

The Dental Care Group Partnership c/o Vaid, Radia
and Shah

Crown Road Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 17 July 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 located in the town centre of Great Yarmouth and provides both NHS and private treatment to adults and children. The dental team includes nine dentists, 12 dental nurses, three receptionists and a practice manager. The practice is one of 13 located in the East Anglian region.

There are seven treatment rooms and the practice opens from 8.30 am to 5.15 pm on Mondays, Tuesdays, Thursday and Fridays. From 8 am to 8 pm on a Wednesday, and on Saturdays from 9 am to 12 noon.

Summary of findings

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available in a nearby car park.

The practice is owned by a partnership 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 is the practice manager.

On the day of inspection, we collected 29 CQC comment cards filled in by patients and spoke with two other patients.

During the inspection we spoke with two dentists, a senior dental nurse, three dental nurses, and reception staff. We also spoke with the company's area manager who was on site during our inspection.

We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice had effective systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection control, and responding to medical emergencies.
- Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.
- The practice's appointment system was efficient and met patients' needs. The practice was open till 8pm one day a week and on a Saturday morning and patients could get an appointment quickly if in pain.
- The practice had thorough staff recruitment procedures to ensure only suitable staff were employed.
- The dental care provided was evidence based and focussed on the needs of the patients
- The practice had strong, effective leadership and a culture of continuous audit and improvement.
- Patients' complaints were managed 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.

No action



Are services effective?

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

No action



Are services caring?

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

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



Are services well-led?

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

No action



Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

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. There were named leads for safeguarding and staff had received safeguarding training. There was good information in the patient information folder about a variety of protection and support agencies, including those for domestic violence and alcohol abuse. The senior nurse told us of an occasion when one dentist had reported their concerns to the local safeguarding team about a child who had repeatedly failed to attend appointments.

The practice had a whistleblowing policy and staff told us they felt confident they could raise concerns.

The dentists mostly used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment, although its use was not always documented in the dental care records we viewed.

The practice had a staff recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. We looked at recent staff recruitment records which showed the practice followed their recruitment procedure to ensure only suitable people were employed.

Clinical staff were qualified, 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 appliances. Records showed that fire detection and firefighting equipment was regularly tested. Staff had rehearsed evacuating the building at their last team meeting and plans were in place to involve patient in the next rehearsal. Recommendations from the fire risk assessment to appoint fire marshals and provide storage for combustible materials had been implemented.

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. Rectangular collimation was used to reduce dosage to patients.

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 in respect of dental radiography.

The practice had a business continuity plan describing how it would deal with events that could disrupt its normal running.

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 up to date and reviewed regularly to help manage potential risk. Health and safety checks of the building were completed every two weeks.

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 and was updated annually. 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. Two staff had undertaken training in first aid. 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. Regular audits of equipment were undertaken to ensure compliance with the Resuscitation Council's guidelines.

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

Are services safe?

Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Staff carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Plans were in place to replace the practice's boiler in August 2019, as recommended in the assessment. Records of water testing and dental unit water line management were in place.

We noted that all areas of the practice were visibly clean and hygienic, including treatment rooms the waiting areas and patient toilet. Staff's uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. The senior nurse undertook regular surgery and decontamination area checks, and spot checks to ensure staff were wearing the correct personal protective equipment.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored securely.

The practice CCTV for additional security in the reception and waiting areas and signs were in place warning patients of its use.

Safe and appropriate use of medicines

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

Antimicrobial prescribing audits were carried out regularly and the most recent audit demonstrated the dentists were following current guidelines.

The practice stored and kept records of NHS prescriptions as described in current guidance,

Lessons learned and improvements

The practice had policies and procedures to manage and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. All records of untoward events were sent to the provider's area manager. The area manager told us of two recent untoward incidents, learning from which had been shared across all the provider's practices.

The practice manager and the senior nurse received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and implemented any action if required. Staff we spoke with were aware of recent alerts affecting dental practice

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 29 comments cards that had been completed by patients prior to our inspection. All the comments received reflected patient satisfaction with the quality of their dental treatment. One patient told us, 'I've had lots of work done from root canals to fillings and extractions, all have been done very well and with no pain'.

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. All clinicians were issued with the provider's own Clinical Governance Handbook that gave them the required information in relation to areas such as GDC standards, record keeping, antimicrobial prophylaxis guidelines, and delivering better oral health. Staff told us that as all the directors of the company were dentists so there was a strong focus on patients' clinical care and treatment.

The practice used rotary endodontics and digital X-rays, and a dental cone beam computed tomography scanner was also about to be installed at the practice to enhance the delivery of care to patients.

We spent time at reception and noted staff providing good quality advice to patients and triaging them effectively.

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. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate.

The dentists where applicable, 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.

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives,

and information about local cessation services was available in the patients' information folder. The practice manager was an oral health educator and had been trained in smoking cessation.

The senior nurse told us she had recently read our report on the importance of oral health in care homes and was going to ask one of the nurses who was training to be an oral health educator to contact local care homes to provide support.

Monitoring care and treatment

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

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

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 dentist 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. Staff understood their responsibilities under the act when treating adults who might not be able to make informed decisions. Staff were aware of the need to consider Gillick competence when treating young people less than 16 years of age.

Effective staffing

The dentists were supported by appropriate numbers of dental nurses and administrative staff and staff told us there were enough of them for the smooth running of the practice. Staff from the provider's other practices could be called upon if needed to cover any shortages. A new hygienist was about to start working at the practice and the area manager told us they would have chairside support.

Are services effective?

(for example, treatment is effective)

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role. Staff told us they discussed their training needs at their annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. All staff had personal development plans in place.

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.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider 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.

Are services caring?

Our findings

Kindness, respect and compassion

Patients commented positively that staff were helpful, friendly and caring. One patient told us, 'My child is a very nervous patient with autism and the dentist takes his time and is very understanding of his condition. Talks him through every step of the way'.

Staff gave us specific examples of where they had supported patients such as assisting those who felt unwell and helping at a car accident outside the practice. Staff had undertaken specific training in dementia, so they could better understand the needs of patients living with this condition. One nurse told us she was hoping to become a Mental Health First Aider.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

All consultations were carried out in the privacy of the treatment room and we noted that the doors were closed during procedures to protect patients' privacy.

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

Involving people in decisions about care and treatment

One patient told us, 'I was listened to and all my questions answered'. Another stated, 'My dentist is very friendly and explains everything he is doing and what needs to be done'. We noted leaflets around the practice giving patients information about extractions, missing teeth, tooth whitening and preventative advice.

The practice gave patients clear information to help them make informed choices. Dental records we reviewed showed that treatment options had been discussed with patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

In addition to general dentistry the practice could offer patients dental implants, minor oral surgery, basic orthodontics and facial aesthetics.

The practice had its own website that provided general information about its staff and services.

The waiting area provided magazines and leaflets about various oral health conditions and treatments, and there were toys to help occupy children while they waited. There were TV screens showing top news stories as well as dental treatment information.

The practice had made reasonable adjustments for patients with disabilities. These included level access treatment rooms, a lowered reception desk area, a fully accessible toilet and a hearing loop to assist those who wore a hearing aid. Patients had access to translation services and some information was available in large print to help those with visual impairments. We noted one treatment room had a 'knee break' chair to assist those with limited ability.

Timely access to services

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website. Appointments could be made by telephone,

on-line or in person. The practice opened till 8 pm one evening a week, and on a Saturday morning between 9 am and 12 noon. The practice ran an open access appointment system for patients who did not have a dentist or who required an emergency appointment. This was often used by holiday makers visiting Great Yarmouth.

At the time of our inspection the practice was accepting new patients. Reception staff told us that the waiting time for a routine appointment was about two days, and about two weeks for treatment following that. Two hours a day were set aside for emergency appointments.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care. The practice had a complaints policy providing guidance to staff on how to handle a complaint.

Details of how to complain were available in the waiting areas for patients and in the practice's information leaflet. The receptionist spoke knowledgeably about how to deal with patients' complaints and emphasized the importance of listening to patients and reflecting back what they had told you in to ensure they understood.

We looked at three recent complaints received by the practice and found they had been responded to in a professional, timely and empathetic manner. All complaints were uploaded to a central spread sheet that could be accessed by the provider's senior managers.

Are services well-led?

Our findings

Leadership capacity and capability

The practice manager had the capacity and skills to deliver high quality, sustainable care. She held an NVQ level 4 in management and was an accredited NEBDN nurse trainer. She was supported by the provider's operations staff who visited regularly to assist her in the running of the service, and of a smaller practice nearby. She also met regularly with the other practice managers of the provider's services to discuss any issues and share best practice. The clinical director and chief executive attended these meetings. Staff described her as approachable and effective, and one told us, 'Anna is very open and keeps us up to date with any changes happening'. Within the practice she was supported by a very experienced senior nurse, who took on a number of managerial and administrative tasks.

All staff received a regular newsletter from the provider that was used to give news of any new staff joining the company, celebrating any staff's achievements and delivering key messages from the provider's senior managers. Staff confirmed that senior managers within the company were visible and approachable. We noted that the CEO had texted staff on the day of our inspection to wish them good luck.

Vision and strategy

The provider had a clear mission statement to 'Provide quality professional care, attention and excellent customer service'.

The provider was in the process of expanding its service and had employed a specific manager to oversee the integration of newly acquired practices.

Culture

Staff told us that they felt well supported and could raise any concerns with the practice manager and senior managers. All the staff we met said that they were happy in their work and the practice was a good place to work. One dental nurse told us there were 'good relations' with all the dentists and stated all staff were treated equally and fairly.

The provider ran an employee of the month scheme, which staff clearly valued. One staff member told us she had won it recently as she had helped out at another practice on very short notice.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it.

Governance and management

The practice was part of a corporate group which had a support centre where teams including human resources, finance, clinical support and patient support services were based. These teams supported and offered expert advice and updates to the practice when required. The area manager told us that the provider was in the process of developing its own in-house compliance function as part of its expansion.

The practice manager was responsible for the day-to-day running of the service. There was a clear staffing structure in place and staff were aware of their own roles and responsibilities. There were lead roles for key areas such as infection control and reception.

There were clear and effective processes for managing risks, issues and performance. The practice had comprehensive 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.

Communication across the practice was structured around key scheduled meetings which staff told us they found beneficial. There were standing agenda items such as health and safety, infection control, safeguarding, information governance and incidents. We noted that in February 2019 sepsis guidance was discussed with staff and in May 2019 the Mental Capacity Act to ensure staff were kept up to date with policies. There were separate meetings for dentists chaired by the provider's clinical support manager. The practice also had a 'Whats App' group so that key messages could be disseminated quickly.

Systems were in place to recognise and reward practices that were achieving the provider's aims and objectives and performing well.

Appropriate and accurate information

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were well maintained, up to date and accurate. All staff received training on

Are services well-led?

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

Patients were provided with a specific leaflet informing them how the practice would look after and safeguard information held by them.

Engagement with patients, the public, staff and external partners

The practice used surveys, comment cards and verbal comments to obtain patients' views about the service. There was a yearly survey that was completed by at least 25 patients for each individual dentist. Patients were asked for their views on the friendliness of staff, waiting times, cleanliness and inclusion in treatment decisions. Results of what the practice did well and what they could do better were on display in the waiting area.

Patient feedback left on review sites was actively monitored by the provider. At the time of our inspection, the practice had scored five stars out of five on NHS Choices based on 330 reviews. On Google, it had scored 4.7 stars out of five based on 172 reviews.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Their suggestions for installing a two-way door in the decontamination room and to install air conditioning had been agreed.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. There was a strong culture of auditing in the practice and the senior nurse told us she undertook about 15-18 different audits a year in the practice. In addition to standard audits for infection control, radiography and records, we viewed audits for areas such as waiting times, information governance, equipment compliance and patient failure to attend. There were clear records of the results of these audits and the resulting action plans and improvements.

There were regular lunch and learns for staff, and the provider funded on-line training for all the dental nurses. Two nurses had been trained to take radiographs, two in dental implants and one nurse was undertaking a sedation course. The area manager told us the provider had offered places for six dentists to attend a specialist implant course in Brazil.

All staff received an annual appraisal of their performance. Staff told us it was meaningful and one commented, '(the Practice Manager) is very honest and tells me the areas I need tweaking'. Staff were rated on their performance from 'work to do' to 'working wonders'.

The provider's clinical director appraised the dentists, and the practice manager all other staff. They discussed learning needs, general wellbeing and aims for future professional development. All staff had a personal development plan in place.