Care Quality Commission

Perfect 32 Healthcare Limited

High Locks Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 15 November 2019 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 Care Quality Commission, (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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

High Locks Dental Practice is in Deeping St James, a large village in the South Kesteven district of Lincolnshire. It provides NHS dental care for children only and private treatment for adults.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available in the practice's car park and on the street in front of the premises.

The dental team includes five dentists, one implantologist, five dental nurses (including two trainee

Summary of findings

nurses), two dental hygienists, two receptionists and a practice manager. The practice has four treatment rooms and a separate decontamination room, all on ground floor level.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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 High Locks Dental Practice is the principal dentist.

We sent 50 comment cards in advance of our visit to the practice for patients to complete. On the day of inspection, we collected 25 CQC comment cards that had been filled in by patients. This represented a 50% response rate.

During the inspection we spoke with two dentists, one trainee dental nurse, one dental hygienist, the head receptionist and the practice manager. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday from 8am to 7.30pm, Tuesday, Wednesday from 8am to 5.30pm, Thursday and Friday from 8am to 4.30pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and some life-saving equipment were available with some exceptions. Items required were obtained by the practice straight after our inspection.
- The provider had systems to help them manage most risks to patients and staff. We noted a lone worker risk assessment was not in place for when hygienists worked without chairside support. This was undertaken after the day of our visit.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which mostly reflected current legislation. We noted that references had not always been sought for new staff; we were told that these staff were already known to the provider prior to their recruitment.
- 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.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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

- Ensure there are systems in place to track and monitor NHS prescription pad use.
- Review guidance regarding basic periodontal examination (BPE) from the British Society of Periodontology.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had clear systems to keep patients safe.

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 lead for safeguarding was the principal dentist.

The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The provider had suitable numbers of dental instruments available for the clinical staff and mostly suitable measures were in place to ensure they were decontaminated and sterilised appropriately. We noted that the water temperature was not checked when manual cleaning took place, as recommended in guidance. Instruments were cleaned in a foaming solution which carried a greater risk of causing a sharps injury when staff handled items.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment, carried out in May 2018. There were records of water testing and dental unit water line management was maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure most clinical waste was segregated and stored appropriately in line with guidance. There was scope to improve policy provision to ensure it reflected the processes followed by the practice. We also found that gypsum waste was not being disposed of in the correct way. Following our visit, we were sent evidence to show that appropriate action had been taken and a suitable container was being sought from the contracted waste collection agent.

The provider carried out infection prevention and control audits twice a year. The latest audit in November 2019 showed the practice was meeting the required standards.

The provider had a brief whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a recruitment policy and procedure to help them employ suitable staff. The checklist held reflected the relevant legislation. We looked at five staff recruitment records. These showed the provider followed their recruitment procedure, although we noted that references or other evidence of satisfactory conduct in previous employment was not held in three of the staff files. We were told that this was because those staff members knew the practice principal prior to their recruitment.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Are services safe?

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances.

A fire risk assessment was in place; this had been undertaken by a member of staff. We were informed that there were plans to have an assessment completed by an independent contractor. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits following current guidance and legislation.

We saw evidence on the day of our inspection that most clinical staff completed continuing professional development in respect of dental radiography. We noted however that two of the dentists had not completed radiography training in IRR 2017. We were assured that this was in the process of being completed and were sent some documentation to support this.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. We noted an exception regarding lone workers as a risk assessment had not been completed for when staff worked alone.

The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

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

Staff had completed sepsis awareness training.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Training had been completed in October 2019, and an emergency scenario had been rehearsed by staff in May 2019.

Emergency medicines and some equipment were available as described in recognised guidance. We noted that some sizes of oropharyngeal airways, an adult and a child self-inflating bag with reservoir, clear face masks for self-inflating bag and a child oxygen face mask with reservoir and tubing were either not held or required replacement. The provider took immediate action to address this and placed an order for the items.

We found staff kept records of their checks of medicines and equipment held to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team. The hygienists worked without dental nurse support unless they required specific assistance. A risk assessment was not in place for when they worked without chairside support. We discussed this with the practice manager who took immediate action to ensure that a risk assessment was implemented. We were provided with evidence of this after our inspection.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Are services safe?

A written protocol was not in place to prevent a wrong tooth extraction based on the Locssips (Local Safety Standard for Invasive Procedures) tool kit. Following our inspection, we were informed that the toolkit had been obtained and made available in each treatment room.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff kept records of NHS prescriptions securely as described in current guidance. Monitoring systems required implementation however, to enable staff to identify if an individual prescription was taken inappropriately.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. We found there was scope to improve policy structure and provision regarding significant events and untoward incidents, however.

We saw evidence which supported that staff monitored and reviewed incidents when they occurred. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements. For example, an incident involving a fast handpiece used by a clinician resulted in an audit undertaken to identify issues encountered from use of the instruments.

Where there had been safety incidents we saw this these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

We received positive comments from patients about treatment received. Patients described the treatment they received as 'first class', 'professional' and 'comfortable'.

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by a visiting clinician who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to technology available in the practice, for example, intra-oral and extra-oral cameras to enhance the delivery of care.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided information to help patients with their oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

The clinicians described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. We noted that dentists we spoke with carried out Basic Periodontal Examinations for patients aged from 14 to 16 and not the age of seven, as recommended in guidance.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice. Two dental hygienists were utilised by the practice; when necessary, referrals to them were made.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff we spoke with were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice had a policy which included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who might not be able to make informed decisions. Policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

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

The practice had not undertaken a record keeping audit which would help support learning and continuous improvement.

Are services effective?

(for example, treatment is effective)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, one of the dentists had obtained a postgraduate qualification in endodontics. The practice benefitted from having a dedicated practice manager on site. The head receptionist was acquiring additional skills and experience by supporting the practice manager with administrative tasks and had other lead areas of responsibility. We saw examples of courses attended by staff to support them in undertaking their role, such as receptionist training. Trainee dental nurses were supported by the team to undertake their roles.

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were 'polite' 'welcoming' and 'helpful'.

One patient told us 'From when you walk through the door, you are treated to a first-class service'.

We saw staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. One patient told us that their dentist was 'amazing' as their 'patient centred approach' had helped overcome a fear of needles.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. We noted that some patient comments referred to the flexibility of staff in them being able to obtain an appointment at a suitable time.

An information folder, water machine, TV screen with information displayed and radio were in the patients waiting area. There were also some magazines, newspapers and children's books made available.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the waiting area provided some privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff provided examples of how confidentiality was maintained. For example, asking patients about any changes to their medical history in the surgery room.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the requirements of the Equality Act.

We saw:

- Interpreter services were available for patients who did not speak or understand English. There were also some multi-lingual staff that might be able to support them.
- Staff told us they communicated with patients in a way they could understand; we were told that some information was available in enlarged print.

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

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, verbal, written and pictorial information, use of computer screens and intra-oral and extra-oral cameras. The cameras enabled photographs to be taken of the tooth being examined or treated and these were shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with a mental health condition eg autism or those with dental phobia.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

25 cards were completed, giving a patient response rate of 50%

100% of views expressed by patients were positive.

Common themes within the positive feedback were cleanliness of the practice, effectiveness of treatment, friendliness of staff and flexibility of appointment times. Some patients told us they had been attending the practice for many years.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Longer appointment times could be allocated where this would benefit patients.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, reading glasses and accessible toilet with a call bell. There was a lowered area at the reception desk for those who used wheelchairs. A hearing loop was not available. We were informed that this had been considered, but they had only one patient at present who was deaf. They told us they considered that they communicated effectively with them eg by lip reading.

Staff had carried out a disability access audit.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff contacted patients in advance of their appointment to remind them to attend. This was based on patient preference of communication.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Time was blocked off in the dentists' diaries daily for any emergency appointments. Patients 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.

The staff took part in an emergency on-call arrangement with some other local practices out of hours for their private patients and NHS patients were directed to NHS 111.

The practice's answer phone service provided contact details for patients needing emergency dental treatment when the practice was closed. The practice utilised a contractor to manage the calls received out of hours. Patients confirmed they could make routine and emergency appointments easily.

Listening and learning from concerns and complaints

Staff told us the practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. Information was available in the waiting area that explained to patients how to make a complaint.

Are services responsive to people's needs?

(for example, to feedback?)

The practice manager was responsible for dealing with complaints. 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 aimed to settle complaints in-house and invited patients to speak with them in person to discuss these, if appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the previous 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care. They were effectively supported by the team.

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. Staff planned the services to meet the needs of the practice population. The practice was purpose built and the provider had recently purchased adjacent land for expansion and to increase car parking facilities.

Culture

The practice had a culture of high-quality sustainable care.

Staff we spoke with stated they felt respected and supported.

Staff discussed their training needs at an annual appraisal and informally. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. We noted that some staff appraisals were overdue for completion. For example, the head receptionist and the practice manager. We were told that plans were in place for these to be undertaken. After our visit, we were told that the practice manager's appraisal had been completed.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, changes were made to the telephone system for patients contacting the practice; staff told us this had resulted in a more responsive service.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed. There was a book available for staff to leave any comments in. Points included would be reviewed by managers.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist was the registered manager and 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 provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. We found there was scope to improve detail recorded in some policy provision, for example, clinical waste, incident reporting.

We saw there were effective processes for managing risks, issues and performance. We noted an exception in relation to the hygienists who at times worked alone but had not had a risk assessment completed. This was addressed immediately after the inspection.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS BSA performance information and patient surveys were used to ensure and improve performance.

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

Engagement with patients, the public, staff and external partners

The provider used surveys, written and verbal comments to obtain staff and patients' views about the service. A patient survey was last undertaken in September 2019. We saw examples of suggestions from patients and staff the practice had acted on.

Are services well-led?

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on, if considered appropriate. One staff member told us they had suggested a push button at the front door to assist patients with wheelchairs; management told us this was being considered.

Continuous improvement and innovation

The provider had some systems and processes for learning and continuous improvement.

There was evidence of quality assurance processes to encourage learning and improvement in relation to radiographs and infection prevention and control.

We noted areas where improvements could be made. For example, completion of dental care records audit and antibiotic prescribing. Audit activity should identify clear learning outcomes.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.