant placement the patient would be followed up at regular intervals by the treatment co-ordinator to ensure the implant was healing and integrating well and a direct contact number for the dentist was provided if they had any questions or concerns.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of

Anaesthesiologists classification system in accordance with current guidelines. The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood

Two dental nurses with appropriate additional training supported dentists treating patients under sedation. The dental nurses' names were recorded in patients' dental care records.

Health promotion & prevention

The practice provided preventative care and support to patients in line with the Delivering Better Oral Health toolkit. They displayed oral health education information throughout the practice and supported national oral health campaigns. Patient's comments confirmed that the dentists were very informative and gave them information to improve their oral health. In addition, the practice had been asked to take part in a forthcoming epidemiological study of adult oral health in the locality.

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 as appropriate.

The dentists and dental hygienist told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and the practice supported them to complete their training by offering in-house training, lunch and learn sessions and online training. The practice monitored the progress of trainee dental nurses and met regularly with assessors from the education provider to support their learning.

The provider used the skill mix of staff in a variety of clinical roles, for example, dentists, dental hygienists, treatment

Are services effective?

(for example, treatment is effective)

co-ordinators, dental nurses and decontamination staff to deliver care in the best possible way for patients. One of the dental nurses had enhanced skills training in radiography and one in implant nursing and sedation.

Staff told us they discussed training needs and objectives at six-monthly appraisals. We saw evidence of completed appraisals which incorporated the vision and values of the practice and the organisation.

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.

The practice received private referrals from other dental practices. A referral procedure and system was in place to manage these effectively and inform the referring dentist of the patients' progress or if they failed to attend appointments.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. All patients were provided with a detailed treatment plan which included a range of treatment options, risks, benefits and costs. Patients were given the opportunity to discuss this with the dentist and treatment co-ordinator. 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 were aware of their responsibility to respect people's diversity and human rights.

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

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

The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. Staff were aware of the importance of privacy and confidentiality, they described how they avoided discussing confidential information in front of other patients and 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. Telephone calls were answered in the office to maintain confidentiality and reduce noise and disturbance for patients at the reception desk.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

There were newspapers, magazines, a kids' corner and a television in the waiting room. The practice provided

drinking water, tea and coffee. Practice information folders, patient survey results and thank you cards were available for patients to read. Additional seating was available in another area of the practice for private discussions.

The practice raised money for a local mountain rescue charity by participating in challenges and holding coffee mornings.

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. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as orthodontics, dental implants and sedation.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options.

The provider had installed a closed circuit television system (CCTV), internally in the corridor and reception areas. They had not informed the Information Commissioners Office and information displayed did not include for what purpose the CCTV was in use and to make them aware of their right of access to footage which contains their images.

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. The practice had a system to quickly notify patients who could attend at short notice if an appointment with their preferred clinician became available.

Patients could choose to receive text messages and email reminders for upcoming appointments. Staff told us that they telephoned some patients on the morning of their appointment to make sure they could get to the practice. Staff also telephoned patients after complex treatment to check on their well-being and recovery.

Tackling inequity and promoting equality

The practice made reasonable adjustments for patients with disabilities. These included disabled parking, step free access, a hearing loop, and accessible toilet with hand rails and a call bell. They also provided baby changing facilities.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They knew how to access interpreter/translation services but staff told us they had never needed to access these.

Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day care. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

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

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

We looked at comments, compliments and complaints the practice received in the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. The practice had a system for patients to highlight when a member of staff had provided exceptional service. Staff received reward and recognition for this at monthly meetings.

Are services well-led?

Our findings

Governance arrangements

The practice was a member of a 'good practice' certification scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

The principal dentist and registered manager had overall responsibility for the management and day to day running of the practice with support from head office. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These were regularly reviewed by responsible officers at the provider's head office and 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. The practice received regular newsletters and bulletins from the head office which included safety, complaints, company information and courses which were available to practice staff.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held a range of regular meetings where staff could raise any concerns and discuss clinical and

non-clinical updates. Immediate discussions were arranged to share urgent information. The practice manager took part in regular conference calls and meetings with other local practice managers and accessed support from area managers and head office as required.

Learning and improvement

During the inspection we found all staff were responsive to discussion and feedback to improve the practice. The practice had quality assurance processes to encourage learning and continuous improvement. The organisation had a clinical lead and clinicians attended events, training and meetings to discuss best practice. A system of regular audits was in place. These included audits of dental care records, dental implants, sedation, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals and six-monthly reviews. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed highly recommended 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. The organisation provided online and in-house training including CPD events which covered much of the core CPD.

The organisation had an awards system to encourage staff to suggest improvements and recognise outstanding contributions and staff were encouraged to nominate colleagues. A dental nurse from the team had recently been recognised as employee of the month.

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service.