

## Centre for Dentistry Limited

# J. Sainsburys – Crosby

## Inspection Report

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### Overall summary

We carried out a comprehensive inspection of J. Sainsburys – Crosby on 29 January 2015.

J. Sainsburys – Crosby is part of the Centre for Dentistry Limited Organisation and is situated in Crosby town centre. It offers private dental care services to patients of all ages. The services provided include preventative advice and treatment and routine and restorative dental care.

The practice has two dentists, a dental nurse, reception staff and a practice manager. The practice manager is registered with the Care Quality Commission as the Registered Manager. This person is legally responsible for making sure that the practice meets the requirements relating to safety and quality of care, as specified in the regulations associated with the HSCA 2008.

We reviewed nine completed CQC comment cards and reviewed patient feedback gathered by the practice over the last 12 months. Patients who completed CQC comments cards were positive about the care they received from the practice. They commented staff were caring and respectful; listened and put patients at ease and took time to explain treatment.

### Our key findings were:

- The practice assessed and managed risks to patients. These included infection prevention and control, health and safety and the management of medical emergencies.
- Staff ensured patients gave their consent before treatment began. Dental care records we looked at were detailed and showed on-going monitoring of patients' oral health. Staff had received training appropriate to their roles.
- Staff were knowledgeable about patient confidentiality and we observed good interaction between staff and patients during the inspection.
- Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- There were clearly defined leadership roles in place and staff told us they felt well supported and comfortable to raise concerns or make suggestions.

# 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?**

Staff told us they felt confident about reporting incidents and accidents and discussed learning from them at monthly staff meetings. We reviewed incidents that had taken place in 2014 and found the practice had responded appropriately.

Safeguarding was identified as essential training for all staff to undertake every 12 months and was included in the induction programme for new members of staff.

The practice had a comprehensive system to assess and manage risks to patients. They had safe systems in place including for infection prevention and control, health and safety, staff recruitment and training and the management of medical emergencies.

### **Are services effective?**

Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. All staff had an understanding of the principles of the Mental Capacity Act 2005 (MCA). The induction programme for newly employed staff included a presentation about how the MCA was relevant in a dental practice.

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes in the patient's oral health and made referrals to specialist services for further investigations or treatment if required.

The practice had a strong focus on preventative care and supporting patients to achieve better oral health. Fluoride applications, highly concentrated fluoride toothpaste and oral health advice were available. The practice visited local nurseries and schools to provide oral health advice.

### **Are services caring?**

We looked at nine CQC comment cards patients had completed prior to the inspection. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity.

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff were aware of the importance of providing patients with privacy and maintaining confidentiality.

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

The practice offered routine and emergency appointments each day. Reception staff had clear guidance to help them assess how urgently the patient required an appointment. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to and learning from complaints, concerns and suggestions made by patients. The practice had responded swiftly to complaints and had made changes for example, to improve information provided to patients.

# Summary of findings

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

There were clearly defined leadership roles in place and staff told us they felt well supported and comfortable to raise concerns or make suggestions. The practice assessed risks to patients and staff and audited areas of their practice as part of a system of continuous improvement and learning. The practice carried out patient surveys and requested patient views at each visit to gain feedback from patients using the service. The practice had acted upon this information and made improvements.

# J. Sainsburys – Crosby

## 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by the CQC.

We carried out an announced inspection on the 29 January 2015. The inspection team consisted of a Care Quality Commission (CQC) lead inspector and second inspector.

Prior to the inspection we reviewed information we held about the provider and by other organisations. We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives and a record of any complaints received in the last 12 months.

During the inspection we toured the premises and spoke with the principal dentist, a dental nurse, reception staff, the practice manager and regional manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We obtained the views of nine patients who had filled in CQC comment cards.

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

### Learning and improvement from incidents

The practice had a significant events policy which provided clear guidance for staff about how to report incidents and accidents. Incidents and accidents were documented, investigated and reflected upon by the dental practice. Staff told us they felt confident about reporting incidents and accidents and discussed learning from them at monthly staff meetings. We reviewed incidents that had taken place in 2014 and found the practice had responded appropriately.

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

The practice had up to date child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. Safeguarding was identified as essential training for all staff to undertake every 12 months and was included in the induction programme for new members of staff. A discussion about how to address different types of abuse was carried out at staff meetings every three months to support staff.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice used dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments. Rubber dams were used in root canal treatment in line with guidance from the British Endodontic Society.

### Infection control

The lead dental nurse was the infection control lead professional and they worked with the practice manager to ensure there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, health and safety, safe handling of

instruments, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

The practice had followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to staff. Posters about good hand hygiene, safe handling of sharps and the decontamination procedures were laminated and clearly displayed to support staff in following practice procedures.

We looked around the premises during the inspection and found the two treatment rooms and the decontamination room appeared clean and hygienic. They had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection control. The treatment rooms were free from clutter, with surfaces that could be cleaned and disinfected between patients. Staff we spoke with told us they 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. There were hand washing facilities in each treatment room and staff had access to good supplies of protective equipment for patients and staff members.

Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

The dental nurse showed us the procedures involved in manually cleaning, rinsing, inspecting and sterilising dirty instruments; packaging and storing sterilised instruments. Staff wore eye protection, an apron, heavy duty gloves and a mask while instruments were cleaned and rinsed prior to being placed in an autoclave (sterilising machine). An illuminated magnifier was used to check for any debris or damage throughout the cleaning stages.

# Are services safe?

The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

Records showed a risk assessment process for Legionella had been carried out. (Legionella is a germ found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each month.

The practice manager helped to ensure staff had the right knowledge and skills to maintain hygiene standards by providing annual training and updates every three months. The infection control lead professional from another practice within Centre for Dentistry Limited carried out the self- assessment audit relating to the Department of Health's guidance about decontamination in dental services (HTM01-05) every six months. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The most recent audit was completed in December 2014 and showed the practice was meeting the required standards.

## Equipment and medicines

The practice maintained a comprehensive list of all equipment including dates when maintenance contracts required renewal. The practice manager told us this helped them check and record that all equipment was in working order. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner.

The practice had clear guidance regarding the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice. The dentists used the on-line service for the British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored safely for the protection of patients. Private prescriptions were securely stored electronically and a log of all prescriptions issued by each dentist provided a clear audit trail to ensure safe use

and prescribing. The practice stored medicines in the fridge as required. The fridge temperature was checked daily to ensure the temperature was within the required range for the safe use of the medicine.

## Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice manager carried out monthly health and safety and electrical checks which involved inspecting the premises and equipment and ensuring maintenance and service documentation was up to date. The checklist included all equipment, waste management, layout and disabled access and electrical and fire safety.

Health and 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 for fire, exposure to hazardous substances and use of equipment. The assessments were reviewed annually and included the controls and actions to manage risks. The practice had a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva.

The practice had a detailed business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan was reviewed and updated every six months. The plan covered staffing, records and electronic systems, clinical and environmental events. Key contact numbers were included and paper and electronic copies of the plan were kept in the practice and by the practice manager and regional manager.

## Medical emergencies

The practice had a medical emergencies policy which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The emergency resuscitation kit, oxygen and emergency medicines were stored securely. Records showed daily checks were done to ensure the equipment and emergency medicine was safe to use. Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support.

# Are services safe?

The practice was in a roll out programme by Centre for Dentistry Limited for an Automated External Defibrillator (AED), to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

## **Staff recruitment**

The practice had a policy and documentation in place for the safe recruitment of staff which included seeking references, checking qualifications and professional registration. The practice manager told us it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all staff. These checks provide employers with an individual's full criminal record and other information to assess the individual's suitability for the post.

Newly employed staff had a period of induction to familiarise themselves with the way the practice ran before being allowed to work unsupervised. We spoke with a

newly employed member of staff who told us their induction included time to read policies and procedures, attend essential training such as health and safety and safeguarding and meet with the practice manager to identify any specific training needs. The practice manager checked the professional registration for newly employed clinical staff, and then annually to ensure professional registrations were up to date.

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

The practice's radiation protection file was detailed and up to date with an inventory of all X-ray equipment and a maintenance record. X-rays were digital and images were stored within the patient's dental care record. We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were displayed in accordance with guidance. X-ray audits were carried out every six months. The results of the most recent audit confirmed they were meeting the required standards

# Are services effective?

(for example, treatment is effective)

## Our findings

### **Consent to care and treatment**

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. The practice's consent policy provided staff with guidance and information about when consent was required and how it should be recorded. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent.

All staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to dental treatment. A newly employed member of staff told us their induction programme included a presentation about how the MCA was relevant in a dental practice. We saw the key principles of the MCA were displayed in the staff room to support staff obtain informed consent. Detailed information about the MCA was available to all staff on their computers.

Staff ensured patients gave their consent before treatment began. Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they preferred. The practice used a digital camera to take pictures of a patient's face, mouth and teeth. Written consent was obtained prior to any photographs being taken.

### **Monitoring and improving outcomes for people using best practice**

The practice kept up to date detailed electronic dental care records. The dental care record provided comprehensive information about the patient's current dental needs and past treatment. We reviewed the information recorded in two patient records about the oral health assessments, treatment and advice given to patients. Clinical records were comprehensive and included details of the condition of the teeth, soft tissues lining the mouth and gums. These were repeated at each examination in order to monitor any changes in the patient's oral health. Medical history checks were updated by each patient every six months and scanned in to their electronic dental care record.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example X-rays were undertaken at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP).

The practice had a strong focus on preventative care and supporting patients to achieve better oral health. Check-ups and fluoride applications were provided free of charge for children under 11 years of age. Highly concentrated fluoride toothpaste and oral health advice were available. A selection of dental products were on sale in the practice to assist patients with their oral health. The practice visited local nurseries and schools to provide oral health advice to children.

### **Working with other services**

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. Dental care records contained details of the referrals made and the outcome of the specialist advice. Staff were knowledgeable about following up urgent referrals, for example regarding oral cancer. This included tracking the progress of the referral using the on-line NHS tracking service to ensure the referral was being dealt with in a timely manner.

### **Health promotion & prevention**

The medical history form patients completed included questions about smoking and alcohol intake. The dentist told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. There were health promotion leaflets available in the practice to support patients look after their general health.

### **Staffing**

The practice manager and regional manager told us they reviewed the staffing needs of the practice each month to ensure there were sufficient staff to run the service safely and meet patient needs. They told us they had the flexibility of bringing staff from other practices within the Centre for Dentistry organisation to cover staff absences and to provide specialist treatment. For example, a dentist



# Are services effective?

(for example, treatment is effective)

specialising in dental implants held clinics in the practice to assess patients referred for this procedure. The practice manager planned to have a dental hygienist join the team in the next year.

The practice manager met with staff individually to discuss their professional development. They kept a record of all training carried out by clinical and administration staff to ensure staff had the right skills to carry out their work.

Mandatory training included basic life support, safeguarding and infection control. All clinical staff were required to maintain an on-going programme of continuous professional development as part of their registration with the General Dental Council. Records showed professional registration was up to date for all staff.

Staff told us the practice manager and the dentists were readily available to speak to at all times.

# Are services caring?

## Our findings

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

We were unable to speak with any patients attending the practice on the day of the inspection. However we looked at nine CQC comment cards patients had completed, the suggestions and comments book in the waiting area and the results of the practice's three monthly surveys. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity. We observed staff were helpful, discreet and respectful to patients.

We observed that privacy and confidentiality were maintained for patients using the service on the day of the inspection. Patients' clinical records were stored electronically; password protected and regularly backed up to secure storage. The practice used a computer screen filter to help ensure patients' confidential information could not be viewed at reception.

Paper records, such as signed consent forms and updated medical history forms, were scanned into the patient's

dental care record and shredded. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality. They told us there were always rooms available if patients wished to discuss something with them away from the reception area. Sufficient treatment and meeting rooms were available and used for all discussions with patients.

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

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. 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.

Patients were informed of the range of treatments available and their cost in information leaflets and on notices in the reception area and waiting room.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice provided patients with information about the services they offered in their practice leaflet and website. We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us the majority of patients who requested an urgent appointment would be seen within 24 hours. Reception staff had clear guidance to help them assess how urgently the patient required an appointment. For example, a child in pain and a patient with facial swelling or trauma would be prioritised for an emergency appointment. Patients were advised to attend their accident and emergency department if there were no emergency appointments available.

Staff told us the appointment system gave them sufficient time to meet patient needs.

### Tackling inequity and promoting equality

The practice made adjustments to meet the needs of patients, including having an audio loop system displayed on the reception counter for patients with a hearing impairment. Staff were knowledgeable about how to arrange an interpreter service for patients where English was their second language.

The practice was situated on the ground floor. Patients with pushchairs or wheelchair users had good access into and around the practice. All treatment rooms were sufficiently spacious to accommodate a pushchair or wheelchair. There were disabled toilet facilities.

### Access to the service

The practice displayed its opening hours in their premises, in the practice leaflet and on their website. Opening hours were Monday to Thursday 8.00am to 8.00pm, Friday 8.00am to 6.00pm, Saturday 10.00am to 6.00pm and Sunday 11.00am to 3.30pm. At the time of the inspection a dentist was available in the practice to provide treatment from Tuesday to Saturday each week. The practice manager told us patients could see an alternative dentist at another practice within the Centre for Dentistry organisation on

Sundays and Mondays if they required an urgent appointment or could only attend on those days. The practice had clear instructions for patients requiring urgent dental care when the practice was closed.

The practice supported patients to attend their forthcoming appointment by having a reminder system in place. This included telephoning patients and sending a text message. They actively followed up patients if they failed to attend for treatment by contacting them to offer alternative appointments. The practice had completed an access audit in July 2014 to check patients had good access to all the services provided. The results showed there were no actions required.

### Concerns & complaints

The practice had a Complaints Policy which provided staff with guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was a system in place to promptly investigate and communicate with the patient. The practice had received five complaints in the last 12 months. We found the practice responded promptly and ensured changes were made to improve the service where required. For example, the practice improved the information it provided patients with about waiting times for laboratory work. Lessons learnt and any changes were shared with staff at the daily informal meetings and monthly staff meetings. The practice manager and regional manager reviewed the complaints annually to look for trends and to ensure all actions had been completed.

Information for patients about how to raise a concern or offer suggestions was available in the waiting room and in the practice leaflet. Patients were encouraged to comment on the service they received and suggest improvements using patient feedback forms available in the waiting area.

# Are services well-led?

## Our findings

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

The practice was managed by the Centre for Dentistry Limited corporate provider and there were clearly defined leadership roles in place. The corporate provider had a lead dentist for each region in the country. They provided clinical leadership including updating clinical policies and procedures.

The practice manager and regional manager ensured the practice's human resource and clinical policies and procedures were up to date and staff were aware of any changes to them. These included guidance about confidentiality, incident reporting, infection control and consent to treatment.

Staff told us there was an open culture at the practice and they felt well supported by the practice manager and the regional manager. There were good arrangements for sharing information across the practice including daily informal huddle meetings and monthly practice meetings which were documented for those staff unable to attend. Staff told us this helped them keep up to date with new developments and policies. It also gave them an opportunity to make suggestions and provide feedback to the practice manager.

### **Governance arrangements**

The practice manager was responsible for the day to day running of the service. The practice manager and regional manager ensured there were systems to monitor the quality of the service. These were used to make improvements to the service. They led on the individual aspects of governance such as complaints, risk management and audits within the practice.

We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw detailed risk assessments and the control measures in place to manage those risks. The practice manager carried out compliance checks every month and the regional manager did so every six months to ensure quality standards were being met. Records showed the practice had clear systems for identifying and monitoring quality standards and acted promptly if action was required.

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

The practice had systems in place to seek and act upon feedback from patients using the service, including carrying out patient surveys very six months. Feedback forms were available in the waiting area for patients to complete after each visit and were analysed every three months to look for trends. For example, patients had requested more information about fees and treatments and we observed this had been acted upon. Individual comments were checked daily to ensure prompt action was taken if required.

The most recent patient survey in December 2014 showed a high level of satisfaction with the quality of service provided. Reception staff told us any suggestions or comments patients made directly to them were reported to the practice manager and discussed at practice meetings.

### **Management lead through learning and improvement**

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. The corporate provider's lead dentist provided peer review and support to the dentists every three months. Staff had professional development plans which identified learning and development needs. Staff told us they had good access to training and the practice manager monitored staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

The dentists and dental nurses working at the practice were registered with the GDC. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. The practice manager kept a record to evidence that staff were up to date with their professional registration.

The practice audited areas of their practice as part of a system of continuous improvement and learning. These included audits of dental care records, X-rays and patient waiting times. Action plans were in place to ensure improvements were made. Staff told us they were fully involved in risk management and audits and felt confident about raising concerns or making suggestions.