

## Victoria Dental & Healthcare Limited

# Victoria Dental & Healthcare

## Inspection Report

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## Overall summary

We carried out this announced inspection on 26 October 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.

This was a joint inspection as part of an independent healthcare service. This report relates to the dental service only. A separate report has been written for the medical service provided by the clinic. You can read the medical report by selecting the 'all reports' link for Victoria Dental & Healthcare on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

Victoria Dental & Healthcare is located in Manchester city centre and provides private medical and dental treatment to adults and children, predominantly to patients with English as a second language (mainly Polish). They are known locally as Victoria Clinic.

There is lift access for people who use wheelchairs and pushchairs. Car parking spaces, including for patients with disabled badges, are available near the practice.

# Summary of findings

The dental team includes five dentists, four dental nurses (three of whom are trainees) and a dental hygienist. The clinical team is supported by a practice manager and three receptionists. The practice has three dental 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 the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Victoria Dental & Healthcare was the principal dentist.

During the inspection we spoke with two dentists, three dental nurses, the dental hygienist, two receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Tuesday 11am to 6pm

Wednesday, Friday and Sunday 11am to 10pm

Thursday 11am to 9pm

Saturday 9am to 10pm

## 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. Improvements were needed to enable staff to report significant events.
- 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 practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as Public Health England (PHE).
- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result.
- Review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the protocols and procedures for use of X-ray equipment giving due regard to guidance notes 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 practice had systems and processes to provide safe care and treatment.

A system was not in place to ensure staff understood and reported significant events.

Improvements were needed to the system to receive and act on MHRA alerts.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

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

On the day of the inspection, the practice could not provide evidence they had suitable arrangements to ensure the safety of the X-ray equipment. The registered manager took immediate action to contact the company who carried out the testing and maintenance of the equipment to obtain this evidence and this was later seen by the inspector.

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.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

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

The team had received training and demonstrated a thorough understanding of the Mental Capacity Act 2005. The policy did not refer to Gillick competence. This was discussed with the clinicians who gave assurance that they would update the policy and ensure all staff were made aware.

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

Staff treated patients respectfully, appropriately and were friendly and helpful towards patients at the reception desk and over the telephone.

We saw that 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 was efficient and met patients' needs. Patients could get an appointment quickly if in pain. The service was open seven days a week and late evenings for the convenience of patients.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children.

We saw that the clinic provided practice and treatment information in different languages to meet individual patients' needs. Staff could speak English, Polish and Russian.

The practice regularly contributed health information to local Polish publications. A clinician also engaged with a local charity to provide free dental treatment to Polish war veterans and members of the clergy.

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 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.

No action





# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice did not have policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. An accident book was available and staff had used this to record a recent sharps incident. Staff could describe the follow up actions that were taken, but these had not been recorded. This was discussed with the registered manager who gave assurance that a policy and procedure would be implemented.

The practice had a system to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). There was no evidence available that recent alerts had been received and acted upon. The inspector alerted the registered manager on the day of the inspection where recent alerts were highlighted and checked. The registered manager gave assurances that future alerts received would be 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 had received safeguarding training to the appropriate level. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy and staff told us they felt confident they could raise concerns with the registered manager or external organisations without fear of reprimand.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. A sharps risk assessment was in place and information on what to do after a sharps incident was displayed and we saw evidence that this had been followed.

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

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Several members of staff had completed additional training in immediate life support to support the new sedation service and other health care providers who visited the practice.

Emergency equipment and medicines were available. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We noted that the self-inflating oxygen mask needed replacing, a child sized self-inflating mask and portable suction device were not available. The registered manager told us they would ensure these items were ordered.

### 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 all the 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 professional indemnity cover.

### Monitoring health & safety and responding to risks

The practice's health and safety 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 we saw evidence that recommendations had been acted upon. Staff carried out and recorded regular checks of the fire alarm system and emergency evacuation drills.

Information on the Control of Substances Hazardous to Health (COSHH) was available and COSHH risk assessments had been carried out. We noted that staff decanted disinfectant into spray bottles which were labelled with the name of the product but not the appropriate information such as the required contact time or care required when using the solution. This was discussed with staff to improve.



## Are services safe?

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental hygienist 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. 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. A legionella risk assessment was in place and we saw evidence that staff carried out and recorded monthly water temperature testing and regular water quality testing.

We saw cleaning schedules for the premises. Cleaning equipment was stored appropriately and the practice was clean when we inspected.

The staff records we reviewed with the practice manager provided evidence to support the relevant staff had received inoculations and had adequate protection against

Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

### 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 and storing medicines.

The practice stored and kept records of private prescriptions and kept detailed records of prescriptions in dental care records.

### Radiography (X-rays)

On the day of the inspection, the practice could not provide evidence that they had suitable arrangements to ensure the safety of the X-ray equipment. The registered manager took immediate action to contact the company who carried out the testing and maintenance of the equipment to obtain this evidence. They met current radiation regulations. The radiation protection file and local rules needed to be brought up to date.

The practice had an OPG (Orthopantomogram) which is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth and gives a two-dimensional representation of these.

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. Staff explained that patients often used the clinic to access urgent care and chose to access complex treatment in Poland. We saw evidence that the clinicians provided and documented appropriate advice to patients to complete courses of treatment and access ongoing care in line with NICE guidance.

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

We spoke with the hygienist who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition. Patients were made aware that successful treatment hinged upon their own compliance and were provided with patient specific prevention advice regimes. Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and reinforced home care preventative advice.

One of the dentists had a particular interest in endodontics, (root canal therapy). The dentist used a specialised operating microscope to assist with carrying out root canal treatment. The microscope also had a camera attached so that photographs could be taken of the tooth being examined or treated and shown to the patient to help them better understand the diagnosis and treatment. The dentist also provided advice and guidance on endodontics to the other dentists in the practice.

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. Appropriately qualified operators, support staff and equipment were brought in to provide this service as required.

### Health promotion & prevention

The practice provided preventative care and support to patients in line with the Delivering Better Oral Health toolkit and audits had been carried out to ensure staff were following this. They displayed oral health education information throughout the practice.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children as appropriate.

The dentists told us they discussed smoking, alcohol consumption and diet with 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.

### 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 and online training.

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

### 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.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists showed us the information given to patients about treatment options and the risks and benefits of these so they could make informed decisions. The practice had developed bespoke consent forms for the different treatments available.

The practice's consent policy included information about the Mental Capacity Act 2005. The team had received



## Are services effective?

(for example, treatment is effective)

training and demonstrated a thorough understanding of their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy did not refer to Gillick competence. This was discussed with the clinicians who gave assurance that they

would update the policy and ensure all staff 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.

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

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

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

There was a variety of oral health information, magazines, a television and a play area with toys for children in the waiting room. The practice provided a cooler with drinking water.

The practice provided information in English and Polish and thank you cards were available for patients to read.

#### **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. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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 treatments.

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

The practice had an efficient appointment system to respond to patients' needs. 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 patients needed to use the lift to access the premises.

Patients were sent text message and email reminders for upcoming appointments. The staff showed us they were responsive to emails from patients and used social media to inform patients of services.

### Tackling inequity and promoting equality

The practice made reasonable adjustments for patients with disabilities. These included a lift to access the clinic and accessible toilet with hand rails and a call bell.

We saw that the clinic provided practice and treatment information in different languages to meet individual patients' needs. Staff could speak English, Polish and Russian.

The practice regularly contributed health information to local Polish publications. A clinician also engaged with a local charity to provide free dental treatment to Polish war veterans and members of the clergy.

### 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 appointments. The service was open seven days a week and late evenings for the convenience of patients. 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 registered manager was responsible for dealing with these. Staff told us they would tell the registered manager about any formal or informal comments or concerns straight away so patients received a quick response.

The registered 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 principal dentist was also the registered manager; They had overall responsibility for the management, clinical leadership and day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the dental service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. Improvements were needed to report and investigate significant events.

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

### Leadership, openness and transparency

We identified effective leadership within the practice and staff felt empowered and were confident in their roles which had a positive impact on staff, patients and the local community. The practice regularly contributed health information to local Polish publications. A clinician also engaged with a local charity to provide free dental treatment to Polish war veterans and members of the clergy.

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 registered 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 registered manager was compassionate, supportive,

approachable, and would listen to their concerns and act appropriately. The registered manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### Learning and improvement

During the inspection, staff were responsive to feedback and actions were taken quickly to address any concerns. The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits but the clinicians did not consistently document their reflections or action plans.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses 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 highly recommended training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. The practice had responded to suggestions from patients. For example, providing additional medical services.