

Pure Dental Studio Limited

Pure Dental Studio

Inspection Report

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Overall summary

We carried out this announced inspection on 8 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.

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

Pure Dental Studio is in Market Harborough, a town in South Leicestershire. It provides mostly NHS treatment to patients of all ages. There are a smaller number of patients registered to receive private treatment.

There is level access for people who use wheelchairs and pushchairs. There are some limited car parking spaces available at the rear of the practice for patient use. The practice advises patients who have mobility problems that they can also park at the front entrance of the premises.

The dental team includes five dentists, (including a foundation dentist), four dental nurses (two of these are

Summary of findings

trainee nurses), one dental hygienist, one dental hygienist therapist and one receptionist. The practice has four treatment rooms, two of which are located on the ground floor.

The practice is an approved training practice for dentists new to general dental practice. The practice has been a training practice for approximately seven years and one of the principal dentists is a trainer.

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 Pure Dental Studio was one of the principal dentists.

On the day of inspection we collected 31 CQC comment cards filled in by patients. This information gave us a positive view of the practice. We did not receive any negative feedback about the practice.

During the inspection we spoke with three dentists, one dental nurse, a 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 8.45am to 1pm and 2pm to 8pm, Tuesday to Friday 8.45am to 1pm and 2pm to 6pm.

Our key findings were:

- Effective leadership from the provider and practice manager was evident.
- Staff had been trained to deal with emergencies, appropriate medicines and life saving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected current published guidance.
- The practice had effective processes in place and staff knew their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had adopted a process for the reporting of untoward incidents and shared learning when they occurred in the practice.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice were aware of the needs of the local population and took these into account when delivering the service.
- Patients had access to routine treatment and emergency care when required.
- Staff received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice.
- The practice dealt with complaints positively and efficiently.
- Staff we spoke with felt supported by the provider and were committed to providing a quality service to their patients.
- Governance arrangements were embedded within the practice.

We identified an area of notable practice.

The practice demonstrated a proactive approach regarding ensuring staff understanding and application of the Mental Capacity Act 2005. The practice reviewed their patient list to identify any patients who may be affected by the Act as a result of their mental health changing. We were provided with specific examples as a result of the review which included: Particular patients were allocated longer appointment times to ensure the principles of the Act could be followed by dental staff. Information sheets and post operative instructions were created for the benefit of particular patients who experienced memory problems.

There was an area where the provider could make improvements. They should:

- Review the practice's sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

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 mostly 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 professional, excellent and of a consistently high standard. 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 ensured staff had a thorough and up to date knowledge of the principles of the Mental Capacity Act 2005 and reviewed their patients to ensure the Act was applied appropriately.

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



Summary of findings

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. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and staff provided any additional help and assistance to patients when required.

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 robust 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.

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 had recorded three untoward incidents during 2017. We noted learning outcomes to the incidents which were shared amongst staff. For example, an incident resulted in the practice team receiving training in relation to information disclosure as a result of a complex issue. We reviewed minutes of staff meetings which showed that significant incidents were included as standard agenda items.

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. One of the principal dentists was the lead for safeguarding concerns and we noted they had undertaken appropriate training as a lead. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Any safeguarding issues were reviewed and discussed in practice team meetings.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination. Whistleblowing arrangements were discussed in practice meetings.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data

sheets ensured information was available when needed. The practice had adopted a process for the review of COSHH data annually to ensure their records were up to date.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. We noted that the practice had not implemented the safer sharps system, a requirement from EU Directive. They had however, taken measures to manage the risks of sharps injuries by using a safeguard when handling needles. We also noted that the practice used conventional matrix bands. Our review of accidents recorded showed that two sharps injuries had occurred within the previous three years as a result of matrix bands. The practice had undertaken risk assessments as a result and had identified that the use of disposable matrix bands would reduce risk of injuries occurring. Whilst no action had been taken at the time of our inspection, the practice told us afterwards that they had made a decision to use a safer sharps system and had ordered equipment which included disposable matrix bands.

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. We noted the practice had the necessary equipment to be able to use rubber dams.

The practice had a business continuity plan describing how they would deal events which could disrupt the normal running of the practice. They had arrangements with another practice to use their premises in the event of an emergency which affected the use of the building. The plan was last reviewed in May 2017.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Training had last taken place in July 2017.

Emergency medicines were available as described in recognised guidance and these were checked on a weekly basis to ensure they were available, within their expiry date and in working order. Whilst some emergency equipment was held, we noted that some required ordering or replacement. For example, a paediatric self inflating bag,

Are services safe?

oropharyngeal airways size 0 and four and a bronchodilator spacer were not held. We also found that syringes were out of date. The provider told us that these items would be obtained immediately. Following our inspection, we were contacted by the provider and they confirmed that an order for the items had been placed.

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 three staff recruitment files. These showed the practice followed their recruitment procedure. The practice also ensured they obtained their employees' medical history. This robust procedure ensured that the practice could take staff health needs into account when delivering their service.

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 were unable to provide us with evidence of five yearly building electrical testing. Following our inspection, the provider told us that this had been booked.

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, dental hygienist and dental 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: 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 had plans to expand their decontamination room.

The practice carried out an infection prevention and control audits twice a year. The latest audit in May 2017 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. The latest risk assessment was undertaken in March 2017 and all recommendations had been implemented.

We saw cleaning schedules for the premises. The provider utilised an external contractor. 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, dispensing and storing medicines.

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

Radiography (X-rays)

The practice had use of three intra-oral and one panoramic X-ray units. 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 three months 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. Dental care records we looked at showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the soft tissues lining the mouth and condition of the gums using the basic periodontal examination scores.

We saw that the practice regularly audited patients' dental care records to check that the dentists recorded the necessary information.

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.

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 all children based on an assessment of the risk of tooth decay for each child.

The practice was proactive in relation to the promotion of good oral health amongst their patients. For example, children were targeted by way of colouring competitions which included pictures of toothbrushes. Posters had been designed and displayed in practice waiting areas which informed children and parents about healthy lunch box snack swaps and the amount of sugar content in chocolate eggs during Easter.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. During the month of October the practice promoted smoking cessation and staff wore the colour blue during mouth cancer awareness month. The practice used its facebook page to promote health awareness.

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

We checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

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. They told us they used pictures and models where these were useful. Patients confirmed in CQC comment cards that their dentist listened to them and gave them clear information about their treatment.

The practice had adopted a policy 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.

Practice staff understood Gillick competence and 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.

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 were caring, considerate and reassuring. We noted that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. We saw several CQC comment cards that were completed included that nervous patients' experiences were completely professional, staff were reassuring and any personal fears were allayed.

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. The practice had separate waiting areas for their patients away from the reception desk.

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 paper records securely.

There were magazines and a television in one of the waiting rooms. Televisions were also installed in treatment

rooms for patients to watch whilst receiving treatment. The practice provided bottles of chilled water for patient use, following feedback requesting this. Childrens activities were available for use in the upstairs waiting area.

An information folder was available for patients to read and a suggestion box was displayed for patients to submit their views.

Involvement in decisions about care and treatment

The practice mostly offered NHS dental treatments (90%) The costs for NHS and private dental treatment were displayed in the practice.

The practice gave patients clear information to help them make informed choices. Patients confirmed in CQC comment cards that staff listened to them, did not rush them and discussed options for treatment with them.

Patient feedback we reviewed included a comment that staff had empowered them with confidence, provided them with detailed information and advice and had never made them feel irrational or silly to ask questions.

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, treatments for gum disease and cosmetic procedures.

The practice had software next to the dental chairs which could be used to show patients X-rays and models when they discussed treatment options.

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 currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were provided with examples of patients who had particular health conditions and those who were visually impaired. The practice told us about the measures taken to assist these patients when they asked for help or when they required it. These included accompanying patients through the premises and allocating longer appointment times.

The practice demonstrated a proactive approach regarding ensuring staff understanding and application of the Mental Capacity Act 2005. The practice reviewed their patient list to identify any patients who may be affected by the Act as a result of their mental health changing. We were provided with specific examples as a result of the review which included: Particular patients were allocated longer appointment times to ensure the principles of the Act could be followed by dental staff. Information sheets and post operative instructions were created for the benefit of particular patients who experienced memory problems.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. We were told that larger print information leaflets and information in braille could be obtained if required.

The practice had access to interpreter/translation services which included British Sign Language and braille. In addition some of the practice staff spoke languages which included Gujarati, Hindi, Punjabi and Urdu.

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. We noted the next routine appointment was available within three working days.

The practice was committed to seeing patients experiencing pain on the same day and kept between two to three appointments per dentist free for same day appointments. Patients were also invited to sit and wait to be seen for urgent appointments.

The website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. The practice had an oncall arrangement with other dental providers in Leicestershire to provide out of hours care for private patients. NHS patients were directed to the NHS 111 service. As a result of a significant event, the practice had made arrangements with two other practices to provide cover for their patients; in the unusual circumstance of there being insufficient dental provision.

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 provided patients with information on 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, if considered appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at comments, compliments and complaints the practice received since December 2016. The practice's

facebook page also included positive patient reviews. Complaints reviewed showed 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 principal dentists 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 practice had robust 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 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 and principal dentists 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 fortnightly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Nurses meetings were also held fortnightly. Immediate discussions were arranged to share urgent information. The principal dentists and practice manager met annually to discuss the strategic aims for the practice in the forthcoming year. The practice held annual team building events for all staff.

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 dentists and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The practice manager involved staff in creative ways of learning such as 'bingo games' which involved testing staff on their knowledge on the five CQC domain areas and asked staff to participate in role play exercises.

The dental team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. We were provided with a number of examples of staff development since they had worked at the practice. These included the practice manager who had undertaken a diploma in leadership and management, the head nurse who had undertaken a management course and a dental nurse who had undertaken an impression taking course and fluoride application course. In addition, some of the dentists, one of the nurses and the practice manager had undertaken a course in mental health awareness and were awarded with certificates.

One of the principal dentists was a member of a peer group involving ten other practices who regularly met, shared good practice and developed templates for use.

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 and staff surveys to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff that the practice had acted on. For example, chilled bottled water was supplied in response to patient feedback. Lockers were being installed in the staff room for the benefit of staff.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to

Are services well-led?

allow patients to provide feedback on NHS services they have used. Results provided by the practice showed that during May, June, July and August 2017, 30 responses were received. Of these, 26 people were extremely likely to recommend the practice and four were likely to.