

Vicar's Cross Dental Practice

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Inspection Report

48 Green Lane

Chester

CH3 5LB

Tel: 01244 351755

Website: www.vicarscrossdental.co.uk

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Overall summary

We carried out this announced inspection on 27 February 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.

We told the NHS England Cheshire and Merseyside area team that we were inspecting the practice. We did not receive any information of concern from them.

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

Vicar's Cross Dental Practice is located in a residential suburb of Chester and provides dental care and treatment to adults and children on an NHS and privately funded basis. The practice also provides dental treatment under sedation on a private basis.

The provider has installed a ramp to facilitate access to the practice for wheelchair users and for pushchairs. The practice has seven treatment rooms. Car parking is available at the practice and bike stands are also available.

Summary of findings

The dental team includes a principal dentist, seven associate dentists, three dental hygiene therapists, one dental hygienist, 11 dental nurses, two of whom are trainees, two of whom are also oral health educators, and one of whom is also a treatment co-ordinator, a decontamination technician and five receptionists. The team is supported by a practice manager.

The practice is owned by a partnership and as a condition of registration must have in place a person registered with the Care Quality Commission as the registered manager. Registered managers have a 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 Vicar's Cross Dental Practice is the principal dentist.

We received feedback from 14 people during the inspection about the services provided. The feedback provided was positive about the practice.

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

The practice is open:

Monday, Tuesday and Thursday 8.30am to 6.00pm

Wednesday 8.30am to 7.30pm

Friday 8.30am to 5.00pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medical emergency medicines and equipment were available.

- The practice had safeguarding processes in place and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures in place.
- Staff provided patients' care and treatment in line with current guidelines.
- The practice had a procedure in place for dealing with complaints.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took patients' needs into account. Dedicated emergency appointments were available.
- The practice had a leadership structure. Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.
- The practice had systems in place to help them manage risk. We found some of these could be improved.

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

- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities, specifically in relation to the recording of water temperatures in relation to Legionella risk, the risk to staff working in a clinical environment where their response to the Hepatitis B vaccination is ineffective/unknown, and the recording of accidents including action taken.
- Review the practice's protocols in relation to the use of closed circuit television to ensure staff and patients are fully informed as to its purpose and their right to access footage.

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 in place to provide safe care and treatment. They used learning from incidents 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, where relevant. The practice completed essential recruitment checks before employing staff.

The 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 practice had devised a '999 patient information handover form' which was completed in full when there was a medical emergency at the practice to ensure all the important information accompanied the patient if a transfer to secondary emergency care was needed.

We found that the practice had systems in place for the safe use of X-rays.

The practice had procedures in place to manage and reduce risks. We saw that the practice had put in place most measures to reduce the risks identified in the assessments. Some of these could be improved. The provider took immediate action to address this and sent us evidence to confirm this.

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 thorough and excellent. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. The practice had talks from external speakers who have expert knowledge in an area of dentistry to help the clinicians ensure they were delivering the best care for their patients.

We saw that the whole practice team focused on improving the health outcomes for their patients and for the local community, for example, oral health educators ran clinics at the practice and visited local schools to help patients improve their oral health.

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

The provider had a strong focus on training and development and supported staff to complete training relevant to their roles and had systems in place to monitor this.

No action



Summary of findings

The practice had systems in place in relation to the safe provision of sedation and followed recognised guidance.

We observed that the practice used closed circuit television for monitoring the waiting and reception areas in the practice but were not displaying sufficient information about this. The provider took immediate action to address this and sent us evidence to confirm this.

Are services caring?

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

Patients were positive about all aspects of the service. They told us staff were professional, caring and efficient. They said that they were given informative, helpful explanations about dental treatment and said their dentist listened to them.

Patients commented that staff 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. We saw that the practice had a strong focus on caring for patients as individuals.

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 took account of patients' needs. Patients could obtain an appointment quickly in an emergency or at short notice.

Staff considered patients' individual needs and made reasonable adjustments to meet these. This included providing facilities for patients with disabilities. The practice had access to interpreter services and had arrangements in place to help patients with sight or hearing loss.

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

No action



Are services well-led?

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

The practice had arrangements in place to ensure the smooth running of the service. These included systems for the practice team to review the quality and safety of the care and treatment provided. The provider had carried out forward planning to ensure good governance and leadership were sustained in the long term.

The practice was a member of a practice certification scheme which promoted good standards in dental care.

There was a clearly defined management structure and staff felt supported and appreciated.

No action



Summary of findings

Most of the staff had worked at the practice for a number of years and were familiar with the systems in operation at the practice.

Staff were aware of the importance of confidentiality and protecting patients' personal information. The practice team kept accurate patient dental care records which were stored securely.

The practice rigorously 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.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place for reporting, investigating, responding to and learning 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 learning and improvements.

We saw one record of an injury to a member of staff from a used sharp instrument. We observed that the accident, and subsequent action taken, was not recorded in sufficient detail. The provider assured us this would be addressed.

The practice received national medicines and equipment safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures in place to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who are at risk due to their circumstances. Staff received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a whistleblowing policy in place. Staff told us they were confident to raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance.

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 medical emergencies and life

support every year as a team. The clinician involved in the provision of intra-venous sedation was trained to immediate life support level and the clinician involved in inhalation sedation was trained in paediatric life support. Plans were in place for the whole practice team to be trained to immediate life support level.

The practice had emergency equipment and medicines available as recommended in recognised guidance. Staff carried out, and kept records of, checks to make sure the medicines and equipment were within their expiry dates and in working order. The practice also had a resuscitation dummy to allow staff to practice regularly.

One of the dentists was the lead for medical emergencies and had devised a '999 handover form'. This was completed where a patient or member of staff became ill or collapsed, whether or not the patient required transfer to the emergency services. The form was completed at the outset with all the patient's details, signs and symptoms and the monitoring and treatment by the practice team, in case the patient worsened. The form could then accompany the patient to secondary emergency care should this be necessary.

The lead for medical emergencies carried out simulated medical emergency training with the whole practice team every two months. These sessions were scheduled in advance to maximise staff attendance.

Staff recruitment

The practice had staff recruitment procedures in place to help them employ suitable staff. These reflected the relevant legislation. We looked at several staff recruitment records. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council, where necessary.

Monitoring health and safety and responding to risks

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace risks, for example, fire and control of hazardous substances, and specific dental practice risks. Staff reviewed risk assessments every year. We saw that the practice had put in place measures to reduce most of the risks identified in the assessments.

Are services safe?

The practice had had a Legionella risk assessment carried out to reduce the possibility of Legionella or other bacteria developing in the water systems. Staff told us they had carried out the recommended actions in the assessment, for example, water temperature monitoring. We observed that the results of the monitoring were not being recorded to assist in identifying problems with the practice's water system. The provider assured us this would be addressed.

The provider had a sharps policy and risk assessment in place along with measures to reduce the risks identified. We observed that risks could be further reduced, for example, by extending the 'user only dismantles' policy to cover all used sharps, including scaler tips.

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We found that a system was in place to check staff immunity. We observed that the practice had not followed their system to check whether immunity for two of the staff was adequate. The provider told us this was addressed immediately after the inspection. The practice had a risk assessment in place in relation to staff working in a clinical environment when the effectiveness of the vaccination was unknown.

A dental nurse worked with each of the clinicians when they treated patients. We saw that the clinical staff had professional indemnity cover.

Infection control

The practice had an infection prevention and control policy and associated procedures in place. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health. Staff completed infection prevention and control training regularly.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments. We

noted they were meeting some of the best practice requirements of HTM 01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

Staff carried out infection prevention and control audits twice a year.

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 in the practice. Staff carried out checks in accordance with the manufacturers' recommendations.

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

The practice stored and kept records of NHS prescriptions in accordance with current guidance.

One of the staff had a lead role for the maintenance of the equipment. We observed a full equipment inventory was in place for each treatment room. A log was displayed centrally for staff to record issues with equipment as they arose and these were resolved by the maintenance lead.

Radiography (X-rays)

The practice had arrangements in place to ensure X-ray procedures were carried out safely and had the required information available.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits regularly following current guidance.

Where appropriate, staff completed continuing professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists assessed patients' treatment needs in line with recognised guidance. The dentists kept detailed dental care records containing information about patients' current dental needs, past treatment and medical history.

The provider invited speakers who have specialist knowledge in their field, to talk to the practice team, two or three times a year to help clinicians provide evidence-based care and treatment. For example, the whole team had recently attended a talk from a specialist about how they could improve periodontal care at the practice.

Staff provided us with examples of where they had worked with patient's GPs, with the patient's consent, to improve outcomes for patients, particularly where patients had complex medical histories or signs of untreated illness.

NHS 'Choose Well' cards were available in the practice's waiting room to advise patients on the most appropriate type of healthcare provider for their needs and to promote better use of NHS healthcare.

The practice carried out intra-venous and inhalation sedation for patients who were very nervous of dental treatment or who required complex dental treatment. We found that the provider had put into place effective governance systems to underpin the provision of conscious sedation. The governance systems supporting sedation included pre and post sedation treatment checks, emergency equipment requirements, medicines management, sedation equipment checks, personnel present, patient checks, consent, monitoring of the patient during treatment, discharge and post-operative instructions, and staff training.

We found that patients were appropriately assessed for sedation. We saw dental care records which showed that all patients undergoing sedation had important checks carried out prior to sedation. A full assessment of health was carried out and measurements of blood pressure, body mass index and oxygen saturation were made. We also found that during the sedation procedure important checks were recorded at regular intervals. We found that the sedation equipment was regularly maintained. The

dentists carrying out sedation were supported by appropriately trained dental nurses on each occasion. The measures in place ensured that patients were being treated safely and in line with current standards of clinical practice.

We saw clear evidence that all sedation procedures were regularly reviewed and improvements implemented where necessary, for example, following the introduction of new guidance.

Health promotion and prevention

The practice had a strong focus on preventative care and supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The dentists 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.

The practice employed two oral health educators who ran clinics to help patients improve their oral hygiene.

The practice supported their local community to achieve better dental health outcomes. For example, the practice donated an electric toothbrush to local schools and cancer charities and carried out visits to schools to provide oral health education.

Staffing

Staff new to the practice completed a period of induction based on a structured induction programme.

The practice had a strong focus on training and development. We saw training was provided from the initial appointment of staff, for example, information governance training, and as part of their on-going professional development.

The provider encouraged skill development in all staff, for example, one of the dentists was undertaking postgraduate study in endodontics, one of the dentists had obtained a postgraduate qualification in sedation and three nurses had completed enhanced skills training in radiography.

The General Dental Council requires dental professionals to complete continuing professional development as a requirement of their registration. Staff told us the practice

Are services effective?

(for example, treatment is effective)

provided support, training opportunities and encouragement to assist them in meeting the requirements of their registration, and with their professional development. The practice monitored staff training to ensure essential training was completed each year.

Staff told us they had annual appraisals. These were used to discuss learning needs, general wellbeing and future professional development. We saw several completed appraisals which confirmed this.

Clinical leads had been appointed in the practice to mentor and to monitor staff development.

Working with other services

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. This included referring patients with suspected oral cancer in accordance with the current guidelines. The practice monitored urgent referrals to ensure 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. Staff 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. The dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Patients were encouraged to contact the dentists/ treatment co-ordinator with queries about treatments and options, and these enquiries were responded to, to assist patients to understand their care, whether it was NHS or private treatment.

The provider had installed a closed circuit television system, (CCTV), in the reception and waiting room and at the entrance to the practice. We saw that notices were displayed to inform people that CCTV was in use to protect the premises but the provider had not displayed any information to make patients aware of their right of access to footage which may contain their images. The provider assured us this would be addressed.

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, caring and re-assuring. We saw that staff treated patients kindly and with respect and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of the reception and waiting areas provided privacy when reception staff were dealing with patients. Staff described how they avoided discussing

confidential information in front of other patients. Staff told us that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people might see it.

Involvement in decisions about care and treatment

The dentists provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them, and gave them time to think. The dentists described to us the conversations they had with patients to help them understand their treatment options.

The practice's website and leaflet provided patients with information about the range of treatments available at the practice.

One of the staff had a role as the treatment co-ordinator and patients were encouraged to discuss any aspect of their treatment with the co-ordinator in a dedicated room. Demonstration models, diagrams and leaflets were available in the room to assist with discussions.

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 was well maintained. Staff aimed to provide a comfortable, relaxing environment.

The practice had an appointment system in place which took account of patients' needs. The practice had five telephone lines to improve access. Staff told us that patients requiring urgent appointments were seen the same day. The practice also had an automated short notice cancellation appointment system in place which notified patients of available appointments and allowed them to book one.

We saw that the dentists tailored appointment lengths to patients' individual needs and patients could choose from morning, afternoon and evening appointments. Patients told us they had enough time during their appointment and did not feel rushed.

Staff told us that they currently have patients for whom they need to make adjustments to enable them to receive treatment.

The practice produced a patient newsletter four times a year.

The provider had installed a large porch area at the entrance to the practice where patients could leave prams and pushchairs and shelter.

Tackling inequity and promoting equality

The practice had taken into consideration the needs of different groups of people, for example, people with disabilities, and put in place reasonable adjustments, for example, handrails to assist with mobility.

The practice was accessible to wheelchair users, including the patient toilet facilities. A bell was available at the entrance to call for assistance. A section of the reception desk was at an appropriate height for wheelchair users.

Five of the treatment rooms were located on the ground floor.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had hearing or visual impairment, for example, larger print forms were available on request and appointments could be arranged by email or text or online.

Access to the service

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

Staff made every effort to keep waiting times and cancellations to a minimum. Where clinicians were running late, staff were delegated specific tasks to help to minimise further delays to patients.

The practice made every effort to see patients experiencing pain or other dental emergencies on the same day and had appointments available for this. The practice's website, information leaflet and answerphone provided contact details for patients requiring 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 and 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 complaints manager was responsible for dealing with complaints and aimed to resolve these in-house where possible. Staff told us they raised any formal or informal comments or concerns with the complaints manager to ensure the patient received a quick response.

We observed that information was available about organisations patients could contact should they not wish to complain to the practice directly or if they were not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the previous 12 months. We saw that the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The practice subscribed to a compliance scheme for dental practices and had systems in place to support the management and delivery of the service. Systems included policies, procedures and risk assessments to support good governance and to guide staff. We saw that these were regularly reviewed to ensure they were up to date with regulations and guidance.

The practice was a member of a practice certification scheme which promoted good standards in dental care.

We saw the practice had arrangements in place to monitor the quality of the service and make improvements where required, for example, spot checks on various areas in the practice and trainee observations.

The practice had arrangements in place to ensure risks were identified and managed, and had put measures in place to mitigate risks.

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

Leadership, openness and transparency

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 had additional roles and responsibilities, for example, lead roles for infection control, referrals, complaints and maintenance, and fire marshal and first aid responsibilities. We saw staff had access to suitable supervision and support for their roles and responsibilities.

The provider had carried out forward planning to ensure good governance and leadership were sustained in the long term. Most of the staff had worked at the practice for a number of years and were familiar with the systems in operation at the practice.

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

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they felt confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

The practice held a range of six weekly staff meetings, for example, nurse meetings, clinician meetings and whole practice team meetings, where staff could communicate information, exchange ideas and discuss updates. Meetings were planned ahead and scheduled for the year to maximise attendance. Where appropriate meetings were arranged to share urgent information. We observed there was a standard agenda with themes relevant to the governance topics. All staff received the meeting minutes.

Learning and improvement

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, the extensive use of audits. We reviewed audits of dental care records, X-rays, infection prevention and control, health and safety, equipment and retrospective tooth restoration longevity. Changes to guidelines were also audited. Staff kept records of the results of all audits and produced action plans where necessary. The whole practice team were involved and we saw findings were shared and acted on. We saw the auditing process was working well and resulted in improvements.

The practice was committed to learning and improving and valued staff contributions. We saw evidence of learning from complaints, incidents, audits and feedback.

Staff had annual appraisals, which helped identify individual learning needs. Staff told us the practice provided support and training opportunities for their on-going learning.

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

The practice had a system in place to seek the views of patients about all areas of service delivery through the use of patient surveys, a suggestion box, the practice website and the NHS Friends and Family Test.

We saw that the provider acted on patient feedback.

The practice gathered feedback from staff surveys and through meetings, appraisals and informal discussions.

Are services well-led?

Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Staff told us they felt valued and appreciated.