

The Limes Dental Practice Limited

The Limes Dental Practice

Inspection report

168 Stroud Road
Gloucester
GL1 5JX
Tel: 01452523089

Date of inspection visit: 29/11/2022
Date of publication: 31/01/2023

Overall summary

We carried out this announced inspection on 29 November 2022 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 Care Quality Commission, (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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Summary of findings

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The Limes Dental Practice is in Gloucester, Gloucestershire and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available directly in front of the practice and in the surrounding streets nearby.

The dental team includes 2 dentists, 3 qualified dental nurses, an occasional dental nurse sourced through a locum recruitment agency, 2 dental hygienists and a practice manager who also undertakes receptionist duties.

The practice has 4 treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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 The Limes Dental Practice is the principal dentist Dr Andrew Connolly.

During the inspection we spoke with the practice manager, 2 dentists, 3 qualified dental nurses, and a dental hygienist. We looked at practice policies and procedures and other records about how the service is managed, and spoke with a patient about their experiences using the service.

The practice is open at the following times:

8.30 – 17.00 Mondays to Wednesdays

8.30 – 18.30 Thursdays

8.30 – 12.30 Fridays

Our key findings were:

Summary of findings

- The practice appeared to be visibly 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 safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- 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.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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)

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 had 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 an infection prevention and control policy and procedures. 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 and Social Care.

Staff completed infection prevention and control training and received updates as required.

The provider had 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. *The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.*

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw that staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with water testing, dental unit water line management, and a risk assessment. There were no recommendations or action plans for improvement from the risk assessment.

We saw effective cleaning schedules to ensure the practice was kept clean. During this inspection we observed that the practice was visibly clean.

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

The provider carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The provider had a whistleblowing policy. Staff we spoke with told us they felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

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 recruitment records for four staff members; these showed the provider followed their recruitment procedure in the majority, but there was no evidence of satisfactory conduct in previous employment for two recently recruited staff members. The provider told us they had made several

Are services safe?

attempts to obtain written references for both, and they had sought a reference for one of these members of staff. They advised us they would, in future, document attempts made to seek references and ensure they document feedback gained from referees via telephone. They sent us evidence after this inspection showing that their recruitment policy had been amended accordingly.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment was carried out in line with the legal requirements. There were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

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

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

The practice had a laser for use in dental surgical procedures; however, at the time of this inspection the laser was not in use. A Laser Protection Advisor had been appointed and local rules were available for the safe use of the equipment. Evidence of staff training was also available.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice'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 checked the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. They had completed a sharps risk assessment and updated this regularly.

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

The clinical staff we spoke with had knowledge of the recognition, diagnosis and early management of sepsis. This helped ensure staff triaged appointments effectively to manage patients who present with dental infection and, where necessary, refer patients for specialist care.

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

Emergency equipment and medicines were available as described in recognised guidance, except face masks for use with the oxygen cylinder in sizes 3 and 4. The provider told us they had faced difficulties sourcing these sizes, and sent us evidence shortly after the inspection that they had ordered and received delivery of the masks.

We found that staff kept records of their checks of the emergency equipment and medicines to make sure they were available, within their expiry date, and in working order.

Are services safe?

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with General Dental Council Standards for the Dental Team. A risk assessment was in place for when the dental hygienist worked without chairside support, for instance if a dental nurse was unable to attend work due to illness.

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

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 observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist. The provider told us that referrals were recorded on the clinical records of each individual patient and monitored by the referring clinician. Shortly after this inspection, they sent us evidence of a centralised referral tracker they had created to facilitate monitoring of all referrals.

Safe and appropriate use of medicines

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

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentists were aware of current guidance with regards to prescribing medicines. The provider completed antimicrobial prescribing audits regularly. The most recent audit indicated the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents to help them understand risks and improve safety.

In the previous 12 months there had been two documented safety incidents. Staff we spoke with were aware of one significant event, but most were not aware of the second. The provider told us they had not shared this event as they were not clear on what had resulted in the event occurring and could therefore not identify any learning points. Shortly after this inspection, the provider informed us that they had discussed the second event with the practice staff and implemented protocols to ensure all incidents would be discussed with all staff in future.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as safety alerts relating to patients and medicines; these were shared with the practice team and acted upon if required.

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 their staff up to date with current evidence-based practice. We observed that the clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Dental implants

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants. The provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The clinicians provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The clinicians, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. Staff could provide written information if needed to help patients with their oral health.

The clinicians described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recommended recalls at more frequent intervals for review, and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance. The practice team understood the importance of obtaining and recording patients' consent to treatment. They understood the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity, or for children who are looked after.

The dentists and dental hygienists gave patients information about treatment options and the risks and benefits of these, so that patients could make informed decisions about their care. We saw this documented in patients' records, and a patient we spoke with confirmed that this was their experience when they attended the practice for treatment.

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

The patient we spoke with confirmed their dentist listened to them and gave them clear information about their treatment.

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

Are services effective?

(for example, treatment is effective)

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

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

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

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the 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 clinicians confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

We observed staff in the non-clinical area treating patients with kindness, respect and compassion.

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

We observed staff treating patients in a respectful, friendly and kind manner at the reception desk and over the telephone. A patient reported to us that they had consistently received treatment that was caring and professional, and they felt that they were treated with dignity. They told us they received a warm welcome by the practice staff when they attended the practice.

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' dignity.

Staff were aware of the importance of privacy and confidentiality. If a patient asked for more privacy, the practice was able to respond appropriately. 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.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the requirements of the Equality Act.

- The provider told us they could book an interpreter if needed for patients who did not speak or understand English. The provider spoke French and German and could translate for patients who could only communicate using these languages.
- Staff communicated with patients in a way they could understand. Communication aids and were available. Easy-read materials could be provided.

Staff described how they would engage with patients' carers and/or family members in relation to their care and treatment.

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

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

The clinicians described to us the methods they used to help patients understand treatment options discussed. These included for example, facilitating lip reading, communicating in writing, the use of visual aids, models, and radiograph images.

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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They discussed how they supported more vulnerable members of society such as patients with Alzheimer's, dementia, and those with anxiety or dental phobia. Patients requiring domiciliary care were referred to the appropriate local service.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment; these patients attended with someone who could translate information using sign language.

The practice had made reasonable adjustments for patients with enhanced needs. This included step-free access, a portable hearing loop, and an accessible toilet with handrails and a call bell in case of emergencies.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. A patient confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointments.

Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice directed patients requiring urgent treatment outside of their normal opening times to the appropriate out-of-hours service.

Listening and learning from concerns and complaints

Staff demonstrated that they 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 about how to handle a complaint. The practice information leaflet explained how to make a complaint. The provider and practice manager were responsible for dealing with complaints. Staff told us they would try to resolve complaints immediately or escalate them to the provider or practice manager or straight away to ensure that patients received a quick response.

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

The provider responded to feedback appropriately and discussed outcomes with staff 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

We found the provider (the principal dentist who was also the practice owner) had the capacity, values and skills to deliver high-quality, sustainable care. They were knowledgeable about challenges and priorities relating to the quality and future of the service. They were visible and approachable. They worked closely with the practice staff to ensure they prioritised compassionate and inclusive leadership.

The provider had effective processes to develop leadership capacity and skills, including future planning for the practice, and they planned their services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care. They had a mission statement to deliver the highest standard of dental care, and to have fun doing it so that patients and staff would be happy.

Staff stated they felt respected, supported and valued, and they enjoyed working for the practice. They described the team as working well together and being supportive.

Staff discussed their training needs at an annual appraisals. They also discussed learning needs, staff satisfaction and feedback about the service, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. 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 was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff told us they could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

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

The practice owner had overall responsibility for the management and clinical leadership of the practice. The practice manager and practice owner were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider 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 that there were clear and effective processes 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.

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

Are services well-led?

Staff involved patients, the public, staff and external partners to support the service.

The provider used a comments box and verbal comments to obtain feedback from the practice staff about the service. The provider demonstrated how they had acted on the views of their patients. For example, they had introduced an interest-free payment plan in response to help make treatments more accessible to patients.

The provider gathered feedback from staff 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. For example, they had improved the consistency of the application of COVID-19 protocols in response to feedback from dental nurses.

Continuous improvement and innovation

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, patient access, antibiotic prescribing, dental implants, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff completed recommended training as per the General Dental Councils professional standards. The provider supported and encouraged staff to complete continuing professional development.