

## Centre for Dentistry Limited

# J. Sainsbury - Blackpool

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 14 March 2017 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.

#### **Background**

J Sainsbury Blackpool Dental Practice provides dental treatment to patients of all ages. The services include preventative advice, treatment and routine restorative dental care. It is part of the Centre for Dentistry group.

The staff team consists of two dentists, one dental hygienist, one qualified dental nurse, a trainee dental nurse, one receptionist and a practice manager who is also a qualified dental nurse.

The practice is in north Blackpool and is based in the Sainsbury's store on Talbot Road. The practice was purpose built and has two surgeries, a decontamination room, a waiting room and a reception area. There is access for patients with disabilities.

The opening hours are Monday to Thursday 8.00am – 8.00pm and Friday to Saturday 8:00am – 6.00pm.

The practice manager is the registered manager. 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 premises were visibly clean and tidy.

# Summary of findings

- The practice had procedures in place to record and analyse significant events and incidents.
- Staff had received safeguarding training, and knew the process to follow to raise concerns.
- There were sufficient numbers of suitably qualified, skilled staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies, and emergency medicines and equipment were available.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current legislation, standards and guidance.
- Patients received information about their care, proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Staff were supported to deliver effective care and opportunities for training and learning were available.
- Patients were treated with kindness, dignity and respect.
- The appointment system met the needs of patients and emergency appointments were available.
- Services were planned and delivered to meet the needs of patients, and reasonable adjustments were made to enable patients to receive their care and treatment.
- The practice gathered the views of patients and took their views into account.
- Staff were supervised, felt involved and worked as a team.
- Governance arrangements were in place for the smooth running of the practice and for the delivery of high quality person centred care.

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

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

The practice had effective systems in place to assess and manage risks to patients.

Staff completed annual training in how to deal with medical emergencies.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

X-ray equipment was regularly maintained.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use.

There were maintenance contracts in place to ensure all equipment had been serviced regularly including, fire extinguishers, the air compressor and medical emergency oxygen.

Staff were suitably qualified for their roles.

There was evidence to demonstrate that staff had attended training in safeguarding patients and understood their responsibilities in relation to identifying and reporting any potential abuse.

No action



### Are services effective?

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

The practice followed current guidelines when delivering dental care and treatment to patients. Patients' medical history was recorded at their initial visit and updated at subsequent visits. Patients received an assessment of their dental health. Clinicians obtained consent from patients before treatment was provided; and treatment focused on the patients' individual needs.

Staff provided oral health advice to patients and monitored changes in their oral health. Patients were referred to other services, where necessary, in a timely manner.

Staff were encouraged to complete training relevant to their roles and this was monitored by the practice manager. The clinical staff were up to date with their continuing professional development (CPD).

Qualified staff were registered with their professional body, the General Dental Council, and were supported in meeting the requirements of their professional regulator. Staff received ongoing training in a variety of subjects to assist them in carrying out their roles.

No action



### Are services caring?

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

No action



# Summary of findings

Staff explained that enough time was allocated in order to ensure treatment was fully explained to patients in a way patients understood. Time was given to patients with complex treatment needs to decide which treatment they preferred.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Patient feedback on CQC comment cards confirmed staff were understanding and made them feel at ease.

We observed privacy and confidentiality were maintained for patients in reception and over the telephone. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

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

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

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. Patients could request appointments by telephone or in person.

The practice opening hours were displayed at the practice, in the practice leaflet and on the practice website.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns.

**No action**



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

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

There were a range of policies and procedures in use at the practice which were easily accessible to staff.

Environmental risks were assessed and well managed.

Staff were encouraged to share ideas and feedback during regular practice meetings. All staff were supported and encouraged to improve their skills through learning and development.

The practice had a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits.

**No action**



# J. Sainsbury - Blackpool

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on the 14 March 2017 and was led by a Care Quality Commission (CQC) inspector who had remote advice from a specialist dental advisor.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included details of complaints they had received in the last 12 months, their latest statement of purpose and staff details, including their qualifications and professional body registration number where appropriate. We also reviewed information we held about the practice.

During the inspection we spoke with the practice manager, a member of managerial staff from the company's compliance team, one dentist, one dental nurse and the receptionist. We toured the practice and reviewed emergency medicines and equipment. We reviewed policies, protocols and other documents and observed procedures. We also reviewed the seven completed CQC comment cards which we had sent prior to the inspection for patients to complete about the services provided at the practice.

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

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle.

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A safe sharps system had been implemented within the practice and we saw a sharps policy and risk assessment, dated January 2017, in place.

Staff understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy. The practice manager was aware of the notifications which should be reported to the CQC.

The practice manager told us they received recent alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). (The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness). These were shared with the team where appropriate at staff meetings and verbally

There had been four significant events but there had been no accidents recorded. There was evidence of learning following these events to prevent any re-occurrence.

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

The practice had up to date safeguarding policies and guidance for staff to refer to including the contact details for the relevant safeguarding professionals. Staff were aware of their responsibility and had completed training to safeguard patients from abuse.

A child and vulnerable adult safeguarding policy and procedure were in place. The dental nurse was the designated lead for safeguarding. Staff were knowledgeable about abuse and were aware of how to report any concerns in relation to abuse. Local safeguarding contact numbers were available should staff have a concern they wished to report. All staff working at the practice had undertaken safeguarding training within the last two years.

The clinicians were assisted at all times by a dental nurse.

The practice had a whistleblowing policy and all staff had completed relevant training. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

The dentist told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is 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. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reason was recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We saw patients' clinical records were computerised and backed up to secure storage to keep personal details safe.

Employer's liability insurance was in place for the practice. Having this insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969 and we saw the practice certificate was up to date.

### Medical emergencies

The practice had clear guidance about how to respond to medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice maintained emergency resuscitation equipment, medical emergency oxygen and emergency medicines to support patients.

We saw staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months. Staff had received first aid training and the first aid boxes were easily accessible in the practice.

The practice had a defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device which analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

### Staff recruitment

The practice had a corporate policy and procedure in place for the safe recruitment of staff. The practice manager confirmed that all new staff would start working at the



## Are services safe?

practice only after the necessary checks had been undertaken. The practice's policy was to carry out Disclosure and Barring service (DBS) checks for all appointed staff. These checks identify 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.

The recruitment and employment records were stored securely to prevent unauthorised access.

We saw the staff were covered by indemnity insurance (this is an insurance professionals are required to have in place to cover their working practice).

### Monitoring health & safety and responding to risks

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, infection prevention and control and sharps disposal.

There was a control of substances hazardous to health (COSHH) risk assessment and associated procedures in place. Staff maintained records of products used at the practice and retained manufacturer's product safety details to inform staff what action to take in the event of, for example, spillage, accidental swallowing or contact with the skin. Measures were identified to reduce risks associated with these products, for example, the use of personal protective equipment for staff and patients, the secure storage of chemicals and the display of safety signs.

Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections.

We saw a fire risk assessment had been carried out. The provider had arrangements in place to mitigate the risks associated with fire, for example, safety signage was displayed, fire-fighting equipment was available and fire drills were carried out and recorded.

### Infection control

We saw systems were in place for cleaning, sterilising and storing dental instruments. The decontamination equipment was regularly serviced, validated and checked to ensure it was safe to use.

An infection control lead was in place and they ensured there was an infection control policy and set of procedures in place to help keep patients safe. These included hand hygiene, manual cleaning, managing waste products and decontamination guidance.

We looked around the premises during the inspection and found the treatment room and the decontamination room was visibly clean and hygienic. They were free from clutter and had sealed floors. Work surfaces could be cleaned with ease to promote good standards of infection prevention and control.

Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. A cleaner was employed to undertake general cleaning.

The practice had been carrying out an infection prevention audit regularly every six months. This audit relates to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

The practice had completed a Legionella risk assessment. The practice met the Legionella safety guidelines and completed monthly water temperature checks. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included flushing the water lines in the treatment rooms, monitoring cold and hot water temperatures each month and the use of a water conditioning agent.

The segregation and disposal of dental waste was in accordance with current guidelines laid down by the Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste. The practice had arrangements for all types of dental waste to be removed from the premises by a contractor. Spillage kits were available for contaminated spillages. We observed clinical waste awaiting collection was stored securely.



## Are services safe?

### Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

The practice manager was supported by the provider's facilities team to ensure checks and servicing was undertaken in a timely manner.

We saw evidence of servicing certificates for equipment such as the autoclave (a device for sterilising dental and medical instruments), air compressor and X-ray equipment. We saw that Portable Appliance Test (PAT) had been completed as well as periodic electrical wiring and fixed electrical equipment.

There were appropriate medicines available in the practice. Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place.

### Radiography (X-rays)

The practice had a Radiation Protection Adviser (RPA) and Radiation Protection Supervisor (RPS). X-ray equipment

was located in all treatment rooms. The practice's radiation protection files were maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records. We found there were suitable arrangements in place to ensure the safety of the equipment.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) good practice guidelines. The justification for taking X-rays was recorded in dental care records to evidence the potential benefit and/or risks of the exposure had been considered. The patients dental records indicated each radiograph was quality assured and the findings reported on as per FGDP guidance. X-rays were stored within the patient's dental care record.

All staff were up to date with their continuing professional development training in respect of dental radiography.





# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We spoke with the dentist and determined that they were following guidance and procedures for delivering dental care. They outlined how a thorough examination was carried out to assess the dental hard and soft tissues, including an oral cancer screen. They also used the basic periodontal examination (BPE) to check patient's gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are. The dental records we looked at showed that BPE scores were recorded at each visit. Medical history forms were checked at each visit and were confirmed with the patient. We noted from the records that patients were advised of the findings, treatment options and costs.

The dentists were familiar with the current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were based upon individual risk of dental diseases.

We saw patient dental care record audits were undertaken by the practice and any necessary actions dealt with.

### Health promotion & prevention

The patient reception and waiting area contained a range of information that explained the services offered at the practice including the fees for private dental treatment.

The practice had a varied selection of oral health leaflets available and a good selection of dental products was on sale in the reception area to assist patients with their oral health.

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit to support dental teams in improving their patient's oral and general health. High fluoride toothpastes and fluoride varnish applications were recommended as appropriate for patients at high risk of dental decay in line with DBOH.

### Staffing

Staff confirmed they had completed training which covered areas such as cardiopulmonary resuscitation (CPR) and infection prevention and control. The principal dentist monitored and reviewed all staff training to ensure that all required training had been undertaken and was up to date.

There was an induction programme for new staff to ensure they were knowledgeable about practice policies and procedures such as health and safety requirements, practice risk assessments and patient confidentiality.

We saw staff were encouraged to maintain the continuous professional development (CPD) which was a requirement of their registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental hygiene therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians. All clinical staff members were registered with the GDC and registration certificates were available in the practice.

### Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. Where patients had complex dental needs, such as suspected oral cancer, the practice referred them to other healthcare professionals using their referral process. Information was shared appropriately when patients were referred to other health care providers. Urgent referrals were made in line with current guidelines.

### Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff confirmed they ensured patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions.

The practice had a consent policy in place and staff were aware of their responsibilities under the Mental Capacity Act (2005) (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.



## Are services effective?

(for example, treatment is effective)

The principal dentist demonstrated an understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own treatment).



## Are services caring?

### Our findings

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

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. Space was limited and staff explained that if a private space was required for discussion a surgery would be used. Staff told us they were aware of the importance of providing patients with privacy and how to maintain confidentiality.

Staff were confident in data protection and confidentiality principles and had completed information governance training.

Two of the completed CQC comment cards complimented the practice in their care of nervous patients.

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

The practice provided patients with information to enable them to make informed choices about their dental care and treatment. Leaflets were available showing treatment costs. The practice's website provided patients with information about the range of treatments which were available at the practice.

Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

We received seven CQC comment card from the practice and were able to review patient surveys the practice had undertaken. Comments received reflected patients were very satisfied with the caring nature and professionalism of the staff.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and we found the facilities were appropriate for the services that were planned and delivered.

The practice provided patients with information about the services they offered in the waiting room and in the practice leaflet.

We looked at the recorded appointments and found capacity for urgent or emergency appointments. We confirmed the practice scheduled longer appointments where required if a patient needed more support.

We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

### Tackling inequity and promoting equality

The practice had an equality, diversity and human rights policy in place to support staff understanding and meeting the needs of patients. The staff told us they did not have any patients whose first language was not English, however if required, an interpreter service would be sought.

The practice was situated at the front of a newly built Sainsbury's store. All facilities in the practice were on the level. A disability access audit (DDA) had been undertaken in the practice to ensure it meets the needs of people with a disability.

The staff made provision for patients to arrange appointments by telephone or in person. The practice provided extended and flexible appointment time to patients who were vulnerable and in need of extra care and support.

### Access to the service

We saw patients could access treatment and care in a timely way. The practice opening hours, and the 'out of hours' appointment information were displayed. Emergency appointments were available daily for patients. The receptionist explained the appointment system to us and we saw that it was very easy to get a timely appointment.

Out of hours assessment for patients who were experiencing a dental emergency were available through the provider's national headquarters. An emergency telephone contact was available when the practice was closed. In an extreme emergency, if occurring on a Sunday and the only day the practice was closed, a dentist and dental nurse would open the practice to see the patient.

### Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC.

Information for patients was available in the waiting areas. This included how to make a complaint, how complaints would be dealt with and the time frames for responses.

Staff told us they raised any patient comments or concerns with the practice manager immediately to ensure responses were made in a timely manner.

The practice had received 11 complaints in the last 12 months. Review of complaints documentation showed that these had been handled in line with the company's policy and procedure. Systems were in place to effectively manage concerns and complaints and share with the whole practice to enable staff learning.



# Are services well-led?

## Our findings

### Governance arrangements

The practice had governance arrangements in place including various policies and procedures for monitoring and improving the services provided for patients. Staff were aware of their roles and responsibilities within the practice. The practice manager was in charge of the day to day running of the service.

There was an effective management structure in place to ensure responsibilities of staff were clear. Staff told us they felt supported and were clear about their roles and responsibilities.

Health, safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to exposure to hazardous substances and medical emergencies.

A business continuity policy and disaster plan was in place that set out how the service would be provided if an incident occurred that impacted on its operation.

### Leadership, openness and transparency

The overall leadership was provided by the principal dentist. The ethos of the practice was clearly apparent in all staff as being able to provide the best service possible.

We saw regular practice meetings were held and minutes of the meetings were recorded. These had set agenda items such as customer service, significant events and patient feedback. We noted that items discussed included clinical

and non-clinical issues. The meeting agenda was available to all staff and they were encouraged to suggest topics which could be discussed. If staff were unable to attend the meeting they received the minutes by email.

Staff said they could speak to the practice manager if they had any concerns and they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle.

### Learning and improvement

Staff confirmed that learning from incidents, audits and feedback was discussed at staff meetings to share learning to inform and improve future practice.

There was an audit schedule in place for clinical and non-clinical audits. These included infection prevention and control, X-ray quality and record keeping. The practice manager provided feedback to staff identifying where improvement actions may be needed.

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

Staff told us information was shared and they could raise any concerns about the practice if they needed to.

Patients' surveys had been conducted by the practice in the last 12 months. The survey's comments had been reviewed and responded to. One hundred percent of the 11 recent comment cards completed for the practice stated that patients were extremely likely to recommend the practice. All patient feedback forms were reviewed by the company's management team. There were processes in place for when areas for improvement were identified by patients.