

TG Dental Care Limited

TG's Dental Suite

Inspection Report

69 High Street
Higham Ferrers
Rushden
NN10 8DD
Tel: 01933 318481
Website: www.tgsdentalsuite.com

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Overall summary

We carried out this announced inspection on 27 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 Care Quality Commission (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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

TG's Dental Suite is in Higham Ferrers, a town in the Nene Valley in East Northamptonshire. It provides NHS and private dental care and treatment for adults and children. Services provided include general dentistry, specialist orthodontics, implants and sedation.

There is level access to the practice for people who use wheelchairs and those with pushchairs. The practice has car parking for patients who are blue badge holders. Free parking is available on side streets close to the practice.

Summary of findings

The dental team includes seven dentists, nine dental nurses, one trainee dental nurse, two hygienists, one decontamination assistant, one head receptionist/treatment coordinator, a deputy manager and a practice manager.

The practice has five treatment rooms and a separate decontamination facility, all are on ground floor level.

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 at TG's Dental Suite is the principal dentist.

On the day of inspection, we collected 27 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, the head dental nurse, the decontamination assistant, the head receptionist/treatment co-ordinator, the deputy manager and the practice manager. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday and Wednesday from 8.30am to 5pm, Tuesday and Thursday from 8.30am to 6pm, Friday from 8.30am to 1pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff. We noted one area for review in relation to fixed wiring testing.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- 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.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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

- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Take action to implement any recommendations highlighted in the practice's five-year fixed wiring inspection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Are services safe?

Our findings

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

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

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The practice manager was the lead for safeguarding concerns.

We saw evidence that staff had received safeguarding training, all to the appropriate level. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider 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, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

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 dated August 2018. Records of water testing and dental unit water line management were maintained.

The practice utilised a contracted cleaner to maintain the general areas of the premises. We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. An annual hand hygiene audit was also completed by staff to check compliance with standards.

The provider had a whistleblowing policy, this included external contact information for reporting concerns. Staff we spoke with felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. We saw this documented in patients' records. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we were informed it was documented in the dental care record.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at four staff recruitment records to check compliance with legislative requirements. These showed the provider followed their recruitment procedure.

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

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. We noted one area for review however as a fixed wiring test had been undertaken in November 2015 and documentation recommended that remedial work be completed. The remedial work had not been undertaken. Staff told us that

Are services safe?

it was a previous registered manager who was responsible at that time. Following our visit, the practice manager informed us that a new inspection had been booked for 21 February 2020 and any recommendations from this would be addressed.

A fire risk assessment was carried out in line with the legal requirements. This was last reviewed in January 2019. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

The practice had a cone beam computed tomography X-ray machine. Staff had received training in the use of it and appropriate safeguards were in place for patients and staff.

The practice had a laser for use in dental surgical procedures. A Laser Protection Advisor had been appointed and local rules were available for the safe use of the equipment. Evidence of staff training was also available.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The dentists used traditional needles rather than a safer sharps system. There were safeguards available for those who handled needles. A sharps risk assessment had been completed.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus,

and that the effectiveness of the vaccination was checked. Two staff had been identified as low responders to the vaccination and we saw that risk assessments had been completed.

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff triaged appointments effectively to manage patients who presented with dental infection and where necessary referred patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Training was last completed in October 2019. Immediate Life Support training with airway management for staff providing treatment under sedation was also completed.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

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.

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

The practice occasionally used agency staff. We observed that these staff received an induction to ensure they were familiar with the practice's procedures.

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 dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

Are services safe?

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

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.

We saw staff stored NHS prescriptions as described in current guidance. We found that monitoring systems for individual prescriptions required review. This would ensure that if a prescription was taken inappropriately, this could be identified.

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

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

Where there had been safety incidents we saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

We received very positive comments from patients about treatment received. Patients described the treatment they received as 'superb', 'professional' and 'effective'.

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered conscious sedation for patients. This included patients who were very anxious about dental treatment and those who needed complex or lengthy treatment. This had been undertaken on an occasional basis to date. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The operator-sedationist was supported by a trained second individual.

The practice offered dental implants. These were placed by the principal dentist 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.

Staff had access to technology and equipment available in the practice, for example, a laser, cerec machine and a cone-beam computed tomography (CBCT) machine.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients when 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.

Records showed patients with severe gum disease were recalled at more frequent intervals.

The clinicians referred patients to the dental hygienists as part of their treatment plans to reinforce preventative advice and maintenance.

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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records.

Patients confirmed their dentist listened to them and gave them clear information about their treatment. Patient comments included that their 'questions were always answered' and that staff were 'always willing to give advice and guidance'.

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 might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under

Are services effective?

(for example, treatment is effective)

the age of 16 years of age may give consent for themselves in certain circumstances. 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 when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

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.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the principal dentist was skilled to place implants and two other dentists were also trained in

implants. The principal dentist worked with the visiting anaesthetist when sedation was undertaken. Two of the dental nurses had completed radiography training and another two were currently enrolled on the course. The trainee dental nurse received ongoing support from the team whilst undertaking their course. The practice manager had completed level four management and leadership training and had received support from the principal dentist.

Staff new to the practice including had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were 'welcoming', 'caring' and 'accommodating with appointments.'

We saw staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk.

Patients said staff were understanding. For example, one patient said that their dentist was respectful of their 'nervous disposition'.

There was a patient suggestion box, reading material, a children's table and books in the main waiting area. There was a water machine and television in the separate waiting room utilised for private patients.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy and privacy impact assessment had also been completed.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the two waiting areas provided some privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. Music was played in the waiting area to provide some background noise when staff spoke with patients at the reception desk.

The reception computer screens were not visible to patients and staff did not leave patients' 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.

We did note that windows to surgery doors were not frosted which would prevent visibility of a patient in the dental chair from those who walked by. We discussed this with the practice manager and they told us they would review this.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act.

We saw:

- Interpreter services were available for patients who did not speak or understand English. We noted that some staff spoke other languages which could also assist patients. Patients whose first language was not English had also attended with a friend or family member who translated. This may present a risk of mis-communication.
- Staff told us they communicated with patients in a way they could understand, and communication aids were available.
- An alert could be placed on a patient's record if they had any requirements.

Staff gave patients clear information to help them make informed choices about their treatment. 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 and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, verbal and pictorial information, study models and X-ray images. These were shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia and adults and children with a learning difficulty. For example, patients with autism were allocated an appointment at a quieter time and with the same clinician. Those patients who were very nervous had access to treatment under sedation.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

27 cards were completed, giving a patient response rate of 54%.

All views expressed by patients were positive. We noted that one comment card had mixed feedback however, as less positive feedback referred to reception staff being abrupt at times.

Common themes within the positive feedback included the effectiveness of treatment received, cleanliness within the practice and flexibility of appointment times. We shared this with the provider in our feedback.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were provided with an example of a patient who had a longer appointment time allocated to accommodate their needs.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a hearing loop and accessible toilet with hand rails and a call bell. Staff had carried out a disability access audit.

Staff contacted patients prior to their appointment to remind them to attend. This was based on their preference of communication.

Timely access to services

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

The practice displayed its opening hours in the premises. They had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day.

Patients 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.

The staff took part in an emergency on-call arrangement with some other local practices for their private patients. NHS patients were directed to Bupa in Wellingborough that opened daily from 8am to 8pm or NHS 111.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients confirmed they could make routine and emergency appointments easily.

Listening and learning from concerns and complaints

Staff told us the practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice's website and information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with these. 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 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 manager had 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.

Are services well-led?

Our findings

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

The practice demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and an emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions. The information and evidence presented during the inspection process was clear and well documented. They could show how they maintained high-quality sustainable services and demonstrated improvements over time.

Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service.

Leaders at all levels were visible and approachable. Staff had designated lead roles and they provided support to the practice manager. Staff told us they worked closely with leaders and inclusive leadership was prioritised.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

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

Staff discussed their training needs at regular appraisals for directly employed staff and one to one meetings. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Two accidents reported involving sharps use were followed up appropriately with the staff member after investigations were undertaken to reduce the risk of recurrence.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

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

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

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

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

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example, NHS BSA performance information, surveys and audits were used to ensure and improve performance. Performance information was combined with the views of patients.

The provider 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 used patient surveys, comment cards and encouraged verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, advice given regarding the world wide assistance scheme.

Are services well-led?

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

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, the allocation of annual leave during popular times of the year.

Continuous improvement and innovation

The provider had systems and processes for learning and continuous improvement.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements, where required.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.