

The Grange Dental Surgery Ltd

# Grange Dental Hygiene Centre

## Inspection Report

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### Overall summary

We carried out this announced inspection on 11 August 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

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

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

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

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

##### **Background**

The Grange Dental Hygiene Centre is located in Chichester. It provides private dental hygiene treatment to patients of all ages. The centre is affiliated to a dental surgery and provides dental hygiene care to patients who can access the centre directly without having to see a dentist first.

# Summary of findings

The centre is a grade two listed building located on two floors. There is one treatment room on the ground floor, one treatment room on the first floor and a separate decontamination room. There is a patient waiting and reception area. Parking is available close to the centre.

The hygiene team includes three hygienists, five qualified dental nurses, two receptionists and a centre manager.

The centre 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 centre is run. The registered manager at The Grange Dental Hygiene Centre was the principal dentist of the affiliated dental surgery.

On the day of inspection we collected 30 CQC comment cards filled in by patients and spoke with four other patients. This information gave us a positive view of the centre.

During the inspection we spoke with one hygienist, two dental nurses, the centre manager and two receptionists. We looked at centre policies and procedures and other records about how the service is managed.

The centre is open: Monday to Wednesday from 8.30am to 5pm, Thursday from 8.30am to 4:30pm, Friday from 8.30am to 5.15pm and Saturdays (one per month) from 8.30am to 1pm.

## Our key findings were:

- The centre appeared clean and well maintained.
- The centre had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The centre had systems to help them manage risk.
- The centre had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The centre 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.
- The appointment system met patients' needs.
- The centre had effective leadership. Staff felt involved and supported and worked well as a team.
- The centre asked staff and patients for feedback about the services they provided.
- The centre dealt with complaints positively and efficiently.

# 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 centre had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve and to enhance team cohesion.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the centre completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The centre followed national guidance for cleaning, sterilising and storing dental instruments.

The centre had suitable arrangements for dealing with medical and other emergencies.

No action



### Are services effective?

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

The hygienists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as very attentive and professional. The hygienists discussed treatment with patients so they could give informed consent and recorded this in their records.

The centre had clear arrangements when patients needed to be referred to other dental or health care professionals.

The centre supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



### Are services caring?

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

We received feedback about the centre from 34 people. Patients were positive about all aspects of the service the centre provided. They told us that staff were helpful, thorough in the treatment they provided and caring. They said that dental hygiene procedures were explained fully; and said that they were given helpful advice about maintaining their oral health.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



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

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

The centre's appointment system was efficient and met patients' needs. Patients could get an appointment quickly.

No action



# Summary of findings

Staff considered patients' different needs and had made reasonable adjustments where able given the listed status of the centre building.

The centre took patients' views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

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

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

The centre had arrangements to ensure the smooth running of the service. These included systems for the centre team to discuss the quality and safety of the care and treatment provided. There was a defined management structure and staff felt supported and appreciated.

The centre had a comprehensive schedule in place to monitor clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

**No action**



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The centre had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The centre recorded, responded to and discussed all incidents to reduce risk and support future learning.

The centre received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

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

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 centre had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that all staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The centre had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the centre's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. centre

The centre had a business continuity plan describing how they would deal events which could disrupt the normal running of the centre.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

### Staff recruitment

The centre had a staff recruitment procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at all of the staff recruitment records. These showed the centre followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

### Monitoring health & safety and responding to risks

The centre's health and safety policies and risk assessments were up to date and reviewed yearly to help manage potential risk. These covered general workplace and specific dental topics. We saw clear action plans to reduce the identified risks and documentation that these had been completed. The centre had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the hygienists when they treated patients.

### Infection control

The centre had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental centres (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

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

We noted that the centre carried out infection prevention and control audits six monthly in line with current guidance. The latest audit showed the centre was meeting the required standards. Action plans were seen and completed.

The centre had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

## Are services safe?

The centre maintained daily checklists which included all tasks related to infection prevention and control within each treatment room as well as for the sterilisation equipment. This was to ensure that no task was missed and that there was consistency amongst staff.

We saw cleaning schedules for the premises. The centre was clean when we inspected and patients confirmed this was usual.

### **Equipment and medicines**

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

### **Radiography (X-rays)**

Due to its affiliation with a dental surgery the staff were able to request X-rays for patients as part of their hygiene treatment if their needs warranted this. Suitable arrangements to ensure the safety of the X-ray equipment had been made in the dental surgery. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists in the surgery justified, graded and reported on the X-rays they took. The surgery carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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

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

### Health promotion & prevention

The centre was providing preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

Following referral where requested or required, the principal dentist affiliated with the dental surgery told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The hygienists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The centre had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

### Staffing

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

Staff told us they discussed training needs throughout the year and at annual appraisals. We saw evidence of completed appraisals.

### Working with other services

Hygienists confirmed they referred patients to a dentist for onward referral to a range of specialists in primary and secondary care if they needed treatment the centre did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The centre monitored urgent referrals to make sure they were dealt with promptly.

### Consent to care and treatment

The centre team understood the importance of obtaining and recording patients' consent to treatment. Staff told us they gave patients information about hygiene treatment options so they could make informed decisions. Patients confirmed their hygienist listened to them and gave them clear information about their treatment.

The centre's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dental care professionals were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

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

Patients commented positively that staff were thorough, attentive and friendly. We saw that staff treated patients in a considerate and kind manner and were friendly towards patients at the reception desk and over the telephone.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage.

An information folder, patient survey results and magazines were available for patients to read.

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

The centre gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed their oral health needs in detail.

Patients told us staff were kind and reassuring when they were in pain, distress or discomfort and put them at ease.

The centre's website provided patients with information about the range of services available at the centre. These included direct access to a hygienist, professional teeth cleaning, children's services and dental care advice.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

The centre had an efficient appointment system to respond to patients' needs. Patients told us that they had enough time during their appointment, did not feel rushed and that staff made them feel comfortable and relaxed.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Staff were informed of any patients with particular needs in order to provide extra attention and reassurance if required or assistance with accessing the premises. Staff ensured that patients could be seen in a downstairs treatment room if needed.

### Promoting equality

The centre had made reasonable adjustments for patients with disabilities but were limited in making any structural changes due to the listed status of the building. Staff informed new patients of the access to the centre. Staff told us that they would assist patients as required with accessing the stairs.

The centre knew their patient population well and would assess for the need of interpreter/translation services if required.

### Access to the service

The centre displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the centre kept cancellations to a minimum.

Patients confirmed they could make routine appointments easily.

### Concerns & complaints

The centre had a complaints policy providing guidance to staff on how to handle a complaint. The centre information leaflet explained how to make a complaint. The centre manager was responsible for dealing with these. Staff told us they would tell the centre manager about any formal or informal comments or concerns straight away so patients received a quick response.

The centre manager told us they 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 centre dealt with their concerns.

We looked at comments, compliments and complaints received within the previous 12 months. These showed the centre responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### **Governance arrangements**

The principal dentist of the affiliated dental surgery had overall responsibility for the management and clinical leadership of the centre; and the senior hygienist and centre manager were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The centre had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The centre had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

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

The senior hygienist and centre manager demonstrated a strong commitment towards patient care and in leading the team. We saw that staff were conscientious and worked cohesively in order to enhance patient care.

Staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the centre. They said the senior hygienist and centre manager encouraged them to raise any issues and they felt confident they could do this. They knew who to raise any issues with and told us that management were approachable, would listen to their concerns and act appropriately.

The centre held meetings with the affiliated dental surgery where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### **Learning and improvement**

The centre had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records. They had clear records of the results of these audits and the resulting action plans and improvements.

The senior hygienist and centre manager showed a strong commitment to learning and improvement and valued the contributions made to the team by individual members of staff. All dental nurses, hygienists and non-clinical staff had annual appraisals. They discussed learning needs and general wellbeing. All staff were encouraged to participate in activities to enhance their future professional development for example to undertake courses to increase their skill sets.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the centre provided support and encouragement for them to do so.

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

The centre used patient satisfaction surveys and comment cards to obtain patients' views about the service. We saw examples of suggestions from patients the centre had acted on. For example, patients commented on the lack of toilet facilities within the centre. The centre therefore installed a toilet.

Staff were encouraged to give feedback via an open door policy as well as at staff meetings and annual appraisals.