

# Centre for Dentistry Limited

# J. Sainsbury - Preston

## Inspection Report

Flintoff Way  
Preston  
PR1 6PJ

Tel: 01772 447962

Website: [www.centrefor dentistry.com](http://www.centrefor dentistry.com)

Date of inspection visit: 05/12/2018

Date of publication: 30/01/2019

## Overall summary

We carried out this announced inspection on 5 December 2018 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 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**

J. Sainsbury - Preston is in Preston and provides private dental care for adults and children. The practice is located within the supermarket store.

There is level access to facilitate entrance to the practice for people who use wheelchairs and for pushchairs. Car parking is available outside the practice.

The dental team includes three dentists, a visiting dentist who provides implants, a dental hygiene therapist and two dental nurses. The dental team is supported by a practice manager. The practice has two treatment rooms.

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

# Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at J. Sainsbury - Preston was the practice manager.

We received feedback from nine people during the inspection about the services provided. The feedback provided was positive.

During the inspection we spoke to two dentists, the dental nurses, the practice manager and the clinical services director. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 8.00am to 8.00pm

Friday and Saturday 8.00am to 6.00pm.

## **Our key findings were:**

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- The provider had safeguarding procedures in place and staff knew their responsibilities for safeguarding adults and children.
- Staff knew how to deal with medical emergencies. Appropriate medicines and equipment were available.
- The provider had staff recruitment procedures in place.
- Staff provided patients' care and treatment in line with current guidelines.
- The dental team provided preventive care and supported patients to achieve better oral health.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- The provider had a procedure in place for dealing with complaints. The practice dealt with complaints positively and efficiently.
- The practice had a leadership and management structure and a culture of continuous improvement.
- The provider had robust systems in place to support good governance and these were operating effectively at the practice.
- The provider had systems in place to manage risk.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.

There were areas where the provider could make improvements. They should:

- Review the practice's Legionella risk assessment and implement any recommended actions, in particular, in relation to ensuring the relevant person completes Legionella awareness training.
- Review the practice's protocols for accurately grading the quality of the X-ray images in compliance with the Ionising Radiation (Medical Exposure) Regulations 2017, and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

# 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 provider had systems and processes in place to provide safe care and treatment.

The practice used learning from incidents to help them improve.

Staff received training in safeguarding and knew how to report concerns.

Staff were qualified for their roles.

The provider completed essential recruitment checks before employing staff.

The premises and equipment were clean and properly maintained.

Staff followed national guidance for cleaning, sterilising and storing dental instruments. We saw that a prompting system was used to ensure all the necessary checks were carried out. This was of a particularly high standard in infection prevention and control.

The practice had arrangements for dealing with medical emergencies and completed training every three months.

The practice had systems in place for the safe use of X-rays.

The responsible person at the practice had not been trained in Legionella awareness. The provider assured us training would be carried out. We were not sent evidence that this had been completed.

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. One of the dentists was not accurately grading the X-rays they took in line with current guidelines. The provider assured us this would be addressed. After the inspection the provider sent us evidence demonstrating this had been reviewed.

Patients described the treatment they received as thorough. The clinicians discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements for referring patients to other dental or health care professionals.

The provider supported staff to complete training relevant to their roles and had systems to 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 nine people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and welcoming.

They said they were given helpful explanations about dental treatment, and said their dentist listened to them.

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

Staff protected patients' privacy and were aware of the importance of confidentiality.

Patients said staff treated them with dignity and respect.

## Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could book an appointment quickly if in pain.

Staff considered patients' differing needs and put measures in place to help all patients receive care and treatment. This included providing facilities for patients with disabilities and families with children.

The practice had access to interpreter services and had arrangements to assist patients who had sight or hearing loss.

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 provider had implemented a company-wide compliance system. Staff were operating this effectively at the practice.

The provider had arrangements in place to ensure the smooth running of the service. These included systems for the practice team to monitor the quality and safety of the care provided and make improvements where required. For example, random checks were carried out on all aspects of the service to ensure compliance with regulatory requirements and quality standards. Improvements were made if issues were identified.

There was a clearly defined management structure and staff felt supported and appreciated.

The provider had a culture of learning and improvement. Staff were provided with support and training opportunities for their on-going learning.

The practice team kept accurate, complete patient dental care records which were stored securely.

No action



# Summary of findings

Staff monitored clinical and non-clinical areas of their work to help them improve and learn. This included auditing their procedures and asking for and listening to the views of patients and staff.

The provider had procedures in place to manage and reduce risks.

# Are services safe?

## Our findings

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

The provider had clear systems in place at the practice to keep patients safe.

The practice had safeguarding policies and procedures in place to provide staff with information about identifying and reporting suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who were at risk due to their circumstances. Staff received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a whistleblowing policy in place to guide staff should they wish to raise concerns. Staff told us they felt confident to raise concerns.

We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance.

The provider had staff recruitment procedures in place to help the practice employ suitable staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice followed their recruitment procedure. We saw that recruitment checks were carried out and the required documentation was available. These checks were also carried out for visiting staff.

We saw that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

The practice had arrangements in place to ensure that facilities and equipment were safe, and that equipment, including gas and electrical appliances, was maintained according to manufacturers' instructions.

Records showed that fire detection equipment, such as smoke detectors, was regularly tested, and firefighting equipment, such as fire extinguishers, was regularly serviced.

The provider had put arrangements in place at the practice to ensure X-ray procedures were carried out safely, and had the required radiation protection information available.

We saw that the dentists justified and reported on the X-rays they took. Staff carried out radiography audits regularly following current guidance and legislation.

Where appropriate, clinical staff completed continuing professional development in respect of dental radiography.

### **Risks to patients**

The provider monitored and acted on risks to patients.

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace risks, for example, fire and control of hazardous substances, and specific dental practice risks. Staff reviewed risk assessments every year. We saw that the practice had put in place measures to reduce the risks identified in the assessments.

The provider had current employer's liability insurance.

Staff followed relevant safety regulations when using needles and other sharp dental items. A sharps risk assessment had been undertaken and this was reviewed annually. Staff confirmed that only the dentists were permitted to dismantle and dispose of needles and other sharp items in order to minimise the risk of inoculation injuries to staff. Staff were aware of the importance of reporting inoculation injuries. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury.

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. Arrangements were in place to check the effectiveness of the vaccination.

Staff knew how to respond to medical emergencies and completed training in medical emergencies and life support every three months. The practice had medical emergency equipment and medicines available as recommended in recognised guidance. Staff carried out, and kept records of, checks to make sure the medicines and equipment were available, within their expiry dates and in working order.

A dental nurse worked with each of the clinicians when they treated patients.

# Are services safe?

The practice had an infection prevention and control policy and associated procedures in place to guide staff. These took account of The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), guidance published by the Department of Health. Staff completed infection prevention and control training regularly and received updates as required.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in accordance with the manufacturers' guidance.

The provider had had a Legionella risk assessment carried out at the practice in accordance with current guidance. We saw evidence of measures put in place by the provider to reduce the possibility of Legionella or other bacteria developing in the water systems, for example, water temperature testing and the management of dental unit water lines. We saw the recommended actions had been completed, with the exception of the recommendation in relation to training. We found that the responsible person at the practice had not been trained in Legionella awareness. The provider assured us training would be carried out. We were not sent evidence that this had been completed.

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

Staff ensured clinical waste was segregated and stored securely in accordance with guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentists how information to deliver safe care and treatment was handled and recorded. We looked at several dental care records to confirm what was discussed and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely.

Medical histories were updated at every patient attendance.

We saw that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

## Safe and appropriate use of medicines

The provider had implemented systems for the appropriate and safe handling of medicines at the practice.

The practice had a stock control system for medicines. This ensured that medicines did not exceed their expiry dates and enough medicines were available when required.

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

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

## Track record on safety

We saw that the practice monitored and reviewed incidents to minimise recurrence and improve systems.

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice investigated, responded to, and discussed all incidents to reduce risk, support learning and prevent such occurrences happening again in the future.

The provider had a system for receiving and acting on safety alerts, for example from the Medicines and Healthcare products Regulatory Agency. The practice learned from external safety events as well as from patient and medicine safety alerts. We saw that relevant alerts were shared with staff, acted on and stored for future reference.

## Lessons learned and improvements

Staff confirmed that learning from incidents, events and complaints was shared with them to help improve systems at the practice, to promote good teamwork and to prevent recurrences.

There were systems for reviewing and investigating when things went wrong. Staff learned and shared lessons, identified patterns and acted to improve safety in the practice.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The dentists assessed patients' care and treatment needs in line with recognised guidance. The practice had systems to keep dental practitioners up to date with current evidence-based practice, including peer review, and a hierarchy of clinical support.

We saw that the clinicians took into account current legislation, standards and guidance when delivering care and treatment.

We found that one of the dentists was inaccurately grading the X-rays they took in line with current guidelines. The provider assured us this would be addressed. After the inspection the provider sent us evidence demonstrating this had been reviewed.

The practice provided dental implants. These were placed by a visiting dentist who had completed appropriate post-graduate training in this speciality. The provision of dental implants took into account recognised guidance.

### Helping patients to live healthier lives

The practice supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The clinicians discussed smoking, alcohol consumption and provided dietary advice to 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.

### Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. 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, by which a child under the age of 16 years of age can consent for themselves in certain circumstances. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers where appropriate and made sure they had enough time to explain treatment options clearly.

### Monitoring care and treatment

The clinicians kept detailed dental care records containing information about patients' current dental needs, past treatment and medical histories.

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

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice completed a period of induction based on a structured induction programme.

Staff told us the practice provided support, training opportunities and encouragement to assist them in meeting the requirements of their registration, and with their career development. The provider monitored training to ensure recommended training was completed.

Staff discussed training needs and future professional development at annual appraisals, one to one meetings and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

### Co-ordinating care and treatment

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

The dentists confirmed they referred patients to specialists in primary and secondary care where necessary or where a



# Are services effective?

(for example, treatment is effective)

patient chose treatment options the practice did not provide. This included referring patients with suspected oral cancer under current guidelines to help make sure patients were seen quickly by a specialist.

The practice had systems and processes to identify, manage, follow up, and, where required, refer patients for specialist care where they presented with dental infections.

Staff tracked the progress of all referrals to ensure they were dealt with promptly.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

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

Patients commented positively that staff were professional, approachable and caring. We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Patients told us they could choose whether they saw a male or female dentist.

The practice was well maintained. The provider aimed to provide a comfortable, relaxing environment.

### **Privacy and dignity**

The practice team respected and promoted patients' privacy and dignity.

The layout of the reception and waiting areas provided limited 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. Staff told us that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people might see it.

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

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care.

They were aware of the requirements of the Equality Act.

- Interpreter services were available for patients whose first language was not English.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

The practice provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them and did not rush them. The dentists described to us the conversations they had with patients to help them understand their treatment options.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice organised and delivered services to take account of patients' needs and preferences.

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

A disability access audit had been completed and an action plan formulated in order to continually review and improve access for patients.

The practice had considered the needs of different groups of people, for example, people with disabilities, wheelchair users, and people with pushchairs, and put in place reasonable adjustments, for example, handrails to assist with mobility, step free access and a magnifying glass. An accessible toilet with hand rails was located within the building in which the practice was located and was available for patients.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had hearing impairment, for example, the practice had a hearing induction loop available, and appointments could be arranged by email or text message.

Larger print forms were available on request, for example, patient medical history forms.

### Timely access to services

Patients could access care and treatment at the practice within an acceptable timescale for their needs.

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

The practice's appointment system took account of patients' needs. We saw that the clinicians tailored

appointment lengths to patients' individual needs and patients could choose from morning, afternoon and evening appointments. Staff made every effort to keep waiting times and cancellations to a minimum. Patients told us they had enough time during their appointment and did not feel rushed.

The practice had appointments available for dental emergencies and staff made every effort to see patients experiencing pain or dental emergencies on the same day.

The practice's website, information leaflet and answerphone provided telephone numbers for patients who needed emergency dental treatment during the working day or when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointments.

### Listening and learning from concerns and complaints

The provider 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. Information on how to make a complaint was clearly displayed for patients.

The practice manager was responsible for dealing with complaints. 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 aimed to settle complaints in-house. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

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

# Are services well-led?

## Our findings

### Leadership capacity and capability

We found the leaders at the provider and at the practice level had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

The leaders at all levels were visible and approachable.

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

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

### Vision and strategy

The provider had a clear vision and had set out values for the practice.

The provider had a realistic strategy to deliver high-quality, patient-centred care and supporting business plans to achieve priorities. Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.

The provider's strategy included the implementation of a dental team approach to deliver care and treatment at the practice. They did this by using a skill mix of dental care professionals, including a dentist with advanced skills and a hygiene therapist to deliver care in the best possible way for patients.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

### Culture

The practice had a culture of learning and improvement.

Staff said they were respected, supported and valued.

The provider took effective action to deal with poor performance. We saw that all staff had clear objectives to follow and were aware of what was expected of them.

Managers and staff demonstrated openness, honesty and transparency when responding to incidents and complaints. Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they were confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

### Governance and management

The provider had put systems in place at the practice to support the management and delivery of the service.

The provider had implemented a company-wide compliance system and we found this was operating effectively at the practice. The system included policies, procedures and risk assessments to support governance and to guide staff. We saw that these were regularly reviewed to ensure they were up to date with regulations and guidance.

We saw the provider had put in place effective governance processes, for example, in relation to adequate staffing, patient consent and safeguarding.

We saw the practice had systems in place to monitor the quality of the service and make improvements where required, for example, random checks were carried out on all aspects of the service to ensure compliance with regulatory requirements and quality standards. We saw that a prompting system was used to ensure all the necessary checks were carried out. This was of a particularly high standard in infection control.

The practice had systems in place to ensure risks were identified and managed, and had put measures in place to reduce risks.

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

The registered manager had overall responsibility for the management and day-to-day running of the service and

# Are services well-led?

was supported by the clinical services director. The provider's clinical lead supported the clinicians. Staff had additional roles and responsibilities, for example, a lead role for infection prevention and control. We saw staff had access to suitable supervision and support for their roles and responsibilities.

## **Appropriate and accurate information**

The practice's staff acted appropriately on information.

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

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

## **Engagement with patients, the public, staff and external partners**

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

The practice used patient surveys to obtain the views of patients about the service. We saw examples of suggestions from patients which the practice had acted on, for example, a variety of music had been requested and the practice had provided this in response.

The practice gathered feedback from staff through meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

## **Continuous improvement and innovation**

The provider had systems and processes in place to encourage learning, continuous improvement and innovation.

We saw the practice had systems in place to monitor the quality of the service and make improvements where required. These included, for example, audits. We reviewed audits of dental care records, X-rays, infection prevention and control, waiting times, and treatment for gum disease. Staff kept records of the results of these and produced action plans where necessary. We saw auditing processes were working well and resulted in improvements.

The provider and practice were committed to learning and improving, and valued staff contributions. We saw evidence of learning from complaints, incidents, audits and feedback.

All staff had annual appraisals, which helped identify individual learning needs. Staff told us the practice provided support and training opportunities for their on-going learning. The provider's systems also ensured internal peer review took place to help clinicians learn from each other.

The clinical staff completed continuous professional development in accordance with General Dental Council professional standards. Staff told us the practice provided support and encouragement for them to do so.