

Centre for Dentistry Limited

J. Sainsbury - Fosse Park

Inspection Report

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Overall summary

We carried out this announced inspection on 12 April 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 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 practice is in the Blaby district, on the southern edge of the City of Leicester. It provides private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available directly outside the premises.

The dental team includes four dentists, four dental nurses, one facial aesthetic nurse, one dental hygiene therapist, a practice manager, a dual-site team leader and a patient marketing co-ordinator.

Summary of findings

The practice has two treatment rooms, both on ground floor level.

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 J Sainsbury -Fosse Park is Gemma McMullan.

The practice is part of a corporate group which has a head office based in Bath where support teams including human resources, IT, finance, health and safety, learning and development, clinical support and patient support services are provided. These teams support and offer expert advice and updates to the practice when required.

On the day of inspection, we collected six CQC comment cards filled in by patients.

During the inspection we spoke with one dentist, two dental nurses, the registered manager, clinical services director, patient marketing co-ordinator 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 to Thursday from 8am to 8pm, Friday from 8am to 6pm and Saturday from 8am to 6pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider 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.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs. Longer appointments could be allocated if required, for patients with particular needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints efficiently.
- The provider had suitable information governance arrangements.

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 to help them improve.

Staff received training in safeguarding people 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. Pads for the AED were held that were within the expiry date, but we also found some that had expired. Action was taken on the day of inspection to remove the date expired items.

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 gentle, effective and professional.

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 provider supported staff to complete training relevant to their roles and had systems to help them monitor this. A structured training programme was in place for staff to develop and expand upon their existing skillset and knowledge.

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 six people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, efficient and knowledgeable.

They said that they were given informative explanations about dental treatment and said their dentist listened to them. The practice invited nervous people to attend for care and treatment and assured them that they would be welcomed without judgement.

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



Summary of findings

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 took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to 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.

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 provider 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

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

The practice 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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We noted that a safeguarding scenario was discussed for training purposes in a practice meeting held in February 2019. The lead for safeguarding concerns was the head dental nurse.

We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a system to highlight vulnerable patients on records e.g. where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication. A pop up note or alert could be placed on patients' records, if required.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination. This included an external organisation contact information for reporting any concerns.

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and the water heater appliance.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. We saw records dated within the previous 12 months.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file.

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

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were 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. The practice had current employer's liability insurance.

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

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

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. This was last completed in December 2018. Practice meeting minutes showed that an emergency scenario was discussed in December 2018 and March 2019.

Are services safe?

Emergency equipment and medicines were available as described in recognised guidance. Pads for the AED were held that were within the expiry date, but we also found some that had expired in November 2018. Action was taken on the day of inspection to remove the date expired items.

Staff kept daily and weekly records of their checks of medicines and equipment, although these had not identified those items that had expired.

A dental nurse worked with the dentists and the hygiene therapist when they treated patients in line with GDC Standards for the Dental Team.

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

The practice 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 practice had suitable 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 practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The latest risk assessment was undertaken in April 2019. Records of water testing and dental unit water line management were in place.

Cleaning duties were shared amongst staff. We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted that some clinical waste bags and sharps containers were labelled incorrectly.

The practice carried out infection prevention and control audits twice a year. The latest audit in January 2019 showed the practice was meeting the required standards. The audit did not identify small defects in walls in surgery rooms and the decontamination room where it had become damaged by door handles.

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 a sample of dental care records to confirm our findings and noted that individual records were written 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 (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

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

There was a suitable 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.

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

Track record on safety and Lessons learned and improvements

The practice had a positive safety record. There were comprehensive risk assessments in relation to safety issues.

Are services safe?

The practice had processes to record and investigate accidents when they occurred. We noted two accident reports completed since May 2018. One involved a sharps injury by a nurse; we saw that preventative action was taken to prevent such an occurrence in the future.

The practice had a policy for reporting untoward incidents and significant events and staff showed awareness of the type of incident they would report to managers. We looked at incident records dated within the previous 12 months. These showed that they were investigated and necessary

action taken. For example, an error resulted in a patient attending the practice for an appointment that had been cancelled. The practice identified that front of house training was required to ensure that the error was unlikely to be repeated.

There was a system for receiving and acting on safety alerts. The practice 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

Effective needs assessment, care and treatment

We received positive comments from patients about treatment received. Patients described the treatment they received as gentle, effective and professional.

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

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. Health promotion information could be provided to patients to advise them about their oral health.

The practice was aware of national oral health campaigns in supporting patients to live healthier lives. For example, smoking cessation. The dentist told us they referred patients to their GP for smoking cessation support.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. A hygiene therapist worked within the practice; when required, referrals to the therapist were made. Patients also benefited from direct access to the therapist.

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

The practice 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 dentists 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. Those we spoke with 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, by which a child under the age of 16 years of age may give consent for themselves. Whilst the dentist told us that few children were seen in the practice, they were aware of the need to consider this if 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

We looked at a small sample of patients' records. 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 the practice audited patients' dental care records to check that the clinicians recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The provider had a structured training programme for its staff. For example, dental nurses could undertake the 'gems' training programme to expand on their knowledge and skills base. The practice manager had undertaken a formal leadership management course and was qualified as a dental technician and dental nurse. The lead nurse was completing an implant training course.

Are services effective?

(for example, treatment is effective)

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

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

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 if they needed treatment the practice did not provide.

The practice also had systems for 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 all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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 helpful, efficient and knowledgeable.

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

Patients said staff were understanding, particularly when they were dental phobic. Patients could choose whether they saw a male or female dentist.

Privacy and dignity

The practice 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 limited privacy when reception staff were dealing with patients.

If a patient asked for more privacy, staff told us they could be taken into the private consultation room. The reception computer screen was not visible to patients and staff told us they did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

requirements under the Equality Act.

- Interpretation services were available for patients who did not use English as a first language.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available. Hand held magnifiers were available as well as easy grip pens.

The practice 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. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website included detailed information about the treatments provided, and what to expect at check-ups (including children's check-up appointments)

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, dual screens for treatment planning/ X-ray viewing, pictorial and written material as well as models.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 on the importance of emotional support needed by patients when delivering care.

Practice management told us they worked closely with the charity Anxiety UK in order to help patients who experienced fears about attending for dental care and treatment. Information was included on the practice's website to encourage nervous patients to attend without judgement.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Patients with mobility problems had access to ground level treatment rooms. Patients with particular needs could be allocated longer appointment times.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop, a magnifying glass and accessible toilet with hand rails and a call bell. The toilet facility was located within the Sainsbury's store and was shared with customers of the store.

A disability access audit had been completed in October 2018 to continually improve access for patients.

Staff contacted patients one week in advance and then two days before their appointment, if this was their preference, to remind them to attend for their appointment.

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. Appointments for check-ups or hygiene appointments could also be booked online for patient convenience. Patients who requested an urgent appointment by telephone were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments appeared to run smoothly on the day of the inspection and patients were not kept waiting.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment when the practice was closed. After 8pm, patients were advised to contact NHS 111 and on Sundays, between 11am to 3pm, calls were responded to by the company.

Patients confirmed they could make routine appointments easily.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice website included information on the complaints procedure.

The practice manager was responsible for dealing with complaints. Staff 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 would invite patients to speak with them in person to discuss these, if considered appropriate. Complaints were tracked and managed on the company's computer system.

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 within the previous 12 months.

These showed the practice responded to concerns and discussed outcomes with staff to share learning and improve the service. Complaints were subject to annual audit to identify any trends.

Are services well-led?

Our findings

Leadership capacity and capability

The practice was part of a corporate group which had a head office based in Bath where support teams including human resources, IT, finance, health and safety, learning and development, clinical support and patient support services were provided. These teams supported and offered expert advice and updates to the practice when required.

We found the leaders had the capacity and skills to deliver high-quality, sustainable care. The leaders demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

There was a clear vision and set of values. The provider had a detailed statement of purpose that included the aim to provide a high standard of ongoing preventative dental care in a safe, caring, supportive environment, in which patients were treated with respect and dignity.

The practice planned its services to meet the needs of the practice population.

Culture

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

Staff stated they felt respected, supported and valued. A structured training programme operated for those wishing to further advance their skill-set and knowledge.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The registered manager 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.

There were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice 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 practice involved patients, staff and external partners to support high-quality sustainable services.

The practice used verbal and written comments, patient surveys, information on social media and online reviews left by patients to obtain their views about the service.

The practice told us that there had been changes in reception organisation and staff were undergoing communication training with patients. Training also included ensuring that they were fully up to date with dental compliance for patients.

The practice 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. We were informed that additional reception staff had been recruited to enable other staff to have more time to fulfil their duties.

Are services well-led?

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

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

The registered manager 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.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.