Dr Mark Overend

Queens Road Dental Care

Inspection Report

253 Queens Road
Beeston
Nottingham
NG9 2BB
Tel: 0115 9222100
Website: www.queensroaddentalcare.co.uk

Date of inspection visit: 11 July 2017
Date of publication: 11/08/2017

Overall summary

We carried out this announced inspection on 11 July 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not have any relevant information to share with us regarding this dental practice.

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

Queens Road Dental Care is located in premises to the west of Nottingham city centre and provides mostly private dental treatment (97%) to patients of all ages.

The practice is located on two floors with a flight of steps to access the first floor. There are eight treatment rooms,

Summary of findings

three of which are located on the ground floor. The practice has its own car park with parking available for patients including a place for patients with mobility problems outside the front door.

The dental team includes seven dentists; three hygienists; nine qualified dental nurses; one trainee dental nurse; four receptionists; one practice manager and one practice support manager.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected eight CQC comment cards filled in by patients and spoke with two other patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, two hygienist and four dental nurses 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: 8 am to 6:30 pm; Tuesday: 8 am to 6:30 pm; Wednesday: 8 am to 7:30 pm; Thursday: 8 am to 6 pm and Friday: 8 am to 5 pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which followed published guidance.
- Patients provided positive feedback about the service and the staff.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Dentists said they used rubber dam when completing root canal treatment in-line with the guidance issued by the British Endodontic Society
- The practice had systems to help them manage risks in the practice, particularly with regard to health and safety.
- The practice had suitable safeguarding processes. Staff had been trained and 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 measures to protect their privacy and personal information.
- The appointment system met patients' needs. Patients said they could get an appointment that suited them.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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. There was a lead person appointed within the practice for safeguarding matters.

Staff were suitably qualified for their roles on the dental team and the practice completed essential recruitment checks.

The 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 and equipment for dealing with medical and other emergencies.

Are services effective?

No action

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

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

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

Are services caring?

No action

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

We received feedback about the practice from ten people. Patients were positive about all aspects of the service the practice provided. They told us staff were polite, considerate and respectful and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Summary of findings

Are services responsive to people's needs?

No action

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone and face to face interpreter services and had arrangements to help patients with sight or hearing loss.

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

Are services well-led?

No action

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 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.

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 had an accident book to record any accidents. There had been five accidents recorded in the year up to this inspection. We saw that accidents had been analysed, and the most recent a trip on the stairs by a patient in June 2017. The practice manager audited accidents on an annual basis to identify any trends or themes.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice investigated every significant event and recorded the outcome. There had been four significant events in the year up to this inspection, the last of which was recorded in July 2017. There was clear analysis and action and learning points were recorded. The most recent event had been discussed in a staff meeting on 10 July 2017.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference. Records showed the practice received regular alerts and they were reviewed by the practice manager and shared with staff if relevant. There was a clear system for receiving alerts and sharing information.

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. The safeguarding policies had been reviewed on 27 April 2017. The practice manager and the practice support manager were the identified leads for safeguarding in the practice. They had both completed training in child protection to level two together with safeguarding vulnerable adults training during 2016. We saw evidence that all staff had completed training in child protection to level two and had also completed safeguarding vulnerable adults training during July 2016. Certificates in the safeguarding file identified safeguarding training had been updated on an annual basis.

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. A copy of the whistleblowing policy was available in the staff room which gave all staff ready access if they had any concerns. The policy had been reviewed in November 2016.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. All COSHH information including a risk assessment and copies of manufacturers' product data sheets were stored in the COSHH file in the office. Information relating to COSHH was accessible to all staff.

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. This included single use matrix bands and a recognised safety system for using needles. In addition it was practice policy that only dentists handled needles. The practice had a risk assessment for the use of sharps in the practice which had been reviewed in December 2016. The dentists used rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment. We saw the practice had the necessary equipment to use rubber dam available for dentists.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. A copy was also available off site. The policy had last been updated in November 2016.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year, with the last training completed in June 2017.

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. Equipment included an automated external defibrillator (AED), medical oxygen and portable suction. The practice had oxygen masks for both adults and children. We saw that all medical emergency equipment was in date.

The practice had a first aid box which was located centrally. Two members of staff had completed first aid at work training during 2015 and 2016. We saw their training certificates were in date and valid.

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 seven staff recruitment files. These showed the practice followed their recruitment procedure.

We saw that every member of staff had received a Disclosure and Barring Service (DBS) check.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The practice manager had a system to monitor that relevant staff were up to date with their registration and indemnity insurance cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed annually to help manage potential risk. These covered general workplace and specific dental topics. A dentist was the lead person with overall responsibility for health and safety at the practice. The practice had current employer's liability insurance which was due for renewal on 16 March 2018. The certificate was on display in the waiting room for patients' reference. The practice manager checked twice a year that the clinicians' professional indemnity insurance was up to date.

We saw that regular health and safety audits were completed, reviewed and where necessary updated.

The practice had an automatic fire alarm system which was serviced regularly; this included automatic fire detection and emergency lighting. Staff at the practice had been trained in fire safety with training certificates held within the practice. Refresher training for all staff was booked for August 2017. The fire risk assessment had been reviewed in December 2016.

A dental nurse worked with the dentists when they treated patients. However, dental hygienists usually worked alone.

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 an annual update in infection prevention and control on line. The most recent training having been completed in October 2016

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.

The practice policy identified infection prevention and control audits should be completed twice a year. The latest audit was completed in April 2017. Records showed the practice was meeting the required standards with regular audits twice a year.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which had been updated in March 2016 by an external contractor. The practice completed quarterly dip slides to check for bacterial growth in the water lines.

There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received boosters when required.

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

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. This included testing by external agencies of the electrical equipment (January 2015) and valid for three years, servicing of the fire extinguishers (April

Are services safe?

2017) and servicing of the compressor (May 2017). This was in accordance with the Pressure Systems Safety Regulations (2000). Autoclaves at the practice had been serviced and validated in November 2016 and June 2017.

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

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

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.

The practice had two intraoral X-ray machines. Both machines were fitted with rectangular collimation. If a patient required an orthopantomogram X-ray they were referred elsewhere usually either to a practice in Nottingham or to the local hospital.

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. The last X-ray audit was dated June 2017. X-ray audits were routinely completed for all dentists on an on-going basis.

Clinical staff completed continuous professional development in respect of dental radiography as required by the General Dental Council (GDC).

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 practice used both electronic and paper dental care records. Clinical notes were held electronically, and older historic information and medical histories were held in the paper record. The dentists assessed patients' treatment needs in line with recognised guidance. The dental care records identified the discussions and advice given to patients in relation to their dental health by the various dental care professionals at the practice.

The dentists assessed patients' treatment needs in line with recognised guidance, using the basic periodontal examination screening tool and pocket charting where indicated.

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

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' We saw evidence this was being used in the practice with the dental hygienist taking the lead. The presence of dental hygienists within the practice enhanced the health promotion stance of the practice with practical support and advice around good oral hygiene.

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

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. We saw evidence of this in dental care records. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. Free samples of toothpaste were also available at the reception desk and treatment room. The National Institute for Health and Care Excellence (NICE) had issued guidance that dentists should signpost patients who smoked to a specialist stop smoking service. Information in the waiting room demonstrated patients were being directed to such a service.

Staffing

The practice had seven dentists; three hygienists; nine qualified dental nurses; one trainee dental nurse; four receptionists; one practice manager and one practice support manager. We checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council. The practice manager monitored staff CPD training and reviewing other training annually at staff appraisals.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals for staff.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Care Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

The practice did not provide a sedation service. Therefore if a patient required sedation they were referred elsewhere using an electronic referral system. This system gave patients choice with regard to where they received their treatment. This was usually either to a dental practice who provided sedation or to the Maxillofacial department at the local hospital. Children or patients with special needs who required more specialist dental care were referred to the community dental service. The practice also made referrals for NHS orthodontic treatment to a number of local orthodontic practices.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

The practice team understood the importance of obtaining and recording patients' consent to treatment. There was a consent policy which had been reviewed in December 2016. The policy referenced the Mental Capacity Act (MCA) 2005, best interest decisions and Gillick competence. We discussed consent with three dentists who showed an understanding and knowledge of the MCA and Gillick competence. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

Patients confirmed their dentist listened to them and gave them clear information about their treatment. We saw some examples where dentists had recorded this information in dental care records.

Every patient was given a treatment plan and the practice recorded written consent using a variety of treatment specific consent forms. The signed consent form and treatment plan were then placed into the patient dental care records.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were always friendly, polite, considerate and respectful. We saw that staff treated patients with respect, were helpful, welcoming and professional at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. 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. Each staff member had their own unique password for the computer system.

Information posters and leaflets were available for patients to read together with a patient information folder related to healthy teeth in the waiting room. A water dispenser was available in the waiting room for patients' use.

Involvement in decisions about care and treatment

The practice offered mostly private dental treatments (97%) The costs for private dental treatment were displayed on the practice website and in the waiting room.

The practice gave patients clear information to help them make informed choices about their treatment options. Patients confirmed that staff listened to them, did not feel rushed and were able to ask questions.

We saw examples in patients' dental care records that demonstrated patients had been involved in discussions about their dental care. Dentists had recorded the treatment options and noted these had been discussed with patients.

Patients told us staff were helpful and understanding 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 general dentistry and treatments including dental implants, cosmetic dentistry and dentures provided by this practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Several patients commented on the ease of getting an appointment that suited their needs. Particular comments we received were a quick service with on time appointments, was seen very quickly when I was in pain and staff are very helpful when making an appointment. 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. Each dentist made emergency appointment slots available each day or patients could come and sit and wait to be seen.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. This included making ground floor treatment rooms available and quieter waiting areas within the practice away from the main waiting room.

Staff told us that they texted patients who had signed up for the service 48 hours before an appointment was due.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included providing three ground floor treatment rooms and having an induction hearing loop for patients who used a hearing aid. The premises had level access into the treatment rooms. There was ramped access to the front door and had ground floor toilet facilities which were compliant with the Equality Act 2010. The practice had completed an access audit in line with the Equality Act 2010. This had been reviewed in July 2017 and identified the steps taken to make the practice fully accessible.

Staff said they could provide information in different formats such as large print to meet individual patients' needs on request. The practice manager said there were arrangements for accessing an interpreter or translation service if and when required.

Access to the service

The practice displayed its opening hours on their website, in their information leaflet and outside the practice. This included the different options for access to emergency treatment outside of opening hours.

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 slots free for same day appointments. The answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open this included access to the NHS 111 service. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The policy had been reviewed in December 2016. The practice information leaflet explained how to make a complaint. A detailed procedure was on display in the waiting room which identified other agencies patients could contact should they remain dissatisfied. The practice manager was responsible for dealing with complaints in the practice. 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.

Staff told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

We looked at comments, compliments and complaints the practice received in the year up to this inspection. The practice had received 15 complaints in the year up to this inspection. We saw that all 15 complaints had been dealt with in line with the practice complaints policy.

Are services well-led?

Our findings

Governance arrangements

The registered manager had overall responsibility for the management and leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. We saw that policies and risk assessments had been reviewed on different dates towards the end of the calendar year.

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. There was a duty of candour policy. Staff said they understood the policy, but there were no examples of where this had needed to be put in to practice.

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. If staff had any concerns these were discussed at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held regular meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Meetings were minuted and those minutes were available to all staff. 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, infection prevention and control and patient satisfaction, which had all been completed on regular basis. They had clear records of the results of these audits and the resulting action plans and improvements. The practice was completing a range of audits to assess the quality of the service provided and to identify areas for improvement.

Staff 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.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

We saw evidence that staff were completing a range of training courses, and this was supported by the practice to ensure the development of staff skills.

The practice had one trainee dental nurse. The trainee was supported and mentored by experienced qualified dental nurses at the practice.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used a range of means including patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on, for example the practice had put a new hand rail outside the practice to help patients climbing the steps. Improved seating with arms to help elderly patients stand had been purchased and a baby changing table had been purchased for the patient toilet.

The practice ran a formal patient satisfaction survey twice a year. The most recent had been completed in June 2017 with 40 responses. The latest information showed that patients were very satisfied with the service they were receiving.