

Alpha Windmill (Bedale) Limited

# Alpha Windmill (Bedale) Limited

## Inspection Report

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### Overall summary

We carried out this announced inspection on 11 November 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**

Alpha Windmill (Bedale) Limited provides NHS orthodontic treatment with some private treatment for adults and children.

# Summary of findings

The practice shares the building with an Alpha Studio dental practice. There is level access for people who use wheelchairs and those with pushchairs. The orthodontic practice has one treatment room on the first floor, with two dental chairs. If required an alternative ground floor surgery can be used.

There is a car park and local transport facilities nearby.

The dental team includes four orthodontists, three dental nurses, one dental therapist, the practice manager and two receptionists.

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 Alpha Dental Studio Dales is the operations manager for the group.

On the day of inspection, we collected 15 CQC comment cards filled in by patients. All comments received were very positive about the care and treatment provided at the practice.

During the inspection we spoke with one orthodontist, one dental nurse, a receptionist, the practice and the registered manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 8.45am to 5.15pm and Friday 8.30am to 4.15pm

## **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.

- The provider had effective systems in place to help them manage risk to patients, with the exception of legionella, where water temperatures were not effectively monitored.
- 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.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and support patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular, taking action when water temperatures are out of the recommended parameters to ensure a safe water supply.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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

# 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 provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. This was currently under review.

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

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 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 orthodontists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

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 and was updated annually.

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. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the orthodontists 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.

# Are services safe?

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.

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

A designated lead for legionella was in place and staff had training in this area. We saw a Legionella risk assessment which included monthly water temperature checks. Water temperature checks were being completed but temperatures ranged outside safe parameters and no action had been taken to ensure the safety of the water supply. The provider confirmed that this would be addressed with immediate effect.

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

## **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 orthodontist 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 complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

## **Safe and appropriate use of medicines**

The provider ensured the proper and safe use of medicines at the practice.

The practice had systems for prescribing, dispensing and storing medicines. Staff monitored medicines to ensure that medicines did not exceed their expiry dates and enough medicines were available when required.

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

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

## **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.

Where there had been a safety incident these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

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.

For example, an incident occurred where a patient collapsed outside the practice and a review of the staff response took place to see if the incident could have been better managed. This was also discussed at the staff meeting and resulted in the decision that a mobile phone was needed to be in place to liaise effectively with the emergency services.

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. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The orthodontists carried out an assessment in line with recognised guidance from the British Orthodontic Society (BOS). An Index of Orthodontic Treatment Need (IOTN) was recorded for each patient which would be used to determine if the patient was eligible for orthodontic treatment through the NHS. The patient's oral hygiene would also be assessed to determine if the patient was suitable for orthodontic treatment.

### **Helping patients to live healthier lives**

The practice was providing preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The orthodontists discussed smoking, alcohol consumption and provided dietary advice to patients during appointments.

### **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 orthodontist 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 orthodontist 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 orthodontists assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check that the orthodontists recorded the necessary information.

### **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.

Staff told us that they discussed their training needs at annual appraisals.

### **Co-ordinating care and treatment**

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

The orthodontists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

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.

# 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 respectful, sensitive and caring. We saw that staff treated patients with dignity and were patient and friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

### **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 privacy when reception staff when 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 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:

- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.
- A ground floor fully accessible disabled toilet was in place.
- Surgeries were based on the ground floor with step free access
- Grab rails were in place at the entrance to the building

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. An orthodontist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and leaflets available in the waiting area provided patients with information about the range of treatments available at the practice.

The orthodontist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, study models and X-ray images which were shown to the patient to help them understand the diagnosis and treatment.

# 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.

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

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

### **Timely access to services**

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

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

The practice's appointment system took account of patients' needs. We saw that the clinicians tailored appointment lengths to patients' individual needs. Patients could choose from morning and afternoon appointments. Staff made every effort to keep waiting times and cancellations to a minimum.

The practice's information leaflet and answerphone provided information for patients who needed emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily.

### **Listening and learning from concerns and complaints**

The registered manager 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 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 manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

We found the practice leaders had the capacity and skills to deliver high-quality, sustainable care.

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

All staff we spoke with were engaged throughout the inspection, they welcomed feedback and were responsive during discussion.

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.

Openness, honesty and transparency were demonstrated when responding to incidents and 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 clinical manager was responsible for clinical support to the clinicians and the registered manager was responsible for the day to day running of the practice. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

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.

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.

The provider used patient surveys to obtain patients' views about the service. We saw examples of suggestions the practice had acted on. The provider had introduced a recycle waste bin in the waiting area following patients' comments.

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 results for the last month showed that 94% of patients would recommend the practice. We also saw positive results from the practice's own annual survey.

### **Continuous improvement and innovation**

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

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, and infection prevention and control. We noted that audits had clear actions and suggested improvements.

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

## Are services well-led?

The staff had annual appraisals where they discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

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.