

360 Dentalcare Limited

# 360 Dental Care Limited

## Inspection Report

360 Dental Care  
6 Southern Street  
Manchester  
M3 4NJ

Tel: 01618341000

Website: [www.360dentalcare.co.uk](http://www.360dentalcare.co.uk)

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### Overall summary

We carried out an announced comprehensive inspection on 21 September 2015 to ask the practice the following key questions; are services safe, effective, caring, responsive and well-led?

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.

360 Dental Care is located in Manchester city centre. The practice provides private dental and cosmetic treatments, including examinations, dental whitening, dental

implants, veneers and invisible braces. The staff at the practice consist of one dentist, a practice manager (who is also a qualified dental nurse), a dental nurse and a receptionist. The practice opening hours are:

Monday and Wednesday - 8.00am to 5.30pm

Tuesday - 8.00am to 7.30pm

Thursday - 8.00am to 6.30pm

Friday - 8.00am to 12.00 noon

There is a registered manager at the practice. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

#### **Our key findings were:**

- The practice had systems in place to assess and manage risks to patients and staff, including infection prevention and control, health and safety and the management of medical emergencies.
- Dental care records were detailed and showed that treatments were planned in line with current best practice guidelines.

# Summary of findings

- Patients received clear explanations about their proposed treatment, the costs, benefits and risks. They were fully involved in making decisions about their treatments.
- Patients were treated with care, respect and dignity.
- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services.
- There were clearly defined leadership roles within the practice, and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions. Staff received training appropriate to their role.

# 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 told us they felt confident about reporting incidents and accidents. There had not been any incidents in the last 12 months but there was a system in place to act upon any incidents which may occur in the future. Staff understood their responsibilities in relation to safeguarding and further training in this area was planned. The staff were suitably qualified for their role and the practice had undertaken the relevant recruitment checks to ensure patient safety. Patients' medical histories were obtained before any treatment took place. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and managed in accordance with current guidelines.

### **Are services effective?**

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

Patients' dental records provided comprehensive information about their current dental needs and past treatments. The practice monitored any changes to patients' oral health and made referrals for specialist treatment or investigations as appropriate. The practice followed best practice guidelines when delivering dental care. The clinical staff were up to date with their continuing professional development and they were supported to meet the requirements of their professional registration.

### **Are services caring?**

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

We reviewed 16 completed CQC comment cards. Patients reported they received an excellent service and commented they were treated with dignity and respect in a safe and clean environment. Patients commented that they were involved in treatment options and full explanations of treatments were given. They noted that reception staff were always very professional, helpful and polite. They praised the dentist highly for the service he provided and described him as professional and caring. We observed patients' privacy and confidentiality were maintained at all times. Staff explained that enough time was allocated for each appointment to ensure that the treatment and care was fully explained to patients in a way they understood.

### **Are services responsive to people's needs?**

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

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure. The practice had undertaken a disability access risk assessment and reasonable adjustments had been made to accommodate patients with a disability or limited mobility. Emergency appointments were available each day. Extended opening hours were available on a Tuesday and Thursday evening.

### **Are services well-led?**

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice. Staff regularly audited clinical and non-clinical areas of the practice as part of a system of continuous improvement and learning.

## Summary of findings

There were good arrangements in place to share information with staff by means of regular practice meetings which were minuted for those staff unable to attend. Patients were given a quality assurance questionnaire to complete following their visit. We looked at the most recent summary report. This indicated that patients were overwhelmingly happy with the service they received.

# 360 Dental Care Limited

## Detailed findings

### Background to this inspection

The inspection was carried out on 21 September 2015 by a CQC inspector and a dental specialist advisor.

The methods used to carry out this inspection included speaking with the dentist, the practice manager, the dental nurse and the receptionist. We reviewed policy documents and records. We reviewed the 16 CQC completed comment cards we received.

We informed stakeholders, for example NHS England area team and Healthwatch, that we were inspecting the practice. We did not receive any information of concern from them.

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 therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to bring safety issues to the attention of the dentist or the practice manager. The practice manager told us that there had been no safety incidents to investigate. There were procedures in place for investigating complaints. These set out how complaints and patient concerns would be investigated and responded to. There had been three complaints this year. There was evidence on file to demonstrate the complaints had been acknowledged and were being investigated.

### Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. Staff understood their responsibilities with regard to safeguarding patients from harm and further training in this area was planned. The dentist had a lead role in safeguarding which was to provide support and advice to staff and to oversee safeguarding procedures within the practice. The practice had whistleblowing policy so that staff could report concerns anonymously. There had been no safeguarding concerns raised at the practice.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). Rubber dams (a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway) were used in root canal treatment in line with guidance from the British Endodontic Society. Patients' records were detailed and up to date, and stored securely to maintain patient confidentiality.

### Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received basic life support training. Emergency medicines and oxygen were available if required. This is in line with the 'Resuscitation Council UK' and British National Formulary guidelines. We checked the emergency medicines and

found that they were of the recommended type and were all in date. Staff told us that they checked medicines and equipment to monitor stock levels, expiry dates and ensure that equipment was in working order. A record of these checks was in place.

### Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, and registration with professional bodies where relevant. References were taken up and a Disclosure and Barring Service (DBS) check was carried out as necessary. The DBS checks whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We looked at a selection of staff files and found that the process had been followed.

Induction training was provided for newly appointed staff. This meant they had opportunity to familiarise themselves with the practice policies and procedures so they were aware of their responsibilities and knew how to work safely. There were sufficient numbers of suitably qualified and skilled staff working at the practice.

### Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety issues and deal with foreseeable emergencies. A health and safety policy and risk assessment was in place at the practice which identified risks to staff and patients who attended the practice. The risks had been identified and control measures put in place to ensure the safety of both staff and patients. The practice manager carried out health and safety checks which involved inspecting the premises and equipment and ensuring maintenance and service documentation was up to date. Staff were trained in health and safety so they were aware of their responsibilities and knew how to work safely.

### Infection control

There were infection control policies and procedures in place to keep patients safe from the risk of harm. These included hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance. The dentist was the nominated infection control lead who was responsible for ensuring infection prevention and control measures were followed. Staff were trained in infection prevention and control.

# Are services safe?

The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment which included disposable gloves, aprons and protective eye wear. We found that instruments were being cleaned and sterilised in line with published guidance (HTM 01:05). On the day of our inspection, a dental nurse explained the decontamination process to us and used the correct procedures. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date.

We observed the treatment rooms to be clean and hygienic. Work surfaces were free from clutter. Staff spoken with confirmed treatment rooms were cleaned thoroughly between each patient and regularly throughout the day. There was a cleaning schedule which identified and monitored areas to be cleaned. There were hand washing facilities available and staff had access to supplies of personal protective equipment for patients and staff members. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following good practice procedures.

We saw evidence that staff were immunised against blood borne viruses (Hep B) to ensure the safety of patients and staff.

## Equipment and medicines

Records we looked at reflected that equipment used at the practice was regularly maintained and serviced in line with manufacturers guidelines. Portable appliance testing took

place on all electrical equipment. Fire extinguishers were checked and serviced regularly by an external company, and staff had been trained in the use of equipment and evacuation procedures. Medicines in use at the practice were stored in line with published guidance. Medicines in use were checked and found to be in date. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

## Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested and repairs undertaken when necessary. A Radiation Protection Advisor and a Radiation Protection Supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available and within the radiation protection folder for staff to reference if needed. The dentist, who was the only person authorised to carry out X-ray procedures, was suitably trained for this role. This protected patients who required X-rays to be taken as part of their treatment. X-ray audits were carried out regularly. This included assessing the quality of the X-ray and also checked that they had been justified. The results of the audits confirmed they were meeting the required standards which reduced the risk of patients being subjected to further unnecessary X-rays.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice had comprehensive policies and procedures for assessing and treating patients. Patients attending the practice for a consultation received a comprehensive assessment of their dental health and provided a medical history covering health conditions, current medicines being taken and whether they had any allergies. We looked at a sample of patients' records and found that the assessments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council guidelines. The dentist demonstrated a good knowledge of best practice and improving outcomes for patients. We saw that each patient's diagnosis was discussed with them and treatment options were explained. Preventative dental information was given in order to improve the outcome for the patient. Dental fluoride treatments were prescribed as necessary. The patient notes were updated with the proposed treatment following discussion. Patients were monitored through follow-up appointments and these were scheduled in line with NICE recommendations.

Patients requiring specialised treatment such as sedation were treated by an oral surgeon who worked at the practice as required. Their treatment was then monitored to ensure they received a satisfactory outcome.

The CQC comment cards we received indicated that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

### Health promotion & prevention

The patient waiting area contained a range of literature that explained the services offered at the practice. The dentist confirmed that patients attending the practice were advised during their consultation of steps to take to maintain good oral health care. Records we viewed confirmed that patients' medical history was updated at each visit and they were given advice about dental hygiene.

CQC comment cards that we viewed reflected that parents were satisfied with the services provided and the advice they received.

### Staffing

Induction training was provided for newly appointed staff. During the induction training they were provided with a mentor and time to familiarise themselves with practice policies and procedures. Staff spoken with confirmed they had been fully supported during their induction programme.

Staff told us they had good access to on-going training to support their skill level. They were also encouraged to maintain the continuous professional development required for registration with the General Dental Council. Mandatory training included immediate life support and infection prevention and control. The dental nurse was supervised and supported on a daily basis by the practice manager. Staff told us the practice manager was always available for support and advice.

### Working with other services

A system was in place to refer patients to other dental practices for specialist treatments if they were not provided by the practice. Patients were given a copy of the referral letter for their record with an audit trail being kept of all correspondence. The dentist told us they kept a record of the referral on the computer system. When the patient had received their treatment they were discharged back to the practice for continued care and monitoring. 360 Dental Care is a referral practice which means other dental practices will refer patients to this practice for specialist advice and treatments.

### Consent to care and treatment

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they preferred. We saw evidence of this documented in the dental care records. Staff were knowledgeable about how to ensure patients had sufficient information to give informed consent. Policies and procedures were in place to support staff with this issue.



# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We observed that staff were polite and professional when speaking to patients. Patients reported through the CQC comment cards that they received an excellent service and they were treated with dignity and respect in a safe and clean environment. They noted that reception staff were always very professional, helpful and polite. They praised the dentist highly for the service he provided and described him as professional and caring. We observed patients' privacy and confidentiality were maintained at all times. Dental records were stored both electronically and paper based. Electronic records were password protected and paper records were stored in lockable filing cupboards.

The dentist was qualified to offer additional support to patients who experienced anxiety about dental treatments.

### **Involvement in decisions about care and treatment**

Staff explained that enough time was always allocated to ensure that the treatment and care was fully explained to patients in a way they understood. The practice provided information about treatment options and costs in the patient waiting room and on the practice website. Patients commented that the staff took time to explain the treatment options available. They said the dentist and dental hygienists explained their treatments and gave advice on dental health and hygiene. This ensured patients were fully involved in decisions made about their care and treatments.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting patients' needs**

The practice provided patients with information about the services they offered in leaflets and on their website, which could be easily converted into different languages to support patients whose first language was not English. The practice offered a range of dental services including examinations, dental whitening, dental implants, veneers and invisible braces. The practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen within the day.

### **Tackling inequity and promoting equality**

The practice had an equality and diversity policy to support staff in understanding and meeting patients' different care needs. The practice carried out a disability risk assessment to identify the needs of different groups in the planning of its services. Patients indicated in the CQC comment cards that they received information on treatment options to help them understand and make an informed decision of their preference of treatment. The treatment room was on the ground floor and a disabled toilet was provided. Plans had been made to install a handrail at the front door to support patients who could not manage the step.

### **Access to the service**

The practice displayed its opening hours in the premises, on the practice website and in the practice leaflet. Patients could access care and treatment in a timely way and the appointment system met their needs. They said they were rarely kept waiting for their appointment. The arrangements for obtaining emergency dental treatment outside of normal working hours, including weekends and public holidays, was included in the patient information leaflet. Patients who completed the CQC comment cards confirmed that they were very happy with the availability of routine and emergency appointments.

### **Concerns & complaints**

The practice had a complaint procedure that explained to patients the process to follow and the timescales involved for investigation. It also included the details of other external organisations that a complainant could contact if they felt that their concerns were not treated fairly. Details of how to raise a complaint were included in the practice leaflet given to all new patients, and this was accessible in the reception area. Staff we spoke with were aware of the procedure to follow if they received a complaint. There were three complaints raised this year. The complaints had been acknowledged and were being investigated. CQC comment cards reflected that patients were highly satisfied with the service provided.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had arrangements in place for monitoring and improving the services provided for patients. There were robust governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice. The practice held regular staff meetings involving all staff to ensure good communication amongst the staff team. There were systems in place for carrying out clinical and non-clinical audits within the practice. These included assessing oral health assessments and X-ray quality. Health and safety related audits and risk assessments were in place to help ensure that patients received safe and appropriate treatments. The practice had a system in place to monitor medicines in use at the practice.

### **Leadership, openness and transparency**

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. They told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns. These were discussed openly at staff meetings. It was evident that the practice staff worked well as a team and dealt with any issues in a professional manner. Staff said they could raise any issue with the practice manager, who they said was approachable, and would listen to their concerns and act appropriately.

### **Learning and improvement**

The management of the practice was focused on achieving high standards of clinical excellence and improving outcomes for patients and their overall experience. Staff were aware of the practice values and ethos and demonstrated that they worked towards these. There were a number of policies and procedures in place to support staff improve the services provided. We saw that the dentist reviewed their practice and introduced changes as necessary through their learning and peer review. A number of clinical and non-clinical audits had taken place where improvement areas had been identified. These were cascaded to staff if relevant to their role.

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

All patients were automatically sent a quality assurance questionnaire to complete immediately after their visit. We looked at a summary report for the period between 01/09/2015 to 22/09/2015. This indicated that patients were overwhelmingly happy with the service they received with all patients who responded to the questionnaires stating they would recommend this practice to a friend. Regular team meetings were held and staff spoken with told us their views were sought and listened to. Staff reported they enjoyed their work and felt well supported in their role. Patients can post their views of the service provided on the practice website.