

Portman Healthcare Limited Cahill Dental Care Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 14 September 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Cahill Dental Care Centre is in Bolton and provides private treatment to adults and children.

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

The dental team includes three dentists, six dental nurses who also cover reception, a dental hygienist, two dental hygiene therapists and a treatment coordinator. The team is supported by a practice manager and assistant practice manager. The practice has four treatment rooms.

Summary of findings

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 Cahill Dental Care Centre was the practice manager.

On the day of inspection we collected 20 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with one dentist, three dental nurses, the dental hygienist, the practice manager and a compliance manager from the organisation. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 8.00am to 4.00pm

Tuesday, Wednesday and Thursday 8.00am to 8.00pm

Friday 8.00am to 4.00pm

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

There were areas where the provider could make improvements and should:

- Review the staff's safeguarding training; ensuring all staff are trained to an appropriate level for their role and aware of their responsibilities.

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 knew how to recognise the signs of abuse and how to report concerns but not all staff had received safeguarding training to the correct level.

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 organisation used a health and safety company for up to date advice and to carry out comprehensive, risk-rated health and safety risk assessments.

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

Recent relevant alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), not been received and acted upon. The practice manager took immediate action to ensure all future alerts are received, acted upon and retained for reference.

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 were positive about all aspects of the service the practice provided. They told us staff were helpful and friendly.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. All patients were provided with a detailed treatment plan which included a range of treatment options, risks, benefits and costs.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. The practice received private referrals from other dental practices. A referral procedure was in place to manage these effectively.

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

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 20 people. Patients were positive about all aspects of the service the practice provided. They told us staff were welcoming, helpful and friendly. They said that they were provided with detailed treatment plans and given helpful, honest explanations about dental treatment, and said their dentist listened to them.

Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

The practice raised money for local charities by holding evening events, book sales and via donations taken for the tea and coffee provided in-house.

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. They offered early morning and evening appointments. 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 toilet was located on the first floor which was not accessible to wheelchair users. Staff ensured that new patients were informed of this but alternative arrangements were not in place. The practice had access to telephone interpreter services.

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

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice received regular newsletters and bulletins from the head office which included safety, complaints, training and company information.

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.

The organisation had an awards system to encourage staff to suggest improvements and recognise outstanding contributions.

No action





Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. For example, security and lighting had been improved in response to an incident. The practice could also seek additional support from the organisation as necessary.

The practice had a system to receive alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), but recent relevant alerts had not been received and acted upon. The inspector alerted the practice manager on the day of the inspection, three devices were checked to confirm that they were not affected by the alerts. The practice manager took immediate action to ensure all future alerts are received, acted upon and retained for reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training but five members of clinical staff had only received training to level one. The practice manager told us this would be addressed. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included comprehensive and risk-rated risk assessments which were reviewed every year. The practice used a safer sharps system and followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Staff involved in the provision of sedation had received additional training and additional emergency oxygen was available on the first floor. The practice also practised and discussed emergency scenarios in meetings.

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. Glucagon, which is required in the event of severe low blood sugar, was kept refrigerated but the temperature of the fridge was not monitored in line with the manufacturer's instructions. The practice immediately ordered a new glucagon hypokit which will be stored unrefrigerated with the emergency drugs kit and the expiry date adjusted in line with the manufacturer's instructions.

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

Clinical staff were qualified and registered with the General Dental Council (GDC) and had the appropriate level of professional indemnity cover in place.

Monitoring health & safety and responding to risks

The organisation used a health and safety company for up to date advice and to carry out comprehensive, risk-rated health and safety risk assessments. Policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. A fire risk assessment had been carried out and the recommendations acted on. COSHH risk assessments had been carried out and were reviewed regularly and stored with manufacturer's safety data sheets. Regular checks were carried out to identify and dispose of expired products. Health and safety information



Are services safe?

was available to staff in the office and staff room. The practice had current employer's liability insurance and checked each year that the clinicians' professional registration and indemnity insurance was up to date.

A dental nurse worked with the dentists, dental hygienists and dental therapists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

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

The practice carried out infection prevention and control audits twice a year which were sent to and reviewed at head office. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

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

Equipment and medicines

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

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

Radiography (X-rays)

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

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

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



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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

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

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

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

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

Two dental nurses with appropriate additional training supported dentists treating patients under sedation. The dental nurses' names were recorded in patients' dental care records.

Health promotion & prevention

The practice provided preventative care and support to patients in line with the Delivering Better Oral Health toolkit. They displayed oral health education information throughout the practice and supported national oral health campaigns. Patient's comments confirmed that the

dentists were very informative and gave them information to improve their oral health. The practice promoted a healthy lifestyle, they measured all patients' blood pressure and signposted them to their general practitioner where the results were outside the recommended parameters.

The dentist 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 children as appropriate.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and samples to give to patients. Staff also provided occasional oral health advice to the public in the local shopping centre.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and the practice supported them to complete their training by offering in-house training, lunch and learn sessions and online training.

Staff told us they discussed training needs and objectives at annual appraisals. We saw evidence of completed appraisals which incorporated the vision and values of the practice and the organisation.

Working with other services

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

The practice received private referrals from other dental practices. A referral procedure and system was in place to manage these effectively and inform the referring dentist of patients' progress or if they failed to attend appointments.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist



Are services effective?

(for example, treatment is effective)

told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. All patients were provided with a detailed treatment plan which included a range of treatment options, risks, benefits and costs. Patients were given the opportunity to discuss this with the dentist and treatment co-ordinator. Patients commented that they appreciated this and said they felt involved in treatment planning. They confirmed the dentists listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the clinicians were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were welcoming, helpful and friendly. We saw that staff treated patients respectfully, appropriately and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate, understanding and put you at ease. Several commented that they were no longer afraid of coming to the dentist and one patient said it felt more like coming to visit a friend.

The layout of reception and waiting areas did not provide privacy when reception staff were dealing with patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients and if a patient asked for more privacy they would take them into another room.

The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

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

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

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

The practice raised money for local charities by holding evening events, book sales and via donations taken for the tea and coffee provided in-house.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentist and practice manager showed us treatment plans and described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as dental implants and conscious sedation.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. They offered early morning and evening appointments. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patient notes were flagged if they were unable to access the first floor surgery or bathroom.

Patients were sent text message and email reminders for upcoming appointments. Staff told us that they telephoned some patients on the morning of their appointment to make sure they could get to the practice. Staff also telephoned patients after complex treatment to check on their well-being and recovery.

Tackling inequity and promoting equality

The practice made some reasonable adjustments for patients with disabilities. These included step free access to the ground floor, a selection of reading glasses. The toilet was located on the first floor which was not accessible to wheelchair users. Staff ensured that new patients were informed of this but alternative arrangements were not in place. Staff had completed dementia awareness training and the practice manager gave an example of where a staff member had assisted a patient to apply for a disabled travel pass.

Staff said they could provide information in different formats to meet individual patients' needs. They knew how to access interpreter/translation services but staff told us they had never needed to access these.

Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day access. They took part in an emergency on-call arrangement with some other local practices. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.



Are services well-led?

Our findings

Governance arrangements

The practice was a member of a 'good practice' accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards. The practice and staff had also been shortlisted and also won several national dental awards and commended for customer service in the local news.

The registered manager had overall responsibility for the management and day to day running of the practice with support from head office. 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 were regularly reviewed by responsible officers at the provider's head office and included arrangements to monitor the quality of the service and make improvements.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The practice received regular newsletters and bulletins from the head office which included safety, complaints, company information and courses which were available to practice staff.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held daily huddles and regular meetings where staff could raise any concerns and discuss clinical

and non-clinical updates. Immediate discussions were arranged to share urgent information. The practice manager took part in regular conference calls and meetings with other local practice managers and accessed support from area managers and head office as required.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. The organisation had a clinical lead and clinicians attended events, training and meetings to discuss best practice. A system of regular audits was in place; These included audits of dental care records, X-rays, sedation, complaints, periodontics, and infection prevention and control. 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. All employed staff 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. The organisation provided online and in-house training including CPD events which covered much of the core CPD.

The organisation had an awards system to encourage staff to suggest improvements and recognise outstanding contributions and staff were encouraged to nominate colleagues. A dental nurse from the team had recently been recognised as employee of the month.

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

The practice used patient surveys, verbal comments and online feedback to obtain patients' views about the service. We saw thank you cards and positive comments that patients had made on the survey forms and examples of suggestions from patients/staff the practice had acted on. For example, reviewing patient waiting times and ensuring all patients understood the cancellation policy.