

Centre for Dentistry Limited

J. Sainsbury - Welwyn Garden City

Inspection Report

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Overall summary

We carried out this announced inspection on 21 January 2020 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The Centre for Dentistry Welwyn Garden City provides private dental care only. It is located inside a large

Summary of findings

Sainsbury's supermarket and is one of 17 practices nationally. There are two treatment rooms and the dental team includes five dentists, three dental nurses, two hygienists, a receptionist and a practice manager.

There is access for people who use wheelchairs and those with pushchairs. Free car parking spaces, including dedicated parking for people with disabilities, is available in the Sainsbury's car park.

The practice is open Mondays to Thursdays from 8am to 8pm and on Fridays and Saturdays from 8am to 6pm.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager is the practice manager.

On the day of inspection, we reviewed patient feedback from a range of sources. We spoke with the practice manager, the provider's clinical services manager, two dentists, a nurse, and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice had effective systems to help ensure patient safety. These included systems for safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.
- Opening hours were extensive. The practice provided appointments until 8 pm four days a week and opened on Saturday from 8am to 6pm. It opened on all public holidays apart from Christmas day.
- Patients received their care and treatment from staff who were well supported and enjoyed their work.
- Staff recruitment procedures were robust and ensured only suitable people were employed.
- Patients' needs were assessed, and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- Members of the dental team were up-to-date with their continuing professional development and were supported to meet the requirements of their professional registration.
- The practice had strong, effective leadership and a culture of continuous audit and improvement.
- The practice encouraged and valued feedback from patients.

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

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. In addition to this, there were specific policies in relation to female genital mutilation and radicalisation and staff had undertaken training in these subjects. The practice manager was the lead for safeguarding matters and all staff had received level two safeguarding training. The provider's clinical services manager held a level three qualification. Information about protection agencies was available in each treatment room and on reception making it easily accessible to staff. The practice manager told us of concerns about a child's dental neglect that had been reported by one of the dentists to the local safeguarding team, demonstrating that staff took safeguarding concerns seriously.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment to protect patients' airways.

We confirmed that all clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. The practice had a recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. We looked at staff recruitment information for two employees who had recently been recruited. This showed the practice had followed their procedure. Prospective employees undertook an initial telephone interview with the clinical services manager, followed by a face to face interview with the practice manager and a trial shift to ensure they were suitable for the role. The clinical services manager told us that staff were not allowed to start work until all

pre-employment checks had been undertaken. All staff had disclosure and barring checks in place to ensure they were suitable to work with vulnerable people and these were updated every three years.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. A fire risk assessment had been completed for the premises, and fire checks and alarm systems were managed by Sainsbury's staff.

The practice had a business continuity plan describing how staff would deal with events that could disrupt its normal running. Support from sister practices nearby was available.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and the practice had the required information in their radiation protection file. The dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography.

Rectangular collimators had been fitted on X-ray units to reduce patient exposure.

Risks to patients

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff.

A sharps risk assessment had been undertaken and staff followed relevant safety laws when using needles. Sharps bins were wall mounted and labelled correctly. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

The practice had a policy in place in relation to sepsis, although staff had not undertaken specific training in this and there was no information or prompts to view on display.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of

Are services safe?

their checks of these to make sure these were available, within their expiry date, and in working order. Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life.

There was a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for the materials used within the practice.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff carried out infection prevention audits every three months. The latest audit showed the practice was meeting the required standards.

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

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Records of water testing and dental unit water line management were maintained.

We noted that all areas of the practice were visibly clean, including the waiting area, corridors toilets and staff areas. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. However, we noted some lime scale build up in one sink.

The practice used an appropriate contractor to remove dental waste from the practice, which was stored securely in a locked cupboard behind the reception desk.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines. There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentists were aware of current guidance with regards to prescribing medicines and antimicrobial prescribing audits were carried out to ensure dentist were prescribing in accordance with national guidelines.

Information to deliver safe care and treatment

We looked at a sample of dental care records to confirm our findings and noted that records were written in a way that kept patients safe. Dental care records we saw were accurate, complete and legible. They were kept securely and complied with The Data Protection Act and information governance guidelines.

Lessons learned and improvements

The practice had procedures in place to investigate, respond to, and learn from significant events and complaints, and staff were aware of formal reporting procedures. There was a system in place to record unusual events and we viewed analysis data from events that had occurred between January and March 2019, which included an autoclave leak and staff sickness.

A system was in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and implement any action if required. Staff were aware of recent alerts affecting dental practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We viewed patients' comments that the practice had gathered from a range of sources. The vast majority received reflected high patient satisfaction with the quality of dental treatment, and the staff who delivered it. One patient told us, 'the orthodontic advice that was offered was personal with an emphasis on the health of my teeth, not just cosmetic'.

Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken, and the advice given to them. Our discussions with the dentists demonstrated that they were aware of, and worked to, guidelines from National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. The practice had systems to keep dental practitioners up to date with current evidence-based practice.

Staff had access to digital X-ray units and two intra oral cameras to enhance the delivery of care.

The practice offered dental implants. These were placed by the one of the dentists at the practice who had undergone appropriate post-graduate training in the provision of dental implants. 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 supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Two part-time dental hygienists were employed by the practice to focus on treating gum disease and giving advice

to patients on the prevention of decay and gum disease. There was a selection of dental products on sale to patients including interdental brushes, mouthwash, toothbrushes and floss.

Staff were involved in national oral health campaigns such as National Smile Week and Oral Cancer Awareness Month.

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. Dental records we examined demonstrated that treatment options, and their potential risks and benefits had been explained to patients. Patients confirmed clinicians listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005 and we found staff understood their responsibilities under the Act when treating adults who might 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 may give consent for themselves in certain circumstances.

Effective staffing

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with General Dental Council Standards for the Dental Team. At the time of our inspection the lead nurse recently left but a new nurse had been employed and was to start at the beginning of February. Some staff worked 12 hour shifts on occasion.

The provider had current employer's liability insurance in place.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

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

Patient referrals to external organisations were monitored to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and feedback we reviewed described staff as attentive, efficient and friendly. One patient told us, 'The receptionist was very caring and phoned me the following day to see if I was ok'. Another stated, 'one of the nurses spent 40 minutes on the phone with me the night before, going through the procedure and what I could do to calm my nerves and I hadn't even called them'.

Staff worked hard to support anxious patients. The provider worked alongside a leading charity, Anxiety UK, to raise awareness about dental phobia and support available for people suffering with dental anxiety. There was helpful information on the practice's website about some of the practical ways to deal with dental phobia.

Staff gave us specific examples of where they had gone out of their way to support patients such as giving a lift to an older patient who needed a CBCT scan.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The main reception area itself was not

particularly private, and conversations between reception staff and patients could be easily overheard by those waiting. However, the receptionist had a good understanding of the importance of patient confidentiality and spoke knowledgeably about the practical ways they maintained it.

Staff password protected patients' electronic care records and backed these up to secure storage. All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy.

Involving people 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. One patient told us, 'There was no feeling of being rushed, the dentist took her time to listen and then explained what needed to be done'.

The dentists used dental models, and intra-oral and X-ray images to help patients better understand their treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had its own website which gave patients helpful information about its services, fees and different types of treatment. The waiting room was comfortable, with a children's table, chairs and books to keep them occupied whilst they waited.

In addition to general dentistry the practice offered implants and orthodontics. The practice offered a payment plan (which patients described as good value) and nought percent finance to help them spread the cost of their treatment.

The practice had made reasonable adjustments for patients with disabilities. This included level entry access, a nearby accessible toilet, and a hearing loop and magnifying glass. Information was available about translation services and some of the staff were multi-lingual.

Timely access to services

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website. Opening hours were extensive: the practice opened six days a week, and from 8am until 8pm four days a week. It opened until 6pm on a Saturday. It also opened on all public holidays bar Christmas day. One patient

commented, 'appointments can be scheduled later in the day which fits around school and work'. Another, 'absolutely wonderful, I was in a lot of pain and they sorted me out on a Saturday afternoon at 2.45pm'.

Appointments could be made by telephone, online or in person and the practice operated an email and text appointment reminder service for patients. There were specific emergency slots each day for anyone in dental pain.

At the time of our inspection the practice was taking on new private patients.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Details of how to complain were available in the waiting area for patients but were not particularly accessible. The receptionist staff spoke knowledgeably about how they would manage patients' concerns.

The practice had received 13 complaints since 2017, all of which had been logged on an interactive tracker on the practice's computer software system. This tracker could be monitored by senior staff at the provider's headquarters.

We viewed details of recent complaints which showed they had been managed in a professional and timely way.

Are services well-led?

Our findings

Leadership capacity and capability

We found staff had the capacity, values and skills to deliver high-quality, sustainable care. The practice manager was experienced, knowledgeable and had prepared well for our inspection. She was supported by a clinical services manager who visited regularly to assist her and oversee the running of the practice. Staff also had access to other senior staff within the company, and one staff member commented, 'Head office sorts things out really quickly'.

There was an established leadership structure within the practice with clear allocation of responsibilities amongst the staff, including a lead nurse and lead patient care co-ordinator.

Culture

Staff told us they felt respected, supported and valued.

The culture of the practice encouraged openness and honesty to promote the delivery of high-quality care and to challenge poor practice. This was evident when we looked at the complaints they had received and the actions that had been taken as a result. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Governance and management

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

There were effective processes for managing risks, issues and performance. The practice had comprehensive policies, procedures and risk assessments to support the management of the service and to protect patients and staff. Staff had access to these online and the practice manager monitored that they had been read. The practice used a bespoke online governance tool to help with the running of the service.

Communication across the practice was structured around a regular meeting for all staff which they told us they found useful. The practice managers from all of the provider's sites met every six months to share best practice and ensure consistency of service across the sites. Staff used a Whats App tool to disseminate key messages quickly and effectively.

Appropriate and accurate information

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

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 practice had systems in place to involve, seek and act upon feedback from people using the service. Patients were encouraged to leave their feedback on several social media platforms including Google, Facebook and Trust pilot. Comments left by patients were monitored closely by the provider and responded to if needed. Patients were encouraged to complete forms that were available in the waiting area and were also emailed after their first appointment for feedback. At the time of our inspection the practice had scored 4.8 stars out of five based on 31 reviews. The provider as a whole had a score of 4.5 stars out of five based on 1663 patient reviews.

The practice gathered feedback from staff through meetings and informal discussions. Staff told us they felt listened by senior staff and their suggestion to streamline stock control had been implemented. There was a staff survey that could be completed anonymously.

Continuous improvement and innovation

Staff audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as medical records, X-rays, periodontal treatment and infection control. We looked at the audits and saw that the practice was performing well.

Staff told us they had access to training and this was monitored to ensure essential training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

Systems were in place to ensure staff received regular one to one supervision and annual appraisals.