

Mr. Andrew Carter

Ivory Dental Care – Park Road

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 31 August 2023 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 practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a second inspector and a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Action was needed to replace some of the life-saving equipment.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.

Summary of findings

- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

Ivory Dental Care has 2 practices in Blackpool that provide private dental care and treatment for adults and children. Patients can choose which of the two locations they attend depending on the treatment need. This report is about Ivory Dental Care - Park Road.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. At Park Road there is a free onsite car park.

The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 13 dentists, 18 dental nurses (2 are trainees), 4 dental therapists, 1 practice manager and a support manager, 10 receptionists, 2 decontamination room operatives and 2 administrators. The practice has 6 treatment rooms. The team works across both locations as needed.

During the inspection we spoke with 4 dentists, 2 dental nurses, the decontamination room operative, 1 dental therapists, 1 receptionists, the practice manager, the support manager and the dental nurse team leader. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday 8.00am – 5.00pm

Tuesday, Wednesday and Thursday 8.00am – 7.00pm

Friday 8.00am – 3.00pm

Saturday 8.00am – 3.00pm

We noted innovative approaches to providing person centred care. For example, staff held monthly meetings and clinical study days and peer review to enable staff to discuss clinical standards, and customer service.

Summary of findings

The practice had taken steps to improve environmental sustainability. For example, the practice was working through a green impact dentistry toolkit. This included the use of biodegradable aprons, eco consumables, raising awareness to reduce water and electric consumption, planting bee and butterfly friendly plants and promoting local environmental initiatives.

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

- Implement an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK).
- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- Implement an effective system for recording, investigating and reviewing accidents, incidents and significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

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

The practice had safeguarding processes. Staff completed training and knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance. We discussed minor improvements that could be made to improve the decontamination workflow.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. We highlighted the risk assessment should be carried out by a competent person. Monthly water temperature checks were carried out and these were in range.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice appeared clean and tidy. There was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT) equipment. We noted that some tests carried out on the CBCT machine had failed and staff were not aware why. We also highlighted comments had been made in the most recent 3 yearly routine reports for the intraoral units. The manager confirmed these would be discussed with their radiation protection adviser.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were available. The checking processes should be improved to ensure these are in accordance with national guidance.

Items of equipment including airways, syringes, needles and face masks for the self-inflating bags had passed their expiry date.

The fridge where Glucagon (the medicine used to treat hypoglycaemia (low blood sugar levels)) is stored had gone out of the required 2°C to 8°C range.

The provider took immediate action to address and rectify the shortfalls.

Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate life support training was also completed by staff providing treatment to patients under sedation.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. We highlighted that stock control processes could be improved to enable staff to identify any unauthorised access to dispensable antimicrobials. After the inspection the manager confirmed stock checks had been implemented.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. We saw recent incidents were well documented and discussed with staff to share learning. We noted there was no evidence previous sharps injuries that occurred in 2021 were followed up and investigated appropriately.

The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. Monthly clinical meetings and study days were held for clinicians to discuss best practice guidance, participate in case discussions and ongoing professional development.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. We discussed the sedationist should have oversight of the assessment process and should review and reduce the times a nurse is left alone with patients recovering from sedation. After the inspection we were sent evidence this was being addressed and rectified.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They completed training and understood their responsibilities under the Mental Capacity Act 2005.

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 practice kept detailed patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

Effective staffing

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

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

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

Are services effective?

(for example, treatment is effective)

The practice was a referral clinic for dental implants and procedures under sedation. We saw staff monitored and ensured the dentists were aware of all incoming referrals.

Are services caring?

Our findings

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

Kindness, respect and compassion

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

On the day of inspection, we spoke with 2 patients and reviewed patient feedback. Patients told us staff were welcoming and helpful. They confirmed staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

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

The practice staff had set up an office where incoming phone lines were answered, and appointments made, taking this work away from the patient reception and waiting area. Staff on reception could give their full attention when greeting patients.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

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

The dentists explained the methods they used to help patients understand their treatment options. These included photographs, study models, videos, X-ray images, CBCT scans and an intra-oral camera.

The practice was involved with a local faith-based charity to improve oral health and other health and social issues in India. Staff participated in visits to rural communities in Kolkata to assist in the setup of a community clinic and provide oral health education and resources.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care. The team had recently completed disability and Autism awareness training. Staff told us this helped them understand and meet the needs of these patients. Plans were in place for the team to complete dementia awareness training and for the practice to become dementia friendly.

The practice had made reasonable adjustments, including for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. Improvements were planned to provide a dedicated disabled parking bay in the car park.

Timely access to services

The practice displayed its opening hours and provided information in the premises, on their website and in patient information and social media pages.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Staff took part in an emergency out of hours on-call arrangements. Patients were triaged by clinicians who offered advice or care as appropriate.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

The provider demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on people's safety and continually striving to improve. The provider and staff were open to discussion and feedback. After the inspection, a detailed action plan was submitted to ensure all issues were acted on in a timely way, and systems reviewed to prevent any reoccurrence of these.

Systems and processes were embedded, the information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

Staff discussed their training needs at regular meetings, during annual appraisals, 1 to 1 meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. A reference library of clinical guidance books was provided.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system 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 clear and effective processes for managing risks, issues and performance. The inspection highlighted some additional risk in relation to the oversight of medical emergency arrangements and radiation protection.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate. Staff could access a range of health and wellbeing support and resources. There were systems to recognise and celebrate staff achievements and contributions to the workplace.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, quality assurance, continuous improvement and innovation. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.