

Loughborough Dental & Implant Centre Limited

Ascent Dental Care Loughborough

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 15 February 2023 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 practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

The provider has 4 practices, and this report is about Ascent Dental Care Loughborough.

Ascent Dental Care Loughborough is in Loughborough and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available at the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 6 dentists, 6 dental nurses, 2 dental hygienists, 1 practice manager, 1 treatment coordinator and 2 receptionists. The practice has 4 treatment rooms.

During the inspection we spoke with 2 dentists, 3 dental nurses, 2 receptionists and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 8.20am to 5.45pm.

Saturdays by appointment only.

The practice had taken steps to improve environmental sustainability. For example; choosing greener packaging options for supplies, reducing paper usage and encouraging recycling.

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 ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

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

The practice had robust and effective safeguarding processes and staff displayed a detailed understanding of their role and responsibilities for safeguarding vulnerable adults and children. All staff had completed training to a level appropriate for their role and information on safeguarding was displayed prominently around the practice. The practice manager had developed a training package for all staff and implemented bespoke documents for recording, assessing and raising concerns. These included guidance on 'was not brought' (WNB) procedures for children who missed appointments, a flow chart for staff guidance, updated letter templates and analysis of any patterns of WNB or concerns. The practice manager had instigated regular contact with the local authority safeguarding team, enabling them to access information, advice and guidance when required.

The practice had infection control procedures which reflected published guidance. We noted that instruments awaiting decontamination were not always kept moist in line with guidance. Following our inspection, the provider submitted evidence that this shortfall had been addressed.

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

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation. The practice manager had developed a detailed induction programme for all staff and a shorter, focused induction programme for agency or locum staff. We saw that these had been completed and signed by visiting staff to the service.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment had been carried out in line with the legal requirements. The management of fire safety was effective. Regular fire evacuation drills were held which included the use of cards identifying patients with different support needs that staff had to assist evacuate the building. Records were kept of the time taken to evacuate the building and any learning from them.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT) and handheld X-ray equipment.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working. We found that risk assessments were regularly reviewed and updated to reflect working practices at the service and current legislation.

Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance. All staff, regardless of role, were actively encouraged to familiarise themselves with the contents of the emergency kit and their use. Guidance on how to respond to specific medical emergencies was included in the kit. When we reviewed the contents of the medical emergency kit, a message was sent to all staff informing them its location was temporarily moved to ensure staff knew where to access it if required.

Staff knew how to respond to a medical emergency. The practice manager and provider were committed to the safety of all patients and staff and as the practice offered sedation services, all staff, regardless of role, had completed immediate life support training every year. Medical emergency scenarios were carried out every three months and discussed at team meetings. Staff had the opportunity to discuss any concerns they might have regarding these or suggest areas for further development.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had robust and effective systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts. We saw examples of how incidents were reviewed, analysed and learning shared with staff. Where required, changes were made to practice procedures. For example, following the review of a needle stick injury, it was identified that staff felt they needed to rush to complete a task resulting in the injury. Following this, the time allocated for this type of appointment was extended to reduce pressure on staff.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

The practice offered conscious sedation for patients. The practice's systems included patient checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. We saw that if the treatment was expected to be long or particularly complicated, planning meetings were held in the weeks preceding the procedure to ensure all staff were aware of their role and any potential risks could be assessed and mitigated against.

The orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They displayed a detailed and robust understanding of the importance of, and their responsibilities under, the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. An example was given of a patient who had reduced mental capacity and had been supported by an advocate. Staff ensured the consent process was explained and renewed for each treatment or appointment to ensure consent was informed and still given by the patient.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. We saw staff were supported to gain additional qualifications and undertake training to carry out further duties for career development. The practice manager and provider demonstrated a strong commitment to staff support and development.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

The practice was a referral clinic for dental implants, minor oral surgery, procedures under sedation and orthodontics and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

Are services caring?

Our findings

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

Kindness, respect and compassion

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

On the day of inspection, we were unable to speak with any patients. We reviewed online feedback and testimonials which indicated patients were overwhelmingly satisfied with the care and treatment they received. Friendliness and support of staff was mentioned along with the quality of treatment carried out.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

Staff password protected patients' electronic care records and backed these up to secure storage. Paper records were stored securely. We were informed passwords and combinations to locks were changed regularly to prevent unauthorised access.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment. The practice employed a dedicated treatment coordinator to discuss treatment options with prospective patients and answer any questions they may have.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included for example photographs, study models, videos, X-ray images and an intra-oral camera.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments including, a hearing induction loop, access to translation services, a magnifier at reception and information available in different formats for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website, patient information leaflet and social media page.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's 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. Staff took part in an emergency on-call arrangement with other practices in the group and patients were directed to the appropriate out of hours' service.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice manager and provider demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on people's safety and continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities. The practice manager had worked with the leadership team to develop and adapt policies and procedures that provided robust and effective governance and oversight of the service.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals, 1 to 1 meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a robust and effective governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Further training and resources were developed to ensure staff had an in-depth understanding of how policies and procedures were related to their roles.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained 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 where appropriate.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, quality assurance, continuous improvement and innovation. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.