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The Edge Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 20 April 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 with remote access to a specialist dental adviser.

We told the NHS England Cheshire and Merseyside area team and Healthwatch that we were inspecting the practice. We did not receive any information of concern from them.

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

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

These questions 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 Edge Dental Practice is close to the centre of Alderley Edge and provides treatment to patients of all ages on a privately funded basis.

There are steps at the front entrance to the practice with a handrail positioned alongside to assist patients with limited mobility. The provider has a portable ramp available to facilitate access to the practice for wheelchair users. Car parking is available near the practice.

Summary of findings

The dental team includes three dentists, a dental hygienist / therapist and five dental nurses, one of whom is the office manager and receptionist. The practice has three treatment rooms.

The practice is owned by a partnership and as a condition of registration must have in place a person registered with the Care Quality Commission as the registered manager. Registered managers have a 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 The Edge Dental Practice was one of the partners.

We received feedback from 18 people during the inspection about the services provided. The feedback provided was positive about the practice.

During the inspection we spoke to two dentists, one dental nurse and the office manager. We looked at practice policies, procedures and other records about how the service is managed.

The practice is open: Monday and Wednesday 9.00am to 6.00pm, Tuesday and Thursday 8.00am to 5.00pm, Friday 9.00am to 3.00pm and Saturday 9.00am to 1.00pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medical emergency medicines and equipment were available.
- The practice had systems to help them manage risk.
- The practice had safeguarding processes in place and staff knew their responsibilities for safeguarding adults and children.

- Staff provided patients' care and treatment in line with current guidelines.
- The practice had a procedure in place for dealing with complaints.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took patients' needs into account. Dedicated emergency appointments were available.
- The practice had a leadership structure. Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.
- The practice had staff recruitment procedures in place. We found these needed minor improvements.

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

- Review the protocol for maintaining accurate, complete and detailed records relating to the employment of staff. This includes ensuring recruitment checks, including references, are carried out and recorded for all staff.
- Review the practice's protocols for conscious sedation, taking into account the 2015 guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.'
- Review the protocols and procedures to ensure staff are up to date with their training and continuing professional development.

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 systems and processes in place to provide safe care and treatment. They used learning from incidents to help them improve.

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

The premises and equipment were clean and properly maintained. The practice followed national guidance on cleaning, sterilising and storing dental instruments.

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

The practice completed recruitment checks before employing staff but the recruitment procedures needed minor improvements.

No action



Are services effective?

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

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

The practice had clear arrangements in place for when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles. We found that no system was in place to monitor training.

The practice had the facility to provide sedation for patients who were very nervous of dental treatment or were undergoing complex treatment. Minor improvements were required to the sedation procedures.

No action



Are services caring?

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

Patients were positive about all aspects of the service. They told us staff were caring, friendly and welcoming. They said that they were given helpful explanations about dental treatment and options and that the dentists listened to them. Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

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



Summary of findings

Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could obtain an appointment quickly in an emergency.

Staff considered patients' individual needs and made reasonable adjustments to meet these. This included providing facilities for people with disabilities. The practice had access to interpreter services. Staff made arrangements to help patients who had sight or hearing loss.

Staff responded to concerns and complaints quickly.

No action



Are services well-led?

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

The practice had arrangements in place to ensure the smooth running of the service. These included systems for the practice team to review the quality and safety of the care and treatment provided.

There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept accurate patient dental care records which were stored securely.

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

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

The practice received national patient safety and medicines alerts, for example, from the Medicines and Healthcare Products Regulatory Authority. The provider told us that relevant alerts were discussed with staff and acted on. No record of the action taken was retained but the manager assured us this would be addressed.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures in place to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who are vulnerable due to their circumstances. Staff received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns. We observed that the local authority's safeguarding contact details were available in relation to children but not in relation to vulnerable adults. The manager assured us this would be addressed.

The practice had a whistleblowing policy in place. Staff told us we were felt confident to raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. The practice followed relevant safety laws when using needles and other sharp dental items. We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance.

Medical emergencies

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

Emergency equipment and medicines were available as recommended in recognised guidance. Staff carried out, and kept records of, checks to make sure the medicines and equipment were within their expiry dates and in working order.

Staff recruitment

The practice had staff recruitment procedures in place to help them employ suitable staff which reflected the relevant legislation. We looked at staff recruitment files. These showed the practice followed their recruitment procedure, but we observed that references had not been obtained for the most recently recruited member of staff. No records were maintained for a visiting clinician.

Clinical staff were qualified and registered with the General Dental Council, where necessary, and had professional indemnity cover.

Monitoring health and safety and responding to risks

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace and specific dental practice risks.

Dental nurses worked with all the clinicians when they treated patients.

The provider ensured 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 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. Systems were in place to check staff immunity.

Infection control

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

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in

Are services safe?

accordance with HTM 01-05. The records showed the equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

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

The practice had procedures in place, in accordance with current guidance, to reduce the possibility of Legionella or other bacteria developing in the water systems.

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

Equipment and medicines

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

The practice had suitable systems for prescribing, dispensing and storing medicines.

Radiography (X-rays)

The practice had arrangements in place to ensure X-ray procedures were carried out safely. They complied with current radiation regulations and had the required information available.

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

Where appropriate, staff completed continuing professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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

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

The practice utilised the services of a visiting sedationist to provide conscious sedation for patients who were very nervous of dental treatment and those who required complex or lengthy treatment. The practice had systems in place in relation to sedation and followed some of the guidance contained in the Department of Health Standing Dental Advisory Committee Report of an Expert Group on Sedation for Dentistry 'Conscious Sedation In The Provision of Dental Care', 2003.

The practice did not have a policy in place in relation to the provision of sedation.

We were unable to check the sedation equipment and medicines at the inspection as the sedationist brought this to the practice when sedation appointments were scheduled, but we were told that appropriate equipment and medicines were available for the sedation procedures.

The sedationist assessed the suitability of patients for the procedure on the day of the sedation appointment. The dental care records we looked at during the inspection showed that patients having sedation had checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health. Records also contained the patient's consent to the procedure and showed that staff provided post-operative instructions.

One of the practice's dental nurses supported the dentists with the sedation procedure. We were told appropriate training had been carried out but no evidence of this was provided at the inspection.

We were not provided with evidence of auditing of the sedation procedures at the inspection. Auditing assists in identifying where improvements can be made to procedures.

The guidelines recommend that staff involved in sedation regularly practice together how they would respond to medical emergencies. The relevant staff were not practising this together.

Health promotion and prevention

The clinicians supported patients to achieve better oral health in line with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health information leaflets to help patients improve their oral health.

Staffing

Staff new to the practice completed a period of induction based on a structured induction programme.

The General Dental Council requires dental professionals to complete continuing professional development as a requirement of their registration. Staff told us the practice provided support, training opportunities and encouragement to assist them in meeting the requirements of their registration. The practice did not routinely monitor training to ensure essential training was completed.

Staff told us they had annual appraisals. These were used to discuss learning needs, general wellbeing and future professional development. We saw several completed appraisals which confirmed this.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer in accordance with the current guidelines. The practice monitored urgent referrals to ensure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment

Are services effective?

(for example, treatment is effective)

options and the risks and benefits of these so they could make informed decisions. 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. Staff 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. The dentists 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 were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly, caring and professional. We saw that staff treated patients kindly and with respect and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Staff were aware of the importance of privacy and confidentiality. The reception and waiting area were open

plan. Staff told us that if a patient requested privacy, facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where other patients might see it.

Involvement in decisions about care and treatment

The dentists provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them and gave them time to think. Dentists described the conversations they had with patients to help them understand their treatment options.

Information about the range of treatments provided was available on the practice's website and in leaflet format in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had an appointment system in place which took account of patients' needs. Staff told us that patients requiring urgent appointments were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed.

Staff told us that they currently have patients for whom they need to make adjustments to enable them to receive treatment. We observed staff assisting patients with mobility difficulties during the inspection.

Tackling inequity and promoting equality

The practice had taken into consideration the needs of different groups of people, for example, people with disabilities, and put in place reasonable adjustments, for example, handrails to assist with mobility.

The practice had a portable ramp available to facilitate access to the practice for wheelchair users. One of the treatment rooms was on the ground floor. Toilet facilities were not accessible for wheelchair users.

Staff had access to interpreter and translation services for people who required them.

Access to the service

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

Staff made every effort to keep waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain or other dental emergencies on the same day and had appointments available. The website, information leaflet and answerphone provided contact details for patients requiring emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. Staff told us they raised any formal or informal comments or concerns with the manager to ensure the patient received a quick response. The manager told us they aimed to resolve complaints in-house.

Information was available about organisations patients could contact should they not wish to complain to the practice directly or if they were not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the previous 12 months. We saw that the practice responded to comments appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice. The office manager was responsible for the day to day running of the service. We saw staff had access to suitable supervision and support for their roles and responsibilities.

The practice had policies, procedures and risk assessments in place to support the management of the service and to guide staff. The practice had arrangements in place to monitor the quality of the service and to make improvements where required.

The practice had information security arrangements in place and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and felt confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

The practice held regular meetings in which staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes in place to encourage learning and continuous improvement. These processes included, for example, audits. We reviewed audits of dental care records, X-rays and infection prevention and control. Staff kept records of the results of these and produced action plans where necessary. We saw the auditing process resulted in improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by all members of staff. We saw evidence of learning from incidents, audits and feedback.

Staff had annual appraisals, which helped identify individual learning needs. Staff told us the practice provided support and training opportunities for their on-going learning.

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

The practice had a system in place to seek the views of patients about the service delivery through the use of regular patient surveys.

We saw that the practice acted on patient feedback, for example, patients had requested Saturday opening and this had been put in place.

The practice gathered feedback from staff through meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.