

St Andrews Dental Centre Ltd

St Andrews Dental Centre Limited - Hull

Inspection Report

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Overall summary

We carried out this announced inspection on 4 December 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

St Andrews Dental Centre Limited is in Hull and provides private treatment to adults and children.

There is permanent ramp access for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice.

Summary of findings

The dental team includes one dentist, four dental nurses (one of whom is the practice manager), a dental hygienist and a cleaner.

The practice has three surgeries, one on the ground floor and two on the first floor. One is currently not in use. A dedicated room for taking Orthopantomogram (OPG) X-rays and Cone beam computed tomography (CBCT) scans, a decontamination room for sterilising dental instruments, a staff room/kitchen and a general office.

The practice 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 practice is run. The registered manager at St Andrews Dental Centre Limited was the principal dentist.

On the day of inspection we collected 40 CQC comment cards filled in by patients and spoke with one other patients. This information gave us a positive view of the practice.

During the inspection we spoke with the principal dentist, two dental nurses and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 8am – 5:30 pm

Tuesday & Thursday 8:30 am – 6pm

Wednesday 8am – 4pm

Friday 8am – 1pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had some systems to help them manage risk.

- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice 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 practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the accessibility of the medical emergency drugs and equipment within the practice.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- Review the protocols and procedures for the use of X-ray equipment taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.
- Review the practice's policy and the storage of products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure a risk assessment is undertaken and the products are stored securely.
- Review the practice's protocols for domiciliary visits taking into account the 2009 guidelines published by British Society for Disability and Oral Health in the document "Guidelines for the Delivery of a Domiciliary Oral Healthcare Service".

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 to provide safe care and treatment. They used learning from incidents and complaints to help them improve. We highlighted staff could be more aware of what constituted a significant event or a RIDDOR incident.

We found the practice stored all of the recommended medical emergency and equipment in several locations throughout the practice. We highlighted this to the practice manager who assured us this would be reviewed and moved to a central accessible location.

There was inconsistent evidence that MHRA alerts were received and actioned if required.

We found COSHH materials stored in an accessible cupboard. There were no safety data sheets or associated risk assessment available for all materials within the practice.

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 practice completed essential recruitment checks.

The practice had a hand held X-ray machine. We found more safety measures and risk assessments could be implemented for the safe storage of the machine.

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

The practice had carried out a sharps risk assessment but it did not include the steps taken to minimise the risk from other sharp instruments and devices.

On the day of the inspection the practice was open to feedback and took immediate actions to address the concerns raised during the inspection and send evidence to confirm that some of the actions had been taken.

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 professional, caring and understanding. The dentist discussed treatment in depth with patients so they could give informed consent and recorded this in their records.

The practice provided a domiciliary service to long standing patients who could no longer access their service. We found no policies or risk assessment in place to ensure staff and patient safety. We were assured this would be reviewed.

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

No action



Summary of findings

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

Are services caring?

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

We received feedback about the practice from 41 people. Patients were positive about all aspects of the service the practice provided. They told us staff were supportive throughout dental treatments, they went the extra mile and accommodated patients who had to travel long distances to receive treatment here. They said that they were given detailed, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they 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



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 was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone or face to face interpreter services and had arrangements to help patients with sight or hearing loss.

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

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 to ensure the smooth running of the service. These included systems for the practice team to discuss 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 complete patient dental care records which were, clearly written or typed and 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.

Some of the staff had specific roles and responsibilities to support the principal dentist and we saw staff had access to suitable supervision and support for these.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. We found staff were not fully aware of what constituted a significant event or RIDDOR reportable occurrences. We were told this would be addressed immediately.

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 from the Medicines and Healthcare Products Regulatory Authority (MHRA). We found inconsistent evidence all alerts had been received and actioned. All staff were not fully aware what a MHRA alerts was and if there were any relevant to dentistry. The practice manager told us they would subscribe to the alerts to ensure a more robust process was in place going forward and any historic alerts would be reviewed.

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

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. A basic sharps risk assessment had been carried out of the needles and syringes but this did not include the risk from other sharp dental items. The practice manager assured us this would be amended immediately.

The dentist used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

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. We found the medical emergency drugs and equipment was stored in several locations within the practice. We highlighted this could cause a delay in the event of a medical emergency. The practice manager and principal dentist assured us all equipment would be collated in an accessible location within the practice. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at all staff recruitment files. These showed the practice 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 practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was 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.

Are services safe?

A dental nurse worked with the dentist and dental hygienist when they treated patients.

We found COSHH items stored within the practice were accessible to the public. There were no associated safety data sheets or risk assessment in place for all hazardous materials used within the practice. The practice manager told us this would be reviewed and implemented as soon as possible.

Infection control

The practice 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 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 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.

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

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. Staff carried out checks in line with the manufacturers' recommendations.

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

Radiography (X-rays)

The practice generally had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. We found some minor improvements could be made with regards the hand held X-ray machine to ensure the use on domiciliary visits was risk assessed and the storage was in line with recommended guidance.

We saw evidence that the dentist justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation. The registered provider worked closely with all staff members to ensure the audit process evolved in each cycle to ensure ease of use and full disclosure of results.

The practice had an OPG (Orthopantomogram). This is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth and gives a 2-dimensional representation of these. The machine also provided cone beam computed tomography (CBCT). CBCT is an X-ray based imaging technique which provides high resolution visualisation of bony anatomical structures in three dimensions.

The practice also received referrals from other dental practices for CBCT scans. A full service level agreement was in place and the principal dentist worked and communicated effectively to ensure the correct scan was produced for each referral. If during the assessment the principal dentist disputed the scan they would contact the referring dentist to discuss this in more depth.

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

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

We were told the hygienist completed procedures to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition. Patients were made aware that successful treatment hinged upon their own compliance and were provided with patient specific prevention advice regimes. Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and reinforced home care preventative advice.

The practice provided dental implants. The principal dentist explained the process which patients underwent prior to undertaking dental implant treatment. This included using X-rays and where CBCT, to assess the quality and volume of the bone justified and whether there were any important structures close to where the implant was being placed. We saw evidence these X-rays and scans were analysed to ensure the dental implant work was undertaken effectively. We also saw that patients gum health was thoroughly assessed prior to any dental implants being placed. If the patient had any sign of gum disease then they underwent a course of periodontal treatment.

After the dental implant placement the patient would be followed up at regular intervals by the staff to ensure the implant was healing and integrating well and a direct contact number for the dentist was provided if they had any questions or concerns.

The practice provided a domiciliary service to long standing patients who could no longer access their service. We found no policies or risk assessment were in place to ensure staff and patient safety. We were assured this would be reviewed.

It was evident the skill mix within the practice was conducive to improving the overall outcome for patients. The dentists would have informal chats during the day to get each other's opinions about cases.

Health promotion & prevention

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

The dentists 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 all children based on an assessment of the risk of tooth decay.

The staff 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 promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice 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 at annual appraisals. We saw evidence of completed appraisals.

Working with other services

The principal dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These 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 practice monitored urgent referrals to make sure they were dealt with promptly. Referral audits were also carried out to ensure referral processes were effective.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist 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. 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 staff 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.

We were told a selection of cartoon videos were used to show children what the treatment involved and explained this in a way they could understand. This was also used for other treatments to show patients the process of dental treatments including root canal treatments and fillings.

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 caring, smiley and chatty. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Longer appointments were booked for children or nervous patients.

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. The practice had been renovated in 2014 and they had included a zone of silence reception room to ensure confidentiality was adhered to at all times. 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. They stored paper records securely.

Music was played in the treatment rooms and there were magazines and an information television in the waiting room. The practice provided drinking water for patients.

Information folders, patient survey results and thank you cards were available for patients to read.

The staff worked with local charities to support the local community and included working with local businesses. During mouth cancer action month they provided free access for patients to have a check and they highlighted the risks associated with oral cancer and provided preventative advice.

Involvement in decisions about care and treatment

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

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as dental implants.

The main treatment room had a tablet device so the dentist could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.

We were told patients who attended for longer treatments could have the option of watching a film or programme of their choice during their treatment on a tablet.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. We saw that the dentist tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The dentist told us they had installed a second hand rail on the stairs for those with restricted mobility. They had also put a chair with longer legs and hard base in the waiting room for those who struggled getting up from lower seats.

Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

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, including handrails to assist with mobility, step free access and accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter and translation services which included British Sign Language and braille.

The practice was accessible to wheelchair users. One of the treatment rooms was located on the ground floor along with the patient toilet facilities for patients who were unable to use the stairs.

Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. They took part in an emergency on-call arrangement with some other local practices. The website, information leaflet and answerphone provided telephone numbers for patients needing 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 & 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. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice 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 practice dealt with their concerns.

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

The practice had never received any complaints.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice 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 practice had information governance arrangements 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 if anything went wrong.

Staff told us there was an open, no blame culture at the practice. We were told the team had worked together for a long time they were more of a family. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings 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 practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals and personal development plans. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed 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 practice provided support and encouragement for them to do so.

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 all areas of service delivery through the use of regular patient surveys and a suggestion box.

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