

FCMS (NW) Limited

# The Dental Centre

## Inspection Report

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### Overall summary

We carried out this announced inspection on 2 November 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

##### **Background**

The Dental Centre is in Blackpool and provides urgent unscheduled dental care to adults and children. They also provide domiciliary visits to patients who cannot access a dental clinic due to medical, physical or social reasons.

The service operates out of a health centre where there is level access for people who use wheelchairs and those with pushchairs. The health centre has a dedicated car park including spaces for blue badge holders.

# Summary of findings

The team includes 16 sessional dentists, nine dental nurses, 11 receptionists, an operation support worker, an administrator and a dental service lead. The service has access to three treatment rooms.

The service 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 service is run. The registered manager at The Dental Centre is the dental service lead.

On the day of inspection, we collected 34 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, two dental nurses, two receptionists the dental service lead and members of the management team. We looked at policies and procedures and other records about how the service is managed.

The service operates:

Monday to Friday from 5:30pm to 9:00pm

Saturday from 10:00am to 5:00pm

Sunday from 10:00am to 3:00pm

## Our key findings were:

- The service appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.

- The provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Improve the services system for seeking assurance from the landlord about the risks associated with Legionella.
- Take action to ensure audits of infection prevention and control are undertaken at regular intervals.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b>	✓
<b>Are services effective?</b>	<b>No action</b>	✓
<b>Are services caring?</b>	<b>No action</b>	✓
<b>Are services responsive to people's needs?</b>	<b>No action</b>	✓
<b>Are services well-led?</b>	<b>No action</b>	✓

# Are services safe?

## Our findings

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

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

Staff had clear systems to keep patients safe.

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 provider 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, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of reprimand.

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

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

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

The service had a service level agreement with the owners of the building for the use of the surgeries and with the acute trust for the use of the equipment. We saw evidence the service had carried out a fire risk assessment relating to the dental area. This showed the area was a low risk. They also had a copy of the fire risk assessment for the whole health centre from the landlord. We saw evidence in

e-mails that the landlord was addressing any actions identified in the whole health centre risk assessment. We were assured that the service had appropriate oversight relating to the risks associated with fire.

The service had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was maintained. Routine testing of the X-ray machines was carried out by the acute trust. We were told that the service's radiation protection supervisor (RPS) was the clinical dental lead. Their details were not on the local rules. We discussed this with staff who told us they would be updated to include the details of the RPS for the service.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

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

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety.

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

We looked at the service's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. The service provided the dentists with needle re-sheathing devices and a sharps risk assessment had been undertaken. When we reviewed the sharps risk assessment it stated that needles are not to be re-sheathed. We discussed this with the dental service lead and we were told this risk assessment would be amended to reflect the use of safe needle re-sheathing devices. They were looking towards the use of safer sharps.

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

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

# Are services safe?

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

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

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental services (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

Staff described the processes which they carried out to reduce the likelihood of Legionella developing in the dental unit waterlines. This included the use of a water conditioning agent and flushing the dental unit water lines at the beginning and end of each session and in between patients. The landlord was responsible for the overall management of the risks associated with Legionella. We saw evidence the service had contacted the landlord for evidence to support this is being done. They had not received any evidence back from the landlord.

The service was based in premises which were managed by an independent landlord who was responsible for the up keep and maintenance at the premises, including general cleaning and waste management. Premises were visibly clean when we inspected.

We saw evidence that hand hygiene audits were carried out regularly. The most recent audits showed a high level of compliance with hand hygiene guidelines. We asked if an

audit of the decontamination process had been carried out. We were told that one had not been done previously but we saw evidence that one was currently being completed.

## **Information to deliver safe care and treatment**

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

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

## **Safe and appropriate use of medicines**

The provider had reliable systems for appropriate and safe handling of medicines.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

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

Antimicrobial prescribing audits were carried out. We saw that the most recent audit had identified some areas for improvement. We were told that the results of the audit had been disseminated to all of the clinicians to encourage improvement.

## **Track record on safety, and lessons learned and improvements**

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

Where there had been safety incidents we saw these were investigated and documented and procedures put in place to prevent re-occurrence. We looked at a selection of incidents and found that the appropriate actions had been taken.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

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

The provider took into account guidelines as set out by the British Society for Disability and Oral Health when providing dental care in domiciliary settings such as care homes or in people's residence. They had implemented a detailed telephone triage process for patients requesting a domiciliary visit. This included the risks to staff attending a patient's home. In addition, the patient's capacity to consent for treatment was assessed. This ensured that at the first visit the appropriate persons were present in order to provide consent if the patient lacked the capacity to consent for themselves.

### **Consent to care and treatment**

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

The team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The service's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

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

### **Monitoring care and treatment**

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

We saw the service audited patients' dental care records to check that the dentists recorded the necessary information. We were told that if there were any issues identified in the dental care record audit then these would be highlighted to the individual dentist for reflection. If the problems continued then a meeting with the clinical dental lead would be held to discuss the issues.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

Employed staff new to the service had a period of induction based on a structured programme. Self-employed (sessional) staff had an introduction to the service. A clinical introduction was carried out by the clinical dental lead. This included making sure the dentist was up to date with their training requirements. We were told that there was also a location specific introduction which included the fire evacuation procedures. Not all staff had received this introduction. We discussed this with the managers and were told that a refresher introduction would be completed.

Employed staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the service addressed their personal development needs of staff. Self-employed (sessional) staff were not subject to appraisal. The service had systems and processes in place to monitor the quality of the dentists through audit.

### **Co-ordinating care and treatment**

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

Patients requiring urgent unscheduled dental care were initially triaged over the phone. We discussed the triage process with one of the call handlers in the call centre. If a patient met the threshold to be seen then the call handler would send an e-mail with the triage document to the receptionists who then set up an appointment in the appointment book. The patient's details were added to the dental care record and the patient was asked to fill in a medical history when they arrived for their appointment.

# Are services effective?

(for example, treatment is effective)

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

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

The provider also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were friendly, caring and amazing. We saw that staff treated patients with dignity and respect and were friendly towards patients at the reception desk.

Patients said staff were compassionate and understanding.

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

### **Privacy and dignity**

Staff respected and promoted patients' privacy and dignity.

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

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

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

One of the dentists described to us the methods they used to help patients understand treatment options discussed. These included for example X-ray images which could be shown to the patient or relative to help them better understand the diagnosis and treatment.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

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

Staff were clear on the importance of emotional support needed by patients when delivering care. For example, we were told that the reception staff would provide reassurance to patients who were nervous.

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

Reasonable adjustments had been made to the location to enable wheelchair users or those with limited mobility to access care. This included automatic doors, step free access and an accessible toilet with hand rails and a call bell.

Staff telephoned patients the day before their appointment if they had been booked an appointment the previous day.

### Timely access to services

The service offered same day urgent unscheduled dental care. Patients were triaged at the call centre. We were told that waiting times to get through on the phone lines could sometimes be excessive. This was normally when the phone lines first opened. The service monitored waiting times to get through on the phone and allocated more call

handlers at busy times. In addition, the service was currently working on a "call back" system where patients could request a call back instead of waiting on the phone line.

Patients told us they were seen quickly when they arrived at the clinic.

Details about how to contact the service were on their website and also the NHS website.

### Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff on how to handle a complaint.

The dental service lead was responsible for dealing with these. Staff would tell them about any formal or informal comments or concerns straight away so patients received a quick response. The reception staff held a "shift report" where they could record any informal complaints to feedback to the

The dental service lead aimed to settle complaints in-house. Information was available about organisations patients could contact if not satisfied with the way the service had dealt with their concerns.

We looked at complaints the service received in the 12 months leading up to the inspection.

These showed the service responded to concerns appropriately.

# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

We found leaders had the capacity and skills to deliver high-quality, sustainable care.

Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Staff told us that leaders at all levels were visible and approachable. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

### **Vision and strategy**

There was a clear vision and set of values.

The service had developed its values with the help of staff. These were “Fun”, “Awesome”, “Brave”, “Go-getting”, “Humble” and “Oomph”. These are words which the staff felt the service demonstrates and stands for.

The service had a plan of what it wished to achieve. This included accessing vulnerable hard to reach groups (such as the homeless) and delivering great outcomes for patients through audit feedback.

### **Culture**

The service had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the service.

The staff focused on the needs of patients.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider had systems to ensure compliance with the requirements of the Duty of Candour.

### **Governance and management**

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The clinical dental lead provided clinical leadership of the service. The dental service lead was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

We saw there were effective processes in place for managing risks, issues and performance.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

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

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

### **Engagement with patients, the public, staff and external partners**

Staff involved patients, the public, staff and external partners to support high-quality sustainable services.

The provider used patient surveys to obtain patients’ views about the service.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

### **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

## Are services well-led?

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and antibiotic prescribing. They had clear records of the results of these audits and the resulting action plans and improvements.

The employed staff 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.

The service provided training to employed staff. Sessional staff were required to provide evidence they were up to

date with their training requirements. During the inspection we were shown a spreadsheet which was used to monitor the training of the sessional staff. There were some gaps in this spreadsheet relating to basic life support and safeguarding training. We were told the staff had completed the training but had not been logged on the sheet. We were shown a new system which was currently being implemented that better monitored the training of sessional staff. We were told that if sessional staff were not up to date with their training requirements then they would not be allowed to work until they had provided evidence of the relevant training.