

Smile Excellence Limited

# Avenue Dental Surgery

## Inspection Report

156 Avenue Road  
Torquay  
Devon  
TQ2 5LQ  
Tel: 01803 213888  
Website: [www.avenuedental.co.uk](http://www.avenuedental.co.uk)

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### Overall summary

We carried out this announced inspection on 7 February 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

##### **Background**

Avenue Dental Surgery is in Torquay and provides private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs via a side entrance. Car parking spaces are available at and near the practice.

The dental team includes five dentists, one foundation dentist (in their first year after graduating), four dental nurses, one trainee dental nurse, one dental hygienist, one dental hygiene therapist, two receptionists and a practice manager. The practice has four treatment rooms.

# Summary of findings

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 Avenue Dental Surgery was the practice manager.

On the day of inspection we collected five CQC comment cards filled in by patients and spoke with two other patients. This gave us a positive view of the practice.

During the inspection we spoke with five dentists, two dental nurses, one trainee dental nurse, one locum dental nurse, 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 to Friday 8.30am – 5pm.

## **Our key findings were:**

- The practice appeared clean and well maintained.
- The practice staff 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 and is reviewing some areas of risk management.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice was reviewing staff recruitment procedures to ensure they are robust.
- 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 was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice leadership demonstrated a culture of continuous improvement.
- Staff felt involved and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements.

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

- Consider the development of audit systems to monitor record keeping for assessment of implant procedures/ written treatment plans and antimicrobial prescribing, in conjunction with the development of a practice sepsis policy.
- Review the practice's responsibilities to consider the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010. In particular, by developing a plan of action as a result of audit.
- Review the practice's arrangements for ensuring good governance and leadership are sustained in the longer term. In particular, by considering sector specific training for the registered manager.

# 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. Improvements have been made to update the practice recruitment policy to ensure essential checks are completed in a timely way for future staff employment.

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 dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professionally delivered. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. Systems for recording information for dental implants are under review to achieve improvements.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. Improvements have been made to ensure the referral follow up system is robust.

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 seven people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind and helpful.

They said that they were given honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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. This included providing access for disabled patients and families with children. The practice had access to telephone and face to face interpreter services and had arrangements to help patients with sight or hearing loss. Improvements could be made to develop an action plan to continually improve facilities for disabled patients.

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.

There were responsibilities, roles and systems of accountability to support good governance and management. This had recently been reviewed as a result of staff feedback. Improvements could be made to support the registered manager by considering providing sector specific training for their role.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

Improvements could be made to broaden the scope of the audits at the practice to include dental implant assessment and antimicrobial prescribing.

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

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

The practice 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 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, including notification to the CQC.

There was a system to highlight vulnerable patients on records e.g. people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

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

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

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

The practice had a staff recruitment policy. We looked at two staff recruitment files. All the required information was in place. However, we noted required information had been received post-employment. We raised this with the practice manager. They took immediate action to review and update the practice policy and procedures to reflect relevant legislation to help them ensure required information is received prior to employment to ensure the suitability of staff.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

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

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information. We noted that a recommendation in a radiography report that all X-ray isolator switches be labelled was not fully actioned. We raised this with the practice manager, who told us that labels were available in the practice and would be placed in the recommended places.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits. We noted that the audits lacked detail regarding X-rays graded as unacceptable. This may limit the effectiveness of the auditing process. We raised this with the practice manager.

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

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety.

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated in February 2019.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

# Are services safe?

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

A dental nurse worked with the dentists and dental hygienists/hygiene therapists when they treated patients in line with GDC Standards for the Dental Team.

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

The practice occasionally used locum and/or agency staff. We noted that these staff received a verbal induction to ensure that they were familiar with the practice's procedures. Following the inspection, the practice manager wrote to us to inform us of a new procedure of recording the induction formally on an induction check list to ensure that the induction was comprehensive and complete.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

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

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

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

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

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

## **Information to deliver safe care and treatment**

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were kept securely and complied with General Data Protection Regulation (GDPR) protection requirements, (formerly known as the Data Protection Act). The practice had visual only CCTV in the reception area, corridors and the practice car park. Patients were made aware of CCTV through notices. CCTV images were stored in accordance with relevant legislation.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

## **Safe and appropriate use of medicines**

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

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

Improvements could be made as the practice had not yet completed an antimicrobial prescribing audit. There was no sepsis policy to compliment the antimicrobial prescribing policy. However, we spoke with dentists, who had good awareness of sepsis and current guidance regarding antimicrobial prescribing.

## **Lessons learned and improvements**

## Are services safe?

There were a range of risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks.

Incidents were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future. The practice learned and made improvements when things went wrong.

Improvements were underway to formally consider risks to patients asked to remain in the waiting room following procedures for monitoring purposes. The waiting area was

separated from the reception area by a wall, therefore reception staff were unable to observe patients. Immediately following the inspection, the practice manager wrote to us informing us a risk assessment and new procedure had been completed and discussed with the staff team.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

### **Effective needs assessment, care and treatment**

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

The practice had a new service of offering dental implants. New patients were in the process of being assessed and quoted for treatment. The implants were being placed by one of the dentists at the practice visiting on a consultation basis. They had undergone appropriate post-graduate training in this speciality. We looked at the assessments and treatment plans for the proposed treatments. We saw improvements could be made through auditing implants records, as assessments did not fully detail clinical findings or discussions with patients. Treatment plans contained little detail of treatment advantages, complications risks or information about longevity of implants. This meant patients would be unable to effectively weigh up options for informed consent. We spoke with the dentist who carried out the assessment, who told us they accepted our findings of gaps in written assessments and documentation and would address this. Immediately following the inspection, we were sent a revised implant consult letter for patients, which was a template for patients to give their informed consent. This template letter, designed to be adjusted to individual circumstances, covered in detail all the information within national guidance.

### **Helping patients to live healthier lives**

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

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 based on an assessment of the risk of tooth decay.

The dentists told us that where applicable 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.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives.

The dentists 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. We viewed a selection of patient care records for general dentistry treatments and saw these records had been completed well.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

### **Consent to care and treatment**

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists 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 did not specifically refer to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The dentists were aware of the need to consider this when treating young people under 16 years of age. However, reception staff lacked this awareness. We raised this with the practice manager, who told us the practice policy would be reviewed. Following the inspection, they wrote to us to tell us that staff training in Gillick competence and safeguarding for the whole staff team was booked for March 2019 and set as a staff meeting agenda item for discussion.



# Are services effective?

(for example, treatment is effective)

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.

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

## **Effective staffing**

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

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing 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 and how the practice addressed the training requirements of staff.

## **Co-ordinating care and treatment**

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes to identify and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

During the inspection we noted the system to monitor all referrals to make sure they were dealt with promptly was ineffective, as there were some gaps indicating that the outcome of referrals had not been checked. We raised this with the practice manager, who was in the process of developing a revised system. Following the inspection, they wrote to us with the completed revised system, that easily identified any urgent referrals. They told us they would review all referrals on a weekly basis.

# Are services caring?

## Our findings

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

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

Information folders, patient survey results and thank you cards were available for patients to read.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided 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 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.

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

Staff helped patients be involved in decisions about their care and were aware of the

Accessible Information Standards and the requirements under the Equality Act:

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff that might be able to support them.
- Staff told us printed information was available in larger fonts on request.

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 leaflets provided patients with information about the range of treatments available at the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

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

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

The practice had made reasonable adjustments for patients with disabilities. This included step free access via a side entrance and a hearing loop. The building was not fully accessible as the toilet did not meet accessibility criteria. However, this limitation was signposted on the practice website.

A comprehensive Disability Access audit had been completed. However, improvements could be made as an action plan had not been formulated in order to continually improve access for patients. We raised this with the practice manager, who told us they would work to develop an action plan.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind and made arrangements to allow the patient additional time to settle in at the practice and during their appointment.

Staff told us that they telephoned some older patients the day before their appointment to make sure they could get to the practice.

### 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, and included it in their practice information leaflet and on their website.

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.

They took part in an emergency on-call arrangement with some other local practices.

The practice 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.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with these. They told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these, where necessary. 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

### **Leadership capacity and capability**

Staff in lead roles were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

### **Culture**

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

The practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Near misses and learning opportunities from a range of clinical and non-clinical areas were captured and shared with the staff team. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

### **Governance and management**

There were responsibilities, roles and systems of accountability to support good governance and management. This had recently been reviewed as a result of staff feedback. Some staff told us having a number of lead staff in the practice was confusing and we found some examples of a lack of overall oversight on some governance systems. Improvements could be made to support the registered manager by considering providing sector specific training for their role.

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

### **Appropriate and accurate information**

The practice acted on appropriate and accurate information.

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

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

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

The practice involved patients and staff to support high-quality sustainable services.

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients/staff the practice had acted on. For example, in reviewing lead roles and staff communication systems in the practice.

### **Continuous improvement and innovation**

There were systems and processes for learning and continuous improvement.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had records of the results of these audits and the resulting action plans although we noted that improvements were underway to improve the effectiveness of the radiography audit. Improvements could be made to broaden the scope of the audits at the practice to include dental implant assessment/written treatment plans and antimicrobial prescribing.

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

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.