

# Raglan Suite Limited

# The Raglan Suite

## Inspection Report

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### Overall summary

We carried out this announced inspection on 24 April 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector 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**

The Raglan Suite is in Harrogate, North Yorkshire and provides private treatment on a referral basis.

There is a permanent ramp for people who use wheelchairs and have pushchairs. Car parking spaces, including parking for patients with disabled badges, are available near the practice.

The dental team includes 8 directors amongst who are dentists who are specialists or have special interests in dental implant dentists, periodontology, sedation service, endodontics, facial aesthetics, clinical dental technician and one covers the financial arrangements. There is a Specialist Orthodontist, two GPs who provide

# Summary of findings

dermatology services, a Specialist Paediatric dentist, a dental hygienist therapist, three treatment co-ordinators, eight dental nurses (two of which are also treatment co-ordinators), a sterilisation technician, a practice manager, a business manager, a reception manager, and two receptionists. The practice has five dental treatment rooms and a dermatology suite.

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 the Raglan Suite was the practice manager.

On the day of the inspection we collected 35 CQC comment cards filled in by patients. This information gave us a very positive and caring view of the practice.

During the inspection we spoke with three dentists, three dental nurses (two of which were treatment co-ordinators), two receptionists, the clinical dental technician, the sterilisation technician 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, Wednesday, Thursday and Friday: 9am to 5:30pm

Tuesday: 9am to 6pm.

## 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 respond to emergencies. Appropriate medicines and life-saving equipment were available.
- 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 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, 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.

# 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 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.

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

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

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 exceptional, above and beyond and professional. The dentists, dermatologist, specialists and treatment coordinators 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.

No action



### 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 35 people. Patients were positive about all aspects of the services the practice provided. They told us staff were friendly, caring and considerate. They said they were helpful, honest and were given detailed explanations about dental treatment and specialist services. Patients commented 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.

No action



# Summary of findings

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 interpreter services and had arrangements to help patients with sight or hearing loss. There was also a stair lift to access some of the first floor surgeries and to ensure patients who had received any form of sedation were accommodated to safely manage the stairs.

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

## 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 very 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 received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed at daily meetings with all staff, acted upon and stored for future 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 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 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 dentist who provided endodontic treatments 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 with 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, basic life support and immediate life support every year.

Emergency equipment and medicines were available as described in recognised guidance. 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 five 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.

A dental nurse worked with each of the dentists, specialists, dermatologists and the dental hygiene therapist 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. There was a dedicated sterilisation technician who worked full time at the practice. All of the staff were very impressed with this way of working as they felt the

# Are services safe?

sterilisation technician had an overall awareness of the practice needs and took ownership of the process to ensure all decontamination process were delivered to a high standard.

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 and tidy 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 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 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.

Clinical staff completed continuous professional development in respect of dental radiography.

The practice had a radiation suite which included an OPG (Orthopantomogram) which is a rotational panoramic dental radiography machine that allows the clinician to view the upper and lower jaws and teeth and gives a 2-dimensional representation of these. There was also a separate machine to take cephalograms for use in orthodontic treatments.

The practice had a cone beam computed tomography (CBCT) machine. CBCT is an X-ray based imaging technique which provides high resolution visualisation of bony anatomical structures in three dimensions. We were shown the appropriate monthly quality assurance tests were being carried out on the machine to ensure it remained safe to use. Staff were appropriately trained in the use of the machine.

The practice had not devised a written CBCT protocol. We discussed this with the practice manager to ensure this was in place as per current guidance. We also discussed criteria for external referrals to ensure they were also aware of the protocols to share with their patients. The practice manager assured us this would be discussed with the team and implemented as soon as possible.

The practice also had a laser for the use of dental surgical procedures. Safety protocols had been put in place for when this was in use including a do not enter sign on the surgery door, specialised safety glasses for the staff and patients, covers for large mirrors and blinds for the windows. A Laser Protection Advisor had been appointed and local rules were available for the safe use for the equipment. Evidence of staff training was also available.

# 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 clinical team assessed patients' treatment needs in line with recognised guidance.

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

The practice provided dental implants. The dentists and treatment co-ordinators explained the process which patients underwent prior to undertaking dental implant treatment. This included using X-rays and where justified CBCT was used to assess the quality and volume of the bone and whether there were any important structures close to where the implant was being placed. We saw evidence these X-rays were analysed to ensure the dental implant work was undertaken safely and effectively. We also saw that patients gum health was thoroughly assessed prior to any implants being placed. If the patient had any sign of gum disease then they underwent a course of periodontal treatment either in house with the periodontist and hygiene therapist or at the referring practice. We were told the staff worked very closely with the referring practice to ensure the best outcomes for patients.

After the dental implant placement the patients were contacted by the clinical facilitators to ensure that patients were well. A direct contact number for the dentist was provided so that questions or concerns could be addressed promptly. These measures were appreciated by patients.

The practice carried out conscious sedation for patients who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records showed that staff recorded important checks at regular intervals.

One of the dental nurses had appropriate additional training and three others were in the process of completing competent dental nurse support training to support the dentist treating patients under sedation.

The Specialist Orthodontist carried out a detailed assessment in line with recognised guidance from the British Orthodontic Society (BOS). This included an assessment of the patient's oral hygiene and diet. Patients were recalled at suitable intervals for reviews of the treatment. After finishing their orthodontic treatment patients were recalled at specific intervals to ensure the patient was complying with the post-orthodontic care.

The dermatologists working at the practice provided skin tag and mole removal as well as other treatments. The practice stored liquid nitrogen to provide cryogenic treatment for patients. This had been risk assessed in detail. Appropriate storage was established in accordance with the guidelines and staff had completed training in the storage and transportation of the product. Specialised PPE was also provided for this process.

The practice had recently started a private specialist paediatric clinic on a Saturday to provide treatment for children who required this service and who were anxious about dental treatment.

It was evident the skill mix within the practice was conducive to improving the overall outcome for patients. The staff would have informal meetings each day to ensure all patients information and lab work was available. The treatment co-ordinators were there to support the patient journey.

### 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.



# Are services effective?

(for example, treatment is effective)

The dentists told us they prescribed high concentration fluoride toothpaste for patients at risk of tooth decay and worked closely with the referring practice to support the patient.

The clinical 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 underwent 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 practice had a detailed referral policy which outlined the processes for referring patients out of the practice and also accepting referrals. 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 received referrals for dental implants, periodontal treatment, endodontics, dermatology, sedation, paediatrics and orthodontics. Upon receiving a referral letter a treatment co-ordinator reviewed the letter and then the patient was contacted and sent a welcome pack specific to the treatment they were interested in or referred for.

When attending the initial consultation the treatment co-ordinator and clinician would make the patient aware of the proposed treatment and the timescales involved, the fact that treatment is on a private basis, the estimated costs involved, finance options and when payment for the treatment should be made, arrangements for out-of-hours emergency care during the course of the treatment and the practice's contact details.

Once treatment had been completed the patient was returned to the referring dentist for on-going care. A letter would be sent to the referring dentist with advice about the treatment provided and advice about future requirements

## **Consent to care and treatment**

The practice team understood the importance of obtaining and recording patients' consent to treatment. The team 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 clinician listened to them and gave them clear information about their treatment. We saw a tiered consent process to ensure all treatment was consented to at each stage.

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 team were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.



# Are services caring?

## Our findings

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

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

Patients commented positively that staff were sympathetic, caring and took the time to listen to their individual needs. We saw that staff treated patients with respect, courtesy and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

We were told that everyone worked as a team and shared all feedback. Dental technicians were invited in to the surgery to view their work and receive thanks from the patient where appropriate.

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. 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.

Music was played in the treatment rooms and there were magazines and televisions in the waiting room. The practice provided drinking water, tea and coffee.

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

A Closed Circuit Television (CCTV) camera was in the waiting area. During the inspection we found CCTV signage was not in place to ensure patients were aware of this. The practice did not have a policy, risk assessment or registration with the Information Commissioner's Office (ICO). The practice manager told us this would be reviewed.

### **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 clinical staff described the conversations they had with patients to ensure 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 dental implants, orthodontics, endodontics, periodontology, dermatology, facial aesthetics and much more.

Each treatment room had a screen so the clinical staff could show patients photographs, videos and X-ray images when they discussed treatment options. The treatment co-ordinators spent time explaining treatment options and also used videos to explain 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 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.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. A recent extension in to the next building had provided the opportunity to place a permanent ramp to access the premises, a ground floor surgery, a waiting area for wheelchair users and a stair lift.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a stair lift, an 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 access to British Sign Language and braille.

We were shown a treatment plan which had been translated for a patient to ensure they knew all the options available to them.

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website. The information leaflet included details of the staff (including special interests and qualifications), treatments which were available and a description of the facilities.

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 to facilitate this. The practice provided urgent care facilities to deal with issues arising from treatment provided. All other urgent care would be provided by the referring practice.

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.

### 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 over the past 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 directors 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. 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 daily meetings and 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, sedation and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The directors 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. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The practice provided study days for local dental teams to attend. We were told that training and mentoring other dentists was part of the service they provided and dentists were offered the opportunity to come along with their patients to watch the procedures. A new camera system was being installed in to one of the surgeries so training sessions could be linked to the waiting room where three large screens were in place to support this facility.

Staff told us they completed recommended training, including medical emergencies, basic life support, and immediate 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 social media, patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on including more accessible services for all patients.