

Mr Dimitrios Tsachakis

# Alpha Dental Care

## Inspection Report

39 Buckingham Road  
Shoreham by Sea  
West Sussex  
BN43 5UA

Tel: 01273 453594

Website: [www.alphadentalcare.co.uk](http://www.alphadentalcare.co.uk)

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## Overall summary

We carried out this announced inspection on 19 October 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information of concern.

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

Alpha Dental Care is located in Shoreham by Sea and provides NHS and private treatment to patients of all ages.

The dental team includes the principal dentist, one dental nurse and one dental therapist.

The practice is currently undergoing significant building renovations following two separate incidents; a fire and flood respectively, which both resulted in considerable damage to the practice. As a result the practice currently has one treatment room in operation and there is a

# Summary of findings

temporary patient waiting area. Once work is finished there will be two treatment rooms and a separate decontamination room. Car parking spaces are available near the practice.

The practice is owned by an individual who is the principal dentist. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection all 45 CQC comment cards sent ahead of the inspection had been filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with the principal dentist, the dental nurse and dental therapist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday from 9am to 5pm and alternate Saturdays from 10am to 1pm by arrangement. The practice operates extended hours on Wednesdays from 9am to 7pm for dental therapy.

## Our key findings were:

- The practice was clean.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice made every effort to accommodate patients with complex needs.
- 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.

We identified areas of notable practice:

- The principal dentist had thought innovatively about how best to assist patients with physical limitations which significantly impacted on their ability to brush their teeth. The principal dentist had modified patients' toothbrushes to provide a custom fit using impression material, enabling patients to brush their teeth effectively.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

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.

No action



### Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, attentive and excellent. The dentist and dental therapist 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 was committed to improving the oral health of children and organised services to enhance preventative care.

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

No action



### Are services caring?

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

We received feedback about the practice from 45 people. Patients were extremely positive about all aspects of the service the practice provided. They told us staff were welcoming, considerate and quick to respond to any concerns. They said that staff give clear information on their oral health and treatment, that their dental hygiene had improved due to advice given; and said their dentist listened to them and made them feel valued. Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist which was something patients said they looked forward to.

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

No action



# Summary of findings

## 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.

Staff considered patients' different needs and made every effort to accommodate patients with complex needs.

Reasonable adjustments had been made for patients with physical impairments but the practice was limited due to building renovations. The practice had access to interpreter services if required.

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

The practice recorded, responded to and discussed all incidents and had a risk-aware culture to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

### Reliable safety systems and processes (including safeguarding)

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

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentist used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. The principal dentist told us that there were occasions when rubber dams were not used. The reasons for lack of use were always documented.

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

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance with the exception that Midazolam was missing from the emergency medicines. We saw evidence demonstrating that this had been ordered following the inspection. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

### 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 staff recruitment records. 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. 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 dentist and dental therapist 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.

# Are services safe?

The practice carried out infection prevention and control audits twice a year.

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

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

## **Equipment and medicines**

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

The practice had suitable systems for storing the emergency medicines.

The practice stored and kept records of NHS and private prescriptions as described in current guidance.

## **Radiography (X-rays)**

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations. Following the flood some of the information required for the radiation protection file had been destroyed; for example, critical examination tests. We saw evidence that a radiation protection advisor had been appointed and had visited the practice within the last month. All necessary information was in the process of being replaced.

We saw evidence that the dentist 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

Staff told us that the practice worked tirelessly to carefully consider how best to accommodate the individual needs of patients with a focus on developing a holistic approach to planning patient care. This included all aspects of treatment and preventative care; in order to improve patient outcomes. This was demonstrated in both patient feedback and in discussions with staff members.

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

### Health promotion & prevention

The practice was providing preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist and dental therapist 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 all children to reduce the risk of tooth decay in line with the toolkit.

The practice ethos was to provide individualised preventative care with consideration for the overall well-being of patients and the impact this had on their oral health. The practice was extremely committed to oral health education for all of its patients, with a particular focus on children and their parents; the aim was to empower patients to take responsibility for their oral health and reduce the need for dental treatments.

The practice had devised an information leaflet specifically for parents in order to help them to enhance their child's oral hygiene. Increased time was given for educating patients on brushing techniques and their oral health using mirrors and an intraoral camera. Age appropriate advice was provided on diet, particularly sugar.

The dentist and dental therapist told us that where applicable they discussed smoking and alcohol consumption with patients during appointments. The practice had a selection of dental products for sale.

### 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.

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

### Working with other services

The principal dentist 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 dentist told us they 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 and the dentist and dental nurses 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 we spoke with told us that the practice ethos was to demonstrate the highest regard for patient care and the willingness to go the 'extra mile' to accommodate patients. Evidence we saw on the day in our interactions with staff and feedback we received from patients corroborated this.

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

Patients commented positively that staff were patient, caring and provided peace of mind. We saw that staff treated patients respectfully, kindly and with attentiveness.

Nervous patients said staff were compassionate and understanding; and discussed treatment plans in detail so that patients knew what to expect.

Staff were aware of the importance of privacy and confidentiality. The layout of the reception and waiting area provided limited privacy when staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. 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.

Information leaflets and magazines 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.

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

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

The dentist utilised different methods to explain treatment options to patients, for example X-ray images, models, mirrors and an intraoral camera.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. 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.

Staff told us that they currently had several patients for whom they needed to make adjustments to enable them to receive optimal treatment. These adjustments demonstrated that the practice strived to accommodate all patients irrespective of need.

The principal dentist had thought innovatively about how best to assist patients with physical limitations which significantly impacted on their ability to brush their teeth. The principal dentist had modified patients' toothbrushes to provide a custom fit using impression material; enabling patients to brush their teeth effectively.

The practice had also provided dental treatment to patients with palliative care needs at no cost to patients.

In order to help reduce health inequalities, where it was felt a risk that cost would prohibit attendance and therefore concordance with treatment, the practice had worked with patients to set up individualised payment plans.

### Promoting equality

The practice had made reasonable adjustments for patients with disabilities. However, it was limited due to the temporary nature of the current building arrangements. The principal dentist told us that in completing building renovations, the practice was working hard to review and improve access for all patients.

Staff at the practice would assist patients on the stairs where required and the practice could access interpreter services. The practice used assistive technology to facilitate communication with patients with hearing impairments.

### 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 dental pain on the same day. In the event of a dental emergency outside of normal opening hours the dentist worked on a rota basis providing emergency cover; together with a group of local dentists. The contact details of the dentist on call were available on the practice answerphone when the practice was closed. Patients confirmed they could make routine and emergency appointments easily.

### 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 principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist 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 within 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 had overall responsibility for the management and clinical leadership of the practice; and was responsible for the 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 service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

### Leadership, openness and transparency

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

Staff told us there was an open, no blame culture at the practice. They said the principal dentist 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 principal dentist was approachable, would listen to their concerns and act appropriately. It was clear that the rapport between staff allowed for a cohesive team which dealt with issues professionally.

Staff told us that communication in the practice was open. Immediate discussions were arranged to share urgent information. The principal dentist told us that staff meetings would be resumed on a regular basis to provide a forum where staff could raise any concerns and discuss clinical and non-clinical updates once building renovations had been completed and further staff had been recruited.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Both the dental nurse and therapist had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. 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 comments cards and verbal comments to obtain patients' views about the service. The practice demonstrated a commitment to learning from patients. Patients had commented on the temporary nature of the waiting area. The principal dentist demonstrated to us that everything was being done to improve the practice following two unfortunate and highly disruptive events.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

Staff were encouraged to provide feedback informally. The principal dentist welcomed feedback from staff on how the practice could make improvements to enhance patient care.