

The Lansdowne Dental Centre

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Inspection Report

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Overall summary

We carried out this announced inspection on 14 February 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 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

The Lansdowne Dental Centre is in Wolverhampton and provides NHS and private treatment to patients of all ages.

There is level access to the rear of the practice for people who use wheelchairs and pushchairs. The practice has six car parking spaces and parking is also available on local side roads.

Summary of findings

The dental team includes three dentists, four dental nurses (including two trainee dental nurses), one dental hygienist, one dental hygienist therapist and the practice manager. The practice manager and dental nurses also work on the reception. The practice has three treatment rooms.

The practice is owned by a partnership 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 The Lansdowne Dental Centre was the principal dentist and was present during this inspection.

On the day of inspection we received feedback from 23 patients and this information gave us a positive view of the practice.

During the inspection we spoke with two dentists, three dental nurses 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 to Wednesday 8.30am to 6pm, Thursday 8.30am to 5.30pm and Friday 8.30am to 5pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance. Infection prevention and control audits were completed on a monthly basis.
- 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.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray ensuring compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.
- Review the availability of a second oxygen cylinder in case the first one is at risk of running out.

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. Dentists were not completing basic periodontal examination scores for children seven plus years of age. Patients described the treatment they received as professional and efficient. 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.

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 23 people. Patients were positive about all aspects of the service the practice provided. They told us staff were excellent, kind and friendly. They said that they were given detailed, helpful 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



Are services responsive to people's needs?

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

No action



Summary of findings

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 and face to face interpreter services. The practice had a hearing loop although we were told that this was not working.

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

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 staff felt supported and appreciated.

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.

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. The registered manager was the patient safety officer who held the lead role regarding this. Staff were aware of who held the lead role and understood their role in any reporting processes. A patient safety policy was available in the patient information folder in the waiting room. There had been no accidents at the practice within the last few years.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. A detailed incident form was available; this included information regarding any outcome measures to reduce the risk of reoccurrence. We were told that there had been no significant events, incidents or near misses since September 2017 (the time when the registered manager took over this practice).

A local safety standard for invasive procedures policy was being developed by the registered manager. This was being developed to prevent never events.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The registered manager had developed a policy which gave staff information on the action to take regarding patient safety alerts. Copies of relevant alerts were kept on file and staff were signing to confirm that they had read the alert. The practice manager confirmed that they were in the process of introducing a log to demonstrate that all alerts had been reviewed and details of any action taken.

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. This included raising any concerns with the registered manager, practice manager or direct with the organisation responsible for the investigation of suspected abuse. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff we spoke with were all aware of

reporting procedures and confirmed that this information was easily accessible to them. 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. 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 use of safety sharps was introduced at the practice at the end of 2017 and risk assessments were in place for the use of sharps. Dentists and dental nurses told us that the dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. The use of rubber dam was not recorded in patient records.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. A separate emergency procedures contact list was available and a copy of this information was kept off site.

Medical emergencies

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

Not all of the emergency equipment and medicines were available as described in recognised guidance. We noted that defibrillator pads and midazolam were out of date; both were ordered on the day of inspection. Following this inspection we received evidence to demonstrate that the defibrillator pads were available for use at the practice. Staff kept records of their checks to make sure medicines and equipment were available, within their expiry date, and in working order. We noted that emergency medicines were being checked on a monthly basis, the resuscitation council guidelines state that emergency medicines should be checked on at least a weekly basis. The practice manager confirmed that this would be addressed immediately. Following this inspection we were sent evidence to demonstrate that the oxygen cylinder was being checked on a daily basis.

Staff recruitment



Are services safe?

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at five staff recruitment files. Only one member of staff had been recruited since the new registered manager took over the practice. The practice were following their recruitment procedure. Staff had disclosure and barring checks (DBS) but these were in the process of being renewed for all staff.

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 had some health and safety risk assessments which were reviewed on a regular basis. We saw that a fire, legionella and practice risk assessment had been completed. The practice risk assessment recorded some actions taken by the practice to reduce risk.

We were told that not all clinical staff had received hepatitis B vaccination. The practice had not completed a risk assessment regarding hepatitis B non-vaccinated or non-responder staff. The practice manager confirmed that this would be completed immediately and following this inspection we received a copy of a newly developed risk assessment.

We were shown the practice's fire file. This recorded information for staff such as the actions to take in the event of fire, a policy and a fire safety audit. We were told that an electrician had recently visited the practice regarding the smoke alarms and emergency lighting with a view to repair or replace these items. Following this inspection we were forwarded a quotation regarding work to be completed on emergency lighting. Some actions identified in the fire risk assessment were outstanding. We were told that the practice had contacted the company who completed the risk assessment in order for the work to be completed.

The practice manager had identified the need to amend the practice's fire protocol to detail the action to take when sedation was taking place or when a patient who used a wheelchair was at the practice. We were told that this would be amended in the very near future.

The practice had current employer's liability insurance dated 11 September 2017 and checked each year that the clinicians' professional indemnity insurance was up to date.

We were told that dentists always worked with chairside support provided by a dental nurse. The dental hygienist and therapist worked without chairside support unless requested. For example if pocket charting was being completed or the therapist was completing a filing. Dental nurses could also provide assistance with decontamination of dental instruments if required.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed 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 on a monthly basis. This was over and above the recommendations detailed in HTM01-05. 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. The risk assessment was completed by an external organisation in April 2017. Staff were monitoring and recording both hot and cold water temperatures as required. Records seen did not demonstrate that hot water was reaching the required temperatures. The registered manager told us that the boiler had recently been serviced but they would ensure that further action was taken to ensure the required temperature was reached.

We saw cleaning schedules for the premises. An external cleaning company was employed to clean the practice, which was clean when we inspected. 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.



Are services safe?

One of the emergency medicines was being stored in the fridge. Staff were not monitoring the fridge temperature on a daily basis to ensure that this medicine was being stored within the required temperature range. Following this inspection we received evidence to demonstrate that a new daily fridge temperature monitoring log had been introduced.

The practice stored NHS prescriptions as described in current guidance. The practice did not keep a log of prescription numbers and did not complete any audits regarding this. Following this inspection we received evidence to demonstrate that a prescription log had been introduced at the practice.

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 did not see evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every six months following 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. We did not see evidence that dentists were recording the basic periodontal examination (BPE) score for children aged seven years and over.

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. We noted that the practice did not have a supplementary supply of emergency oxygen. This should be available for practices completing sedation in case the first supply of oxygen runs out. Patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions were also available.

The practice assessed patients appropriately for sedation. The dental care records 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.

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 dentists 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 for each child. The practice held a 'fun with teeth' Christmas party for children. We were told that 20 children attended and were given oral health promotion information and a goody bag to take away with them. The registered manager was planning another event in the near future.

The registered manager had also visited a local nursery and provided fun oral health advice to a group of children. We were told that this would be replicated in other local schools and nurseries.

The dentists 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 had previously discussed training needs at annual appraisals. We saw evidence of completed appraisals. The registered manager had recently undertaken training regarding the appraisal process and this training was planned for staff in April 2018. We were told that a new appraisal process would be implemented following completion of this training.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This 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 all referrals using a referral log book to make sure they were dealt with promptly. We were told that a system of on-line referrals was being introduced at the practice the week following this inspection.



Are services effective?

(for example, treatment is effective)

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients signed a written treatment plan with costings. Patient care records we were shown contained records of detailed discussions held with patients and there was evidence that consent was obtained. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

Patients undergoing sedation or having a dental implant were given a specific treatment plan which recorded an outline of risks and costings. For sedation patients, consent to treatment was obtained prior to the day of sedation.

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. Dentists were aware of the guidelines relating to competency principles when treating any young person aged under 16 years. 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 professional, courteous and helpful. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Notes on patient's records were used to alert the dentist if a patient was anxious. Staff said that they took their time to reassure anxious patients and spoke with them to try and make them feel relaxed. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. 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.

Music was played in the treatment rooms and there were magazines and a television in the waiting room.

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

Staff made courtesy calls to patients after they had any lengthy or difficult treatment to ensure that they were alright and give any further advice if necessary.

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.

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options. Staff also used moulds and leaflets to show patients information about treatments.



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 confirmed this and 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.

Staff told us that at the time of our inspection they had some patients for whom they needed to make adjustments to enable them to receive treatment. They shared examples of how they managed patients with physical disabilities.

Staff told us that they telephoned patients 48 hours before their appointment to remind them of their appointment.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access to the rear of the practice and a ground floor treatment room. The practice did not provide an accessible toilet with hand rails and a call bell; we were told that patients who wished to register with the practice were informed of this. We were also told that the practice had a hearing loop but this was not working at the time of this inspection.

Patients' wishes were respected during times of fasting. We were told that adjustments could be made to the patient's treatment at these times.

Staff said they could provide information in different formats to meet individual patients' needs. Staff at the practice were able to communicate in Hindi and Gujarati. 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 two appointments each morning and afternoon per dentist free for same day appointments. They took part in an emergency on-call arrangement with some other local practices. 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. 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 encouraged patients to speak with a member of staff if they had any concerns about their NHS dental care. The registered manager and practice manager were responsible for dealing with complaints. Staff told us they would write the details of the complaint in a log book, complete a complaint form and give this information to the registered manager or the practice manager. This helped to ensure that any formal or informal comments or concerns were dealt with 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 since September 2017 when the registered manager took over at this practice. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. The registered manager told us that they were in the process of obtaining a new log-in to enable them to respond to any comments left on the NHS Choices website.



Are services well-led?

Our findings

Governance arrangements

The registered manager 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 knew the management arrangements and their roles and responsibilities. Staff had been given lead roles. Details of these lead roles with the name of the staff member responsible were on display. Staff said that they were given approximately a half day each week to perform any lead role duties that they had.

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.

Leadership, openness and transparency

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

Staff told us there was an open, no blame culture at the practice. They said the registered manager and 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 that both the registered manager and practice manager were 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. A communications book was available and important messages were recorded in this book. Staff signed to confirm that they had read the message. Staff said that this helped to ensure that everyone was kept up to date for example with any changes at the practice.

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 a primary care audit tool which was completed every six months. Audits undertaken using this tool included prevention of blood borne viruses, decontamination, environmental cleaning, hand hygiene, management of dental devices, personal protective equipment and waste. Audits of dental care records and X-rays were also completed. Infection prevention and control audits took place on a monthly basis. They had clear records of the results of these audits and the resulting action plans and improvements.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Staff told us that they were able to add items for discussion to the agenda for practice meetings and were encouraged to make suggestions for improvement. Appraisals were planned for the whole staff team. The registered manager had recently undertaken training regarding the appraisal process and this training was planned for staff in April 2018. We were told that a new appraisal process would be implemented following this training. Prior to this staff had undertaken an annual appraisal in which they discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

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. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. There was a suggestions box in the waiting room and a satisfaction survey was in the process of being handed out to patients. We were told that as soon as 50 responses had been received the results would be correlated, analysed and information would be fed back to staff. We saw the minutes of a recent staff meeting which recorded that staff should ask patients to fill out a satisfaction survey or the NHS Friends and Family Test



Are services well-led?

(FFT). Staff told us that they had recently started to encourage patients to complete these. The FFT is a national programme to allow patients to provide feedback on NHS services they have used.