

Alliance Dental Care Limited

The Priory Dental Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 23 October 2019 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 Priory Dental Practice is a well-established practice that offers mostly NHS treatment to approximately 7,000 patients. It is based near Royston town centre. The dental team includes six dentists, five dental nurses, a hygienist, reception staff and a regional manager.

There is ramp access for people who use wheelchairs and those with pushchairs. There is on street parking directly outside the practice, and in nearby public car parks.

The practice opens Monday to Friday from 8.45 am to 5pm, and weekends by arrangement.

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 is the company's regional manager.

On the day of inspection, we collected 60 CQC comment cards filled in by patients and spoke with two other patients. We spoke with one of the directors, the regional manager, three dentists, two dental nurses, and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Patients were positive about all aspects of the service the practice provided and commented positively of the treatment they received, and of the staff who delivered it.
- Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Recruitment procedures were thorough and ensured only suitable people were employed.
- Patients' care and treatment was provided in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- There was a clear leadership structure and staff felt supported and valued. The practice proactively sought feedback from staff and patients, which it acted upon.

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

- Review the practice's sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the availability of an interpreter service for patients who do not speak or understand English.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. All staff undertook annual safeguarding training. The regional manager was the lead for all safeguarding matters and had completed level three training. She told us of the action one of the dentists had taken in response to their concerns about a child with a bruised lip, demonstrating they took the protection of children seriously.

We saw evidence that staff received safeguarding training and knew about the signs and symptoms of abuse and neglect, and how to report concerns. Information about protection agencies was available in staff areas making it easily accessible.

All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

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

We confirmed that all clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. The practice had a recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. Recruitment procedures were comprehensive, and all staff underwent a telephone interview, a face to face interview and then spent a day working at the practice prior to being offered employment. We looked at staff recruitment information for recently recruited employees which showed the practice had followed their procedure to ensure only suitable people were employed.

All staff received a full induction to their role, which one dentist described to us as 'really thorough and helpful.'

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. Records showed that fire detection and firefighting equipment was regularly tested, and staff undertook annual fire evacuations with patients.

The practice had a business continuity plan describing how staff would deal with events that could disrupt its normal running.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and the practice had the required information in their radiation protection file. The dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography. A number of X-ray units did not have rectangular collimation to reduce patient radiation exposure.

CCTV was in use in communal areas to increase patient and staff safety and appropriate signage was in place warning of its use.

Risks to patients

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff. The regional manager had completed a risk assessment for each individual room in the practice.

A sharps risk assessment had been undertaken, although this needed to include information about all the different types of sharp instruments used in the practice. Staff mostly followed relevant safety laws when using needles, although clinicians were not using the safest type. Sharps bins, although not wall mounted, were sited safely and had been labelled correctly. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Are services safe?

Emergency equipment and medicines were available as described in recognised guidance and a couple of missing items were ordered on the day of our inspection. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year.

There was a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for all materials used within the practice.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Staff carried out infection prevention audits twice a year and the latest audit showed the practice was meeting the required standards.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had undertaken an assessment of the risk of legionella, although this was limited in scope and did not include a schematic diagram of the water systems. Records of water testing and dental unit water line management were in place and indicated staff were following best practice guidance.

We noted that all areas of the practice were visibly clean, including the waiting areas corridors toilets and staff areas. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. We noted some loose and uncovered items in treatment room drawers that risked aerosol contamination over time.

Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. We noted they changed out of their uniforms at lunchtime. Full-time staff only received two sets of uniforms which could make it difficult for them to ensure they wore a clean one every day.

The practice used an appropriate contractor to remove dental waste from the practice. The external clinical waste bin was locked but not secured to a fixed object.

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out and the most recent audit indicated dentists were prescribing them according to national guidelines. Some of the dentists had attended antimicrobial stewardship training.

Prescription pads were held securely, although the practice did not keep a log of all the pads held in stock.

Information to deliver safe care and treatment

We looked at a sample of dental care records to confirm our findings and noted that records were written in a way that kept patients safe. Dental care records we saw were accurate, complete and legible. They were kept securely and complied with The Data Protection Act and information governance guidelines.

Lessons learned and improvements

There were systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons identified themes and acted to improve safety in the practice. We viewed several event logs which clearly outlined the incidents and the action taken to prevent their recurrence.

The regional manager received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and implemented any action if required. We found staff were aware of recent alerts affecting dental practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 60 comment cards that had been completed by patients prior to our inspection. All the comments received reflected high patient satisfaction with the quality of their dental treatment and the staff who delivered it. One patient told us, 'I recently had a broken tooth and was seen promptly and had an amazing repair, just for the cost of a standard NHS appointment- Fantastic'. Another stated, 'The dentists are very friendly and seem very competent, giving helpful advice in a kindly manner'.

Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken, and the advice given to them. Our discussions with the dentists demonstrated that they were aware of, and worked to, guidelines from National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. The practice had systems to keep dental practitioners up to date with current evidence-based practice.

The practice had intra-oral cameras, digital-X-ray machines and an orthopantomogram unit to enhance the delivery of care.

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

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate. Dentists used fluoride varnish for children based on an assessment of the risk of tooth decay.

A part-time dental hygienist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss.

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 dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Patients confirmed clinicians listened to them and gave them clear information about their treatment. One patient told us, 'The dentist always tells me what he's doing and why, it's so helpful'. Another stated, 'the dentist always gives really honest advice to save me money when I don't need certain treatments'.

Dental records we examined demonstrated that treatment options, and their potential risks and benefits had been explained to patients.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who might not be able to make informed decisions. Staff were aware of the need to consider this when treating young people under 16 years of age.

Effective staffing

The dentists were supported by appropriate numbers of dental nurses and administrative staff, and staff told us there were enough of them for the smooth running of the practice. Additional staff were available if needed from sister practices nearby, and the regional manager told us they had never needed to cancel appointments due to the lack of a dentist.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. There were clear

Are services effective?

(for example, treatment is effective)

systems in place for 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 most referrals to make sure they were dealt with promptly, and the regional manager told us she would implement a system so that non online referrals could be tracked more effectively.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as understanding and helpful. One patient told us that, 'The dentist makes my daughter feel at ease and she likes the stickers'. Another stated, 'The care we have received from all the staff has been superb, from small child, to elderly frail mother, and me - a very nervous adult'

Staff gave us specific examples of where they had gone out of their way to support patients. For example, telephoning patients after complex treatments, staying on late to accommodate urgent patient appointments and giving patients a lift home when they have been feeling ill.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it. Reception staff told us about the practical ways they maintained

confidentiality by lowering their voices and offering a separate room if patients wanted to discuss a sensitive issue. Staff password protected patients' electronic care records and backed these up to secure storage. We noted one member of the reception team log out their computer before coming to talk with us, ensuring its security.

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy.

Involving people 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. One patient told us 'The dentists take time to explain things and check you are ok. Care options explained but never ever in a pushy way'.

Dental records we reviewed showed that treatment options had been discussed with patients. Dentists used intra-oral cameras, models, X-ray images, leaflets and drawings to help patients better understand their treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had a website which gave patients information about the services available, although this was being updated at the time of our inspection. In addition to general dentistry, the practice offered dental implants and some facial aesthetics to patients.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, downstairs treatment rooms, an accessible toilet and reading glasses. However, there was no portable hearing loop available for patients who wore hearing aids.

We noted that there was no information in relation to translation services for patients who did not speak English, and reception staff were not aware of the service.

Timely access to services

At the time of our inspection the practice was taking on new NHS patients and waiting times for a routine appointment was about seven to ten days.

Staff told us the practice often opened early in the morning, or later in the evening to accommodate patients' needs,

especially those who were commuters and used the local train station. Appointments could be made by telephone or in person and the practice operated a text reminder service.

Although there were no specific emergency slots for patients, staff told us that anyone in pain would be seen the same day. Patients confirmed they could make emergency appointments easily and were rarely kept waiting for their appointment once they had arrived.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Details of how to complain were available in both waiting areas for patients.

We viewed the practice's complaints/events log and found that patients' concerns had been investigated and responded to appropriately. All complaints were managed as untoward events and learning from them was shared with staff.

Reception staff spoke knowledgeably about how they would manage a patient's complaint and showed us the information they would give them about the procedure.

Are services well-led?

Our findings

Leadership capacity and capability

There were clear responsibilities, roles and systems of accountability to support good governance and management. The regional manager took responsibility for the overall leadership in the practice, supported by a deputy practice manager. Although not based in the practice daily, she visited frequently, and staff told us she was easily available when needed.

We found the regional manager to be knowledgeable, experienced and clearly committed to providing a good service to both patients and staff. She was well prepared and organised for our inspection. Staff described her, and the directors of the company as approachable, supportive and responsive to their needs. We noted they took immediate action to address the minor shortfalls we identified during our inspections, demonstrating their commitment to improve the service.

Culture

The practice had a culture of high-quality sustainable care. Staff said they felt respected, supported and valued and were clearly proud to work in the practice. One of the directors spoke about the importance of leading by example and actively rewarding good practice as it occurs. Senior managers listened to staff and staff's suggestions to put a heater in an equipment shed and include the friends and family tests on patient clipboards had been actioned.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it.

Governance and management

There were clear and effective processes for managing risks, issues and performance. The practice had comprehensive 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.

Communication across the practice was structured around a monthly meeting for all staff which they told us they found beneficial. Minutes showed that different topics and policies were discussed each month to ensure staff kept up to date with the latest guidance.

The practice used an online governance tool to help with the running of the service.

Appropriate and accurate information

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate.

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

Staff involved patients, the public, staff and external partners to support high-quality sustainable services. Staff told us that patients' suggestions to re-tred the stairs, provide music in the upstairs waiting room and install a door bell had been implemented.

The practice had introduced the NHS Friends and Family Test as a way for patients to let them know how well they were doing and received between 50 to 70 responses a month. The results were displayed in the waiting room, and those for September 2019 showed that all 63 respondents would recommend the practice. In addition to this, the practice had its own survey and patients were asked for feedback in relation to the quality of information available, ease of access, value for money and treatment explanations. We viewed approximately 10 completed surveys which showed high patient satisfaction rates.

The practice monitored both the NHS Choices website and online reviews and responded to both negative and positive patient feedback.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and told us these were listened to and acted upon. Their suggestions to change the decontamination rota, employ another receptionist and display do not disturb signs on treatment room doors had been implemented.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, antibiotic

Are services well-led?

prescribing, hand hygiene, patients' complaints and infection prevention and control. These audits were undertaken by managers or peers to ensure their objectivity.

The provider ran its own accredited National Examining Board for Dental Nurses course for trainee nurses. One dentist told us they valued the evening webinars that took place to discuss various clinical matters.

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 staff had professional development plans in place.