

Xeon Smiles UK Limited

Grange Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 23 August 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

Grange Dental Care is in Grange over Sands, South Cumbria and provides private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. On road car parking, including spaces for patients with disabled badges is available near the practice.

The dental team includes three dentists, four dental nurses, one dental hygienist and the practice manager. There was no designated receptionist. The dental nurses covered reception on a rota'd basis. The practice has three treatment rooms.

Summary of findings

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 Grange Dental Care was the practice manager.

On the day of inspection we collected 21 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with one dentist, one dental nurse 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, Tuesday, Thursday and Friday 8.00am – 5.00pm

Wednesday 8.00am – 7.00pm

The practice is closed at weekends

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.

- The practice 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 met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- There was a system in place for designated responsibilities for the dental nurses in the practice.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

We identified areas of notable practice.

The practice manager was driven and committed to empowering the whole team through assigning responsibilities based on the skills of each member of the team, their strengths and interests. This gave staff a feeling of worth and inclusiveness in the practice.

This led to an effective, smooth running and productive practice where all staff were happy in their roles. Patients also received a positive experience in the practice because everything was very well run and all required checks, information, equipment and safety procedures were in place.

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 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 exemplary, excellent and professional. 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 supported staff to complete training relevant to their roles and had systems to help them monitor this.

Each member of staff had designated responsibilities to ensure the smooth running of the practice.

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 21 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, efficient and caring. They said that they were given detailed, helpful and honest 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 telephone interpreter services and had arrangements to help patients with sight or hearing loss.

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

No action



Are services well-led?

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

The practice had arrangements 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 designation roles. Staff felt supported and appreciated.

The practice manager was driven and committed to empowering the whole team through assigning responsibilities based on the skills of each member of the team, their strengths and interests.

Each of the nurses had at least three key roles in line with their experience. For example there was a designated practice coordinator who held the responsibility for compliance, data protection and information governance, health and safety issues and was in control of the stock in the practice. Another nurse had responsibility for infection prevention and control, maintenance and repairs required for equipment and the standard of the surgeries. There were also leads for legionella, policies, staff training, child and vulnerable adults safeguarding and appointment bookings.

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. We saw evidence of a high degree of detail being discussed and staff consulted relating to the performance of the practice and meeting minutes detailed practice development and performance plans, patient feedback was discussed at staff meetings and a high degree of transparency was evident practice as key performance indicator reports and profit and loss accounts were shared with the staff indicating the financial performance of the practice.

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 reported that there had been no accidents and incidents that had occurred within the last 12 months. The practice had processes in place to record, respond to and discuss all incidents to reduce risk and support future learning.

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. There was a designated lead for safeguarding in the practice. There were 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. The practice had a whistleblowing policy and there was a corporate confidential telephone support line for staff to use if they needed to raise any concerns. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. 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.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

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

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.

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. There was a designated lead for health and safety matters. 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 and dental hygienist when they treated patients.

Each of the nurses had at least three key roles in line with their experience. For example there was a designated practice coordinator who held the responsibility for compliance, data protection and information governance, health and safety issues and was in control of the stock in the practice. Another nurse had responsibility for infection prevention and control, maintenance and repairs required for equipment and the standard of the surgeries. There were also leads for legionella, policies, staff training, child and vulnerable adults safeguarding and appointment bookings.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed



Are services safe?

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 carried out infection prevention and control audits twice a year. The latest audit 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.

We saw cleaning schedules for the premises. These were completed by an employed cleaner. Cleaning materials were stored safely and appropriately. 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. There was a designated lead for all repairs/maintenance required in the practice. This ensured that equipment was always available and in working order.

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

With each member of staff having designated roles it ensured that activities in the practice were carried out in a timely manner. For example if a piece of equipment required maintenance one nurse was responsible for ensuring this was sent back to the manufacturer and they tracked this until its return. In the past equipment was sent for repair and was sometimes 'lost' in the system. If there was a problem in the practice everyone knew whose responsibility it was to address this ensuring that any concerns were handled quickly and effectively.

Radiography (X-rays)

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 monthly which was over and above 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.

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

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records were detailed and showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

One dental nurse, from another dental practice, with appropriate additional training supported dentists treating patients under sedation. The dental nurse's name was recorded in patients' dental care records. A process was in place for dental nurses in the practice to gain a qualification in sedation if they wanted to undertake this.

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 dentist 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 children based on an assessment of the risk of tooth decay.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

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 and on an ad hoc basis. We saw evidence of completed appraisals.

Working with other services

There were systems in place for the referral of patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These 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 dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. Although staff had not received formal training they understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and staff were aware of



Are services effective?

(for example, treatment is effective)

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 polite, professional and caring. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone. The practice manager explained that caring was an integral part of the ethos of the practice.

Nervous patients said staff were compassionate and understanding.

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. There was also a private outside seating area at rear of the practice should patients prefer not to wait in the reception.

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.

Information folders, patient survey results were available for patients to read. Thank you cards from patients were available for staff to read which helped boost morale.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. 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.

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 and treatments for gum disease and more complex treatment such as minor oral surgery, implants, orthodontic treatments and endodontics.

Each treatment room had a screen so the dentists could show patients photographs and X-ray images 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. The first appointment for patients was at 8.00am each morning which enabled patients to receive treatment before they went to work. The practice opened until 7.00pm on a Wednesday.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Treatment rooms were situated on the ground and first floor of the practice. If a patient could not manage the stairs they would be booked in for an appointment for when the ground floor surgery was not in use. The ground floor surgery was primarily used for the hygienist but as they only worked two days per week this left flexibility to accommodate other patients.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived or offer a seat in the outside waiting area.

Staff told us there was a system in place for ensuring patients remembered their appointment and could make arrangements to get to the surgery.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a magnifying glass and accessible toilet with hand rails and a call bell. Reading glasses of various prescriptions were available to assist patients if they forgot their own glasses and needed to read and complete relevant forms.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille.

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.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. They managed emergency on-call arrangement between the dentists in the practice. The 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. We saw, and 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 information leaflet explained 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. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months. These showed the practice had systems in place to respond to concerns appropriately and discussed outcomes with staff during practice meetings to share learning and improve the service. No complaints had been received during this period.



Are services well-led?

Our findings

Governance arrangements

The overall responsibility for the management and clinical leadership of the practice lay with the corporate provider. The practice manager was responsible for the day to day running of the service. There were clear lines of designated responsibilities in the practice. Staff knew the management arrangements and their roles and responsibilities.

When we spoke to staff regarding their responsibilities we received a very positive response. Staff said that they had total responsibility for their designated areas and could manage these their own way without interference. This led to an effective, smooth running and productive practice where all staff were happy in their roles. Patients also received a positive experience in the practice because everything was very well run and all required checks, information, equipment and safety procedures were in place.

The practice had 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. There was a designated person in the practice for data protection and information governance.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and apologetic 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 was 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 manager was driven and committed to empowering the whole team through assigning

responsibilities based on the skills of each member of the team, their strengths and interests, in one example the practice manager discussed how one dental nurse prior to training to be a dental nurse had been a childcare professional and due to her knowledge and interest was assigned the role of practice safeguarding lead.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

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. Audits seen by the inspectors showed that results regularly maintained at 100%.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff 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 and dates for the next appraisal set. The practice manager explained that appraisals were conducted off site and did not have a finish timeframe. This encouraged confidentiality and staff to be open and honest during appraisal and they were not felt rushed if they had something significant to discuss.

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 (CPD). There was a designated champion who monitored staff training to ensure that all staff were up to date with their training which was needed for them to complete their role. Staff told us the practice provided support and encouragement for them to do so.

We saw evidence of a high degree of detail being discussed and staff consulted relating to the performance of the practice and meeting minutes detailed practice development and performance plans, patient feedback was discussed at staff meetings and a high degree of transparency was evident practice as key performance



Are services well-led?

indicator reports and profit and loss accounts were shared with the staff indicating the financial performance of the practice. These accounts can be used to assess practice financial health. Profit and loss are generally how well the practice manages meeting monthly budgets for practice expenditure broken down into sections by showing actual spending in each area.

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. Results

from the latest survey showed that 100% of patients were very satisfied with the quality of treatment they received, felt involved in their care and would recommend the practice if asked. Feedback from patients was discussed in practice meetings.

There had been four complaints made to the practice in the last 12 months. These were broken down into financial concerns or concerns with the outcome of new dentures. There were no complaints regarding the quality of treatment or patient experience.