

Creating Beautiful Smiles Ltd

Higher Lane Dental Practice

Inspection Report

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Lymm

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Overall summary

We carried out this announced inspection on 1 August 2018 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 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

Higher Lane Dental Practice is in the village of Lymm and provides private dental care and treatment for adults and children.

The provider has installed a ramp to facilitate access to the practice for wheelchair users. Car parking is available at the practice.

The dental team includes a principal dentist, three dental nurses and two dental hygiene therapists. The dental team is supported by a practice manager. The practice has two treatment rooms.

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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Higher Lane Dental Practice was the principal dentist.

We received feedback from 33 people during the inspection about the services provided. The feedback provided was positive.

During the inspection we spoke to the principal dentist, dental nurses, a dental hygiene therapist, and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 8.30am to 5.00pm

Tuesday and Friday 8.30am to 6.00pm

Wednesday 9.00am to 6.00pm

Thursday 9.00am to 5.00pm

Alternate Saturdays 9.30am to 2.30pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place.
- Staff knew how to deal with medical emergencies. The recommended medical emergency medicines and equipment were available.
- The provider had systems in place to manage risk. Action taken to mitigate some aspects of these risks was not sufficient. The provider addressed this after the inspection.
- The provider had safeguarding procedures in place and staff knew their responsibilities for safeguarding adults and children.
- The provider had staff recruitment procedures in place. We found that Disclosure and Barring Service checks were not always carried out at an appropriate time.

- Staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their personal information.
- The dental team provided preventive care and supported patients to achieve better oral health.
- The appointment system took account of patients' needs.
- The provider had a procedure in place for dealing with complaints. Information for patients did not contain sufficient information.
- The practice had a leadership and management structure.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.
- The provider had information governance arrangements in place.

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

- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, in relation to the display of warning and safety signage, completion of the recommended actions in relation to the X-ray equipment, and the disposal of gypsum waste.
- Review the practice's complaint handling procedures and ensure sufficient contact details of alternative organisations for people to complain to are available.
- Review the practice's systems for assessing, monitoring and improving the quality and safety of the services provided. In particular, review the practice's protocols for the monitoring of staff training.

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.

Staff received training in safeguarding and knew how to report concerns.

Staff were qualified for their roles, where relevant.

The provider completed essential recruitment checks before employing staff. We found that an improvement could be made to these.

The premises and equipment were clean and properly maintained. The practice took account of national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

We found that the practice had systems in place for the use of X-rays. Some improvements could be made to these. The provider addressed this after the inspection and sent us evidence to confirm this.

No action



Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as exemplary and excellent. The dentist discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements for referring patients to other dental or health care professionals.

The provider supported staff to complete training relevant to their roles.

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 33 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, knowledgeable and professional.

They said they were given informative, thorough explanations about dental treatment, and said their dentist listened to them.

Patients commented that staff 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 took account of patients' needs. Patients could book an appointment quickly if in pain.

Staff considered patients' differing needs and put measures in place to help all patients receive care and treatment. This included providing facilities for patients with disabilities and families with children. The practice had access to interpreter services and had arrangements to assist patients who had sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. We saw that the complaints information for patients contained insufficient details of alternative organisations patients could complain to.

No action



Are services well-led?

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

The provider used a skill mix of dental care professionals, including a dentist with advanced skills, hygiene therapists and dental nurses with enhanced skills to deliver care in the best possible way for patients. The dental team worked together to achieve the best results for their patients.

The provider had arrangements in place to ensure the smooth running of the service. These included systems for the practice team to monitor the quality and safety of the care and treatment provided. We found that these were operating effectively with the exception of the system for monitoring staff training.

Staff monitored clinical and non-clinical areas of their work to help them improve and learn. This included auditing some of their procedures and asking for and listening to the views of patients and staff. We found that the practice was not carrying out infection control audits. Staff carried out an audit the day after the inspection and made arrangements to ensure these were completed at suitable time intervals in the future.

There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept accurate, complete patient dental care records which were stored securely.

On the day of the inspection the provider was open to feedback, and took action to address the concerns raised during the inspection and send evidence to confirm that some of the actions had been taken. They demonstrated a commitment to continuing the work and engagement with staff and external organisations to make further improvements.

No action



Are services safe?

Our findings

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

The practice had safeguarding policies and procedures in place to provide staff with information about identifying and reporting suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who were at risk due to their circumstances. Staff received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a whistleblowing policy in place to guide staff should they wish to raise concerns. Staff told us they felt confident to raise concerns without fear of recrimination.

We reviewed the procedures the dentists followed when providing root canal treatment and found that procedures were in place to minimise risks.

The provider had staff recruitment procedures in place to help them employ suitable staff. These reflected the relevant legislation. We saw that recruitment checks were carried out and the required documentation was available. We looked at several staff recruitment records. These showed the practice followed their recruitment procedure. We saw that Disclosure and Barring Service, (DBS), checks were carried out as part of the practice's recruitment procedure. We observed that DBS checks had not been carried out at an appropriate time for two clinical staff and no risk assessments had been carried out in relation to this. The provider assured us this would be addressed. The day after the inspection the provider sent us evidence of a risk assessment for one of these staff. The provider informed us the other member of staff had ceased employment at the practice.

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

The practice had arrangements in place to ensure that the facilities and equipment were safe, and that equipment, including electrical and gas appliances, was maintained according to manufacturers' instructions.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, was regularly tested, and fire-fighting equipment, such as fire extinguishers, was regularly serviced.

The provider had arrangements in place for X-ray procedures and had most of the required radiation protection information available. The practice had a cone beam computed tomography scanner, (CBCT). We saw that two of the X-ray machine test reports contained recommended actions. These had not been carried out. After the inspection the provider sent us evidence that they had discussed these actions with their Radiation Protection Adviser and completion of the actions was now underway.

We saw that the clinicians justified, graded and reported on the X-rays they took. The practice carried out radiography audits every year following current guidance and legislation.

Where appropriate, clinical staff completed continuing professional development in respect of dental radiography.

The practice had a laser for use in dental surgical procedures. A Laser Protection Advisor had been appointed and local rules were available for the safe use for the equipment. Evidence of staff training was also available.

Risks to patients

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help identify and manage potential risks. These covered general workplace risks, for example, fire and control of hazardous substances, and specific dental practice risks. Staff reviewed risk assessments regularly. We saw that the practice had put in place measures to reduce some of the risks identified in the assessments.

The provider had current employer's liability insurance.

The provider had carried out a sharps risk assessment. We saw that this identified and addressed most risks from sharp instruments. Staff were aware of the importance of reporting inoculation injuries. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury.

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. Systems were in place to check the effectiveness of the vaccination.

Are services safe?

We saw that training in medical emergencies and life support was provided every year for staff who were employed by the provider. Staff knew how to respond to medical emergencies. The practice had the recommended medical emergency equipment and medicines available. Staff carried out, and kept records of, checks to make sure the medicines and equipment were available, within their expiry dates and in working order. We observed that the oro-pharyngeal airways were past their marked expiry dates. The provider ordered a new set of airways after the inspection and sent us evidence of this. We saw that the medical emergency oxygen and automated external defibrillator, (AED), were not included in the checks. The provider assured us this would be addressed. The day after the inspection the provider sent us evidence of a template which they had created to record checks on the AED and oxygen.

A dental nurse worked with the dentist and the dental hygiene therapists when they treated patients.

The practice had an infection prevention and control policy and associated procedures in place to guide staff. These were mostly followed The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), guidance published by the Department of Health. Staff completed infection prevention and control training regularly. We observed some minor deviations from the guidance, for example, certain items of personal protective equipment were not discarded at an appropriate time.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in accordance with the manufacturers' guidance.

The provider had had a Legionella risk assessment carried out at the practice in accordance with current guidance. The practice had procedures in place to reduce the possibility of Legionella or other bacteria developing in the water systems. We saw evidence of measures put in place by the provider to reduce risk from Legionella, for example, water temperature testing and the management of dental unit water lines.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

Staff ensured clinical waste was segregated and stored securely in accordance with guidance. We saw that some of the gypsum waste was not disposed of appropriately. The provider assured us this had been addressed. We were not sent evidence to confirm this.

We observed that no compressed gas warning signage was displayed indicating the whereabouts of the medical emergency oxygen. The provider assured us this had been addressed. We were not sent evidence to confirm this.

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 clinicians how information to deliver safe care and treatment was handled and recorded. We looked at several dental care records to confirm what was discussed and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely.

We saw the provider had arrangements to ensure staff asked patients if their personal information, such as phone numbers, was still valid.

Medical histories were updated at every patient attendance.

We saw that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

Safe and appropriate use of medicines

The practice had systems for the appropriate and safe handling of medicines.

The provider had a stock control system for medicines stored at the practice. This ensured that medicines did not exceed their expiry dates and enough medicines were available when required.

The dentist was aware of current guidance with regards to prescribing medicines and carried out antimicrobial prescribing audits regularly.

Track record on safety

Are services safe?

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. Staff told us there had been no significant events at the practice. We discussed examples of significant events which could occur in dental practices and we were assured that should one occur it would be reported and analysed in order to learn from it, and improvements would be put in place to prevent re-occurrence.

The provider had a system for receiving and acting on safety alerts. The practice learned from external safety

events as well as from patient and medicine safety alerts. The provider received national medicines and equipment safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. Relevant alerts were discussed with staff, acted on and stored for future reference.

Lessons learned and improvements

Staff confirmed that learning was shared with them to help improve systems at the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dentist assessed patients' care and treatment needs in line with recognised guidance. We saw that the clinicians delivered care and treatment in line with current legislation, standards and guidance.

The practice provided dental implants. These were placed by the principal dentist who had completed post-graduate training. The provision of dental implants took into account national guidance.

The dentist had a number of advanced pieces of equipment available at the practice, for example, a specialised operating microscope to assist with root canal procedures. These helped to enhance the delivery of care and treatment outcomes for patients.

Helping patients to live healthier lives

The dental team supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentist told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay. The clinicians told us they discussed smoking, alcohol consumption and provided dietary advice to 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.

Consent to care and treatment

The practice 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. 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. The team 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, by which a child under the age of 16 years of age can consent for themselves in certain circumstances. The 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 where appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The clinicians kept detailed dental care records containing information about patients' current dental needs, past treatment and medical histories.

Effective staffing

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

The provider ensured that staff new to the practice completed a period of induction based on a structured induction programme.

Staff told us the practice provided support, training opportunities and encouragement to assist them in meeting the requirements of their registration, and with their professional development. The provider had arrangements in place to monitor staff training to ensure essential training was completed. We found that the provider was unaware as to whether or when one of the clinical staff had completed their medical emergencies and life support training.

Staff told us they discussed training needs at annual appraisals and one to one meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

The dentist confirmed they referred patients to specialists in primary and secondary care where necessary or where a patient chose treatment options the practice did not

Are services effective?

(for example, treatment is effective)

provide. This included referring patients with suspected oral cancer under current guidelines. The practice tracked the progress of all referrals to ensure they were dealt with promptly.

The practice had systems and processes to identify, manage, follow up, and, where required, refer patients for specialist care where they presented with dental infections.

Are services caring?

Our findings

Kindness, respect and compassion

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

Patients commented positively that staff were re-assuring, supportive and considerate. We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The provider aimed to provide a comfortable, relaxing environment.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of the reception and waiting areas provided privacy when reception staff were dealing with patients. Staff described how they avoided discussing confidential information in front of other patients. Staff told us that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people might see it.

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

We observed that no means was available for covering two small windows within the practice, which could potentially compromise patient confidentiality and privacy.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

- Interpreter services were available for patients whose first language was not English.
- Staff communicated with patients in a way that they could understand.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them and did not rush them. The dentist described to us the conversations they had with patients to help them understand their treatment options.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to take account of patients' needs and preferences.

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

Staff were clear on the importance of emotional support needed by patients when delivering care.

The practice had considered the needs of different groups of people, for example, people with disabilities, wheelchair users and people with pushchairs, and put in place reasonable adjustments, for example, handrails to assist with mobility and step free access. Both the treatment rooms were located on the ground floor.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had hearing impairment, for example, appointments could be arranged by email or text.

Larger print forms were available on request, for example, patient medical history forms.

Timely access to services

Patients were able to access care and treatment at the practice within an acceptable timescale for their needs.

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

The practice's appointment system took account of patients' needs. We saw that the clinicians tailored appointment lengths to patients' individual needs and patients could choose from morning, afternoon and

Saturday appointments. Staff made every effort to keep waiting times and cancellations to a minimum. Patients told us they had enough time during their appointment and did not feel rushed.

The practice had appointments available for dental emergencies and staff made every effort to see patients experiencing pain or dental emergencies on the same day.

The practice's website, information leaflet and answerphone provided telephone numbers for patients who needed emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointments.

Listening and learning from concerns and complaints

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

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information on how to make a complaint was clearly displayed in the waiting room for patients. We observed that this did not include details of organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

The practice manager was responsible for dealing with complaints. 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.

We looked at comments, compliments and complaints the practice received in the previous two months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The practice leaders had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

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

Vision and strategy

The provider had a clear vision and set of values, and a realistic strategy to deliver high-quality patient centred care. The practice planned the services to meet the needs of the practice population.

The provider's strategy included the implementation of a dental team approach to deliver care and treatment at the practice. They did this by using a skill mix of dental care professionals, including a dentist with advanced skills, hygiene therapists and dental nurses with enhanced skills to deliver care in the best possible way for patients. Members of the dental team described examples of working collaboratively to achieve the best results when treatment planning and providing care.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

The provider had carried out forward planning to ensure good governance and leadership were sustained in the long term.

We saw that the provider had invested in the practice, for example, a number of items of advanced technology dental equipment had been obtained.

Culture

Staff said they were respected, supported and valued.

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they were confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

Governance and management

The practice had systems in place to support the management and delivery of the service. Systems included policies, procedures and risk assessments to support good governance and to guide staff. We saw that these were regularly reviewed to ensure they were up to date with regulations and guidance. The provider subscribed to a dental compliance scheme to support good governance.

We saw the practice had systems in place to monitor the quality of the service.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff had additional roles and responsibilities, for example, a lead role for infection control. We saw staff had access to suitable supervision and support for their roles and responsibilities.

Appropriate and accurate information

The practice acted appropriately on information.

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

The practice 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

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

The practice used patient surveys to obtain the views of patients about the service.

Are services well-led?

The provider gathered feedback from staff through meetings, appraisals 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

The provider had systems and processes in place to encourage learning, continuous improvement and innovation.

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed audits of X-rays and prescribing. Staff kept records of the results of these and produced action plans where necessary. The practice did not carry out infection control audits to assist in ensuring compliance with recognised infection control standards. We were assured this would be addressed. The

provider sent evidence that an infection control audit had been carried out the day after the inspection and assured us that a six monthly prompt had been included in their computerised diary to remind them to carry out further audits at the recommended time intervals.

The practice was committed to learning and improving and valued staff contributions.

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.

The clinical staff told us they completed continuous professional development in accordance with General Dental Council professional standards. Staff told us the practice provided support and encouragement for them to do so.