

Revive Dental Care Limited

Revive Dental Care - Ancoats

Inspection Report

Revive Dental care
Ancoats Primary Care Centre
Old Mill street
Ancoats
Manchester
M4 6EE
Tel: 0161 2741655
Website: www.revivedentalcare.co.uk

Date of inspection visit: 13 August 2019
Date of publication: 04/09/2019

Overall summary

We carried out this announced inspection on 13 August 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

Revive Dental Care – Ancoats is in Manchester and provides emergency out of hours dental care to adults and children. They also provide dental treatment on a Wednesday for hard to reach patients such as homeless people.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

Summary of findings

The dental team includes six dentists, eight dental nurses, a receptionist and two practice managers. The practice is located in a health centre and has one treatment room.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Revive Dental Care – Ancoats is one of the practice managers. The service has recently been taken over by a corporate organisation who are currently re-organising the governance arrangements.

On the day of inspection, we collected eight CQC comment cards filled in by patients.

During the inspection we spoke with the practice manager and the compliance lead. We looked at practice policies, procedures, a selection of dental care records and other records about how the service is managed.

The practice is open:

Monday to Friday from 6:00pm to 8:30pm (Urgent dental care)

Weekends and bank holidays 10:00am to 4:00pm (Urgent dental care)

Wednesday 9:00am to 5:00pm (Hard to reach patients)

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.

- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines. Improvements could be made to the completion of dental care records.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs. The service offered dental treatment on a Wednesday for hard to reach patients. These include homeless people, street workers and carers.
- The provider was currently embedding the governance arrangements of the new corporate owner. This included policies, procedures and audits.
- Staff felt involved and supported and worked well as a team.
- The provider asked patients for feedback about the services they provided.
- The provider had suitable information governance arrangements.






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

- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the practice's arrangements for ensuring good governance and leadership are sustained in the longer term.

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

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

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

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

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

The dentists did not use dental dams in line with guidance from the British Endodontic Society when using root canal instruments. In instances where the dental dam was not used, other methods were used to protect the airway. This was not recorded in the dental care records. We were told that going forward it would be recorded in the dental care records.

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

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at one staff recruitment record. These showed the provider followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection and firefighting equipment were regularly tested and serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. Radiography audits had not been completed by the previous owner. This had been identified as an area for improvement by the new corporate owners and an audit was currently being carried out.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were available as described in recognised guidance. The service did not have its own automated external defibrillator (AED) but had access to one within the medical centre. We asked staff if they checked that the AED was available and in good

Are services safe?

working order. Staff told us they did not. Staff told us they were planning to get their own AED but, in the meantime, they would implement a system to check the shared AED daily.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. We noted that material safety data sheets were not held with the risk assessments. We were told that this would be addressed.

The provider 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 (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

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

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The service carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

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 dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

We saw evidence in dental care records that the dentists generally followed the guidance from the Faculty of General Dental Practice when prescribing antibiotics. We noted that a justification for prescribing the antibiotic was not always recorded. We were told that this would be discussed with the dentists.

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents.

There were adequate 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.

Are services safe?

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. During the inspection we looked at a selection of dental care records. We noted that the dental care records relating to the emergency dental care were not always sufficiently detailed. For example, the detail of the patient's complaint, detail of the diagnosis and any options discussed with the patient were not always recorded. We were told that the new corporate provider was planning to carry out an audit of dental care records and would discuss the findings with the dentists.

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.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

Dental care records we looked at showed that patients at high risk of gum disease were provided with preventative advice. If applicable, the dentist would carry out a detailed recording of the patient's gum condition.

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff 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 and we saw this documented in patient records. 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 might 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 may give consent for themselves. 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 when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

An audit of dental care records had not been carried out by the previous owner. This had been identified as an area for improvement by the new corporate owners and an audit was due to be carried out. In addition, the regional clinical advisor will be involved with the dental care record audit and be working with the dentists to ensure a consistent approach was in place.

Effective staffing

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

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

The previous owner had not carried out any staff appraisals. This had been identified as an area for improvement by the new corporate owner. We were told that appraisals were to be completed for all staff and staff described the process which would be used to carry these out. We were later sent evidence of the time frame which appraisals would be carried out.

Are services effective?

(for example, treatment is effective)

Co-ordinating care and treatment

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

We were told that the dentists referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

Staff also worked with the GP service based within the health centre especially when treating the hard to reach patients. This would include a second opinion if they were concerned about the general health or wellbeing of a patient. We were told that they had a good working relationship with the GP service.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems 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.

Staff monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were professional, polite and welcoming.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

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. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' 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.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did speak or understand English.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.
- 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.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them and did not rush them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

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

The service offered treatment for hard to reach patients every Wednesday. This clinic was aimed at patients who struggle due to social reasons to attend a normal high street dental practice. Patient groups include homeless people, carers, street workers and more recently offering appointments to children from a local Pupil Referral Unit. The practice manager visited local homeless centres to provide toothbrushing packs and also registration forms for the persons there. They would be assisted to complete the forms and also arrange for a translator to be present at their first appointment if necessary. They also worked with the Manchester Action on Street Health service to build links and offer appointments to street workers so they could access dental treatment. The service would never de-register a patient as they were fully aware of the difficult social arrangements these patients were experiencing.

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

The practice had made reasonable adjustments for patients with disabilities. These included steps free access, a hearing loop and an accessible toilet with hand rails and a call bell.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice provided out of hours emergency dental care for adults and children. Referrals were received from an external organisation who triaged the patients. The external organisation sent the service an e-mail with a list of patients who were to be seen. Patients commented that they were not kept waiting for appointments after they had arrived.

We were told that patients attending the hard to reach service would be informed of the out of hours arrangements and emergency appointments would also be arranged during the Wednesday clinic if needed.

Listening and learning from concerns and complaints

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

The provider had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager aimed to settle complaints in-house. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns. We noted even though there were the names of the organisations within this policy there were no contact details. We were told that this would be updated to include contact details.

We looked at a complaint the practice had received. This was currently being dealt with through NHS England.

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

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

Leadership capacity and capability

Practice leaders had the capacity and skills to deliver high-quality, sustainable care.

Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The staff focused on the needs of patients.

We saw the provider took effective action to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The practice manager was responsible for the day to day running of the service. There was a regional clinical advisor who could provide clinical advice and support to the dentists. Staff knew the management arrangements and their roles and responsibilities.

The new corporate owners were currently embedding their system of clinical governance, which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

The practice was part of a corporate group which had a support centre where teams including human resources, finance, clinical support and patient support services were based. These teams supported and offered expert advice and updates to the practice when required.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

The provider 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.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider gathered feedback from staff through meetings 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

There were systems and processes for learning, continuous improvement and innovation.

The new corporate provider had identified that audits had not been completed. We were informed about this during the inspection and were told that they were currently carrying out audits of radiographs and dental care records. Any actions identified in these audits would be disseminated to all staff through practice meetings.

Are services well-led?

The practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The previous owner had not carried out any staff appraisals. This had been identified as an area for improvement by the new corporate owner. We were told that appraisals were to be completed for all staff and staff described the process which would be used to carry these out.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.