

KDPG Limited

# Kings Dental Centre

## Inspection Report

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Manchester  
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### Overall summary

We carried out this announced inspection on 11 May 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.

We told the NHS England area team that we were inspecting the practice. They did not provide any information of concern.

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**

Kings Dental Centre is located on a business park in Gorton, Manchester and provides NHS treatment to patients of all ages. The practice is also contracted to provide NHS orthodontic treatment.

There is level access for people who use wheelchairs and pushchairs but the toilet is not accessible to wheelchair users. Car parking spaces, including for patients with disabled badges, are available near the practice.

# Summary of findings

The dental team includes five dentists, one of whom is an orthodontist, one orthodontic therapist, 10 dental nurses, three of whom are trainees and two receptionists. The practice has four treatment rooms.

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 Kings Dental Centre was the practice manager.

On the day of inspection we collected 29 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses, the orthodontic therapist, a receptionist 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 08:30 - 17:00

Tuesday 09:00 - 17:30

Wednesday 08:30 - 17:00

Thursday 09:00 - 17:00

Friday 08:30 - 17:00

## 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. Medicines and life-saving equipment were available but adjustments were needed to the contents and the storage of the kit.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice engaged with local community oral health improvement schemes.
- 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 and should:

- 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 availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's infection control audit procedures and protocols and review the current legionella risk assessment and implement the required actions including the monitoring and recording of water temperatures giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the security of prescription pads and the storage of products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure they are stored securely.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

# Summary of findings

- Review its responsibilities to respond to the needs of patients with disability and the requirements of the Equality Act 2010.

# 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.

Staff received training in safeguarding and demonstrated excellent knowledge of 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.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. Minor adjustments were needed to the infection control audits.

Adjustments were needed to the equipment for dealing with medical and other emergencies.

A system was not in place to ensure all MHRA alerts relevant to dental practices were received and acted upon.

A Legionella risk assessment had been carried out but the recommendations to carry out monthly water temperature checks had not been acted upon.

The security of prescriptions should be reviewed.

The practice had a system to assess and mitigate risks. Minor improvements were needed to minimise the risk from COSHH substances.

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 caring, safe and efficient. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

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

The practice engaged with local community oral health improvement schemes.

No action



### Are services caring?

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

No action



# Summary of findings

We received feedback about the practice from 29 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and polite. They said that they were given information to make choices about their 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.

## 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.

The practice was part of a local scheme to provide urgent dental care to unregistered patients.

Staff considered patients' different needs. The practice did not have a disability access assessment but some reasonable adjustments for patients with disabilities and families with children. The practice had access to telephone 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.

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. Staff knew about these and understood their role in the process.

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

The practice told us that they received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Recent relevant alerts, including one relating to Glucagon had not been received and acted upon. The inspector alerted the practice manager on the day of the inspection, the Glucagon was checked to ensure it was not affected by the alert. The practice manager gave assurance that they would ensure that future alerts are received, acted upon and retained for reference.

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that all staff had received safeguarding training to level three. Staff demonstrated excellent knowledge 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 recrimination.

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. The dentists told us they did not routinely use rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment but other means of securing endodontic files were used.

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.

Not all emergency equipment was available as described in recognised guidance. We found a child sized oxygen mask, a self-inflating bag and portable suction, were missing from the emergency kit. Glucagon, which is required in the event of low blood sugar, was kept with the emergency drugs kit but the expiry date had not been adjusted in line with the manufacturer's instructions. We discussed this with the practice manager who gave assurance that they would order the missing items and the expiry date on the Glucagon was changed immediately.

Staff kept records of equipment 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 three staff recruitment files. These showed the practice followed their recruitment procedure. They also provided placements for trainee dental nurses who were recruited by the dental hospital. The practice manager liaised with the dental hospital to ensure the appropriate checks were carried out for trainees and worked with assessors to support them during training.

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 manager maintained a COSHH (Control of Substances Hazardous to Health) file with up to date assessments and safety data sheets for all COSHH substances. We observed that COSHH substances were stored in the patient bathroom and unidentified COSHH substances in two surgeries.

The practice had carried out a sharps risk assessment of the needles and syringes but this did not include the risk



## Are services safe?

from other sharp dental items. We discussed this with the practice manager who told us they would review this to include all sharps. We were told that dentists were responsible for handling and disposing of all needles.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

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

### 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 every year.

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. Protocols were displayed in the decontamination room but we noted that some of these referred to older guidance, the practice manager told us they would be updated.

The practice had carried out infection prevention and control audits annually. The latest audit showed the practice was meeting the required standards. Spot check audits had been carried out. For example, to ensure that staff identified the date that sterilised instruments should be reprocessed. The practice manager gave assurance that audits would be carried out on a six monthly basis in the future. We observed that single use bands on dental matrices had not been changed in three surgeries. These were removed immediately to be reprocessed and the practice manager told us that these would be discussed with staff and regularly spot checked in the future. Matrix bands are used to support and give form to filling material during its placement.

A Legionella risk assessment had been carried out in 2014 but the recommendations to carry out monthly water temperature checks had not been acted upon. We noted that the report provided was confusing and the

recommendations were not obvious to staff. The practice manager told us that a new Legionella risk assessment would be carried out and any recommendations would be actioned without delay. The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the dental unit water line systems.

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

### Equipment and medicines

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

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

The practice stored and kept records of NHS prescriptions as described in current guidance but we noted that the prescriptions in the surgeries had been pre-stamped with the practice details. The practice manager gave assurance that they would discuss this with staff and review the security of prescriptions.

### Radiography (X-rays)

On the day of the inspection the practice provided evidence that annual servicing of the X-ray machines took place but evidence was not available that four out of the five of the X-ray machines had the required three yearly routine tests carried out. They took immediate action to prevent use of these machines whilst they checked this with their servicing provider. The practice were able to provide the necessary evidence immediately after the inspection. The practice 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.

The practice had an OPG (Orthopantomogram) which is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth and gives a two dimensional representation of these.

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

No action



## Are services safe?

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 dentists 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.

### 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 for each child.

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

The practice had engaged with the Manchester oral health education team to carry out school and community based oral health improvement projects. For example, staff from the practice carried out quarterly visits to four local primary schools to deliver oral health education and apply fluoride varnish where appropriate to nursery, reception and year one children. A clinician had also partnered with a local pharmacy to carry out oral cancer screening for the elderly in the local market.

### 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. The practice manager worked with tutors and assessors from the dental school to monitor the training and development needs of trainee dental nurses.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer 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. The practice received orthodontic referrals from other practices through a centralised referral hub. The practice actively monitored referrals.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment 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 dentists and dental nurses were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.



## Are services caring?

### Our findings

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

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

Patients commented positively that staff were friendly, caring and polite. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone. Several patients said they would recommend the practice to others.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

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

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

There were magazines, patient information folders, patient survey results available for patients to read.

#### **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. A 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 information leaflet 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 crowns and bridges.

Clinicians described how they discussed and explained treatment options to patients needing more complex treatment.



# 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. 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. They had recently trialled opening on Saturdays to increase access.

### Promoting equality

The practice did not have a disability access assessment but some reasonable adjustments had been made for patients with disabilities. These included step free access to the reception and treatment rooms but the toilet was not accessible to wheelchair users.

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

### Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum. Patients were sent text message reminders for upcoming appointments.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. In addition, the practice was part of a local scheme to provide urgent dental care to unregistered patients. Staff told us they had a good working relationship with the central appointment office who were responsible for booking patients and providing information to the practice. The 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 in the last 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

### 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. We noted that some policies referred to Primary Care Trust contacts that were no longer available. The practice manager assured us that they would update these.

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 apologetic to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. 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, orthodontic treatment, X-rays, patient access and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The dentists and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Staff had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed personal development plans in the staff folders and staff described how the practice had supported them to undertake additional training. For example, oral health education, the application of fluoride varnish and orthodontic nursing.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the 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 used patient surveys to obtain staff and patients' views about the service. Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.