

Alliance Dental Care Limited

Park View Dental Care

Inspection report

107 Norton Way South
Letchworth Garden City
SG6 1NY
Tel: 01462684040

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Overall summary

We carried out this announced inspection on 22 June 2021 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 asked the following three questions:

- Is it safe?
- Is it effective?
- 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 well-led?

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

Summary of findings

Background

Park View Dental Care is based in Letchworth Garden City and provides NHS and private dental care and treatment for adults and children. The practice is one of 16, owned by Alliance Dental Care Limited.

There is ramp access to the premises for people who use wheelchairs and those with pushchairs. Car parking spaces, including parking for people with disabilities, are available near the practice.

The dental team includes six dentists, seven dental nurses, a dental hygienist and a practice manager. The practice has six treatment rooms.

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 Park View Dental Care no longer works there and we are awaiting an application to register a new manager.

The practice is open on Mondays from 9 am to 7.30pm; and on Tuesdays to Fridays from 9am to 5 pm.

During the inspection we spoke with one of the owners, the regional manager, one dentist, one hygienist, two dental nurses, and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider's recruitment procedures were thorough and ensured only suitable staff were employed.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- 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.

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

- Review the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Take action to ensure all clinicians are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.
- Review the practice's written water management scheme and legionella risk assessment and ensure these are undertaken by an experienced and competent person.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	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 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 and had undertaken level 3 training for this role, and other staff had received appropriate safeguarding training. Information about reporting procedures and contact details of local protection agencies was on display in the staff area, making it easily accessible. The regional manager told us the practice was about to introduce a system whereby patients could use a discreet codeword to indicate to staff if they felt unsafe or threatened.

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.

All staff had Disclosure and Barring Service (DBS) checks in place to ensure they were suitable to work with children and vulnerable adults. The practice had a whistleblowing policy and staff told us they felt able and confident that they could raise concerns if needed.

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. Additional measures had been implemented to the patient journey to reduce the spread of Covid-19. Powerful air extractor fans had been installed in each treatment room to greatly increase the number of air changes per hour.

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

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. However, this risk assessment was limited in scope and had not been undertaken by a competent person as recommended in national guidance. The practice's water system schematic was not comprehensive enough to identify potential problems in water circulation. Staff were undertaking weekly temperature checks of the water, although we noted on several occasions the hot water was just under the recommended minimum temperature.

We saw effective cleaning schedules to ensure the practice was kept clean. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately and waste bins were secured externally in a locked facility.

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

The provider had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. We reviewed recruitment records for two staff which showed the provider followed their recruitment

Are services safe?

procedure. All prospective dental nurses underwent a telephone, and then face to face interview. This was followed by a tooth charting and dental instrument recognition exercise to assess their suitability for the role. They were then invited for a trial day at the practice so they could experience what was involved in the role. All staff received a full induction to their role, evidence of which we viewed.

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 and gas appliances.

Records showed that fire detection and firefighting equipment was regularly tested, and staff completed fire evacuation drills every month. There were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Monthly checks were undertaken of fire escape routes, emergency lighting and equipment.

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 practice manager carried out radiography audits every six months following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography. Rectangular collimation had been fitted to X-ray units to reduce patient exposure.

Risks to patients

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff. Additional assessments had been completed for risks associated with the Covid-19 pandemic, and for a pregnant member of staff.

Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus. However, staff did not use the safest types of needle as recommended in national guidance. A risk assessment had been completed for this. Sharps bins were sited safely and labelled correctly, in all but one treatment room we viewed.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Minutes of a staff meeting we viewed showed that the management of a recent patient faint had been discussed in full. Emergency equipment and medicines were available as described in recognised guidance, although we noted that needles were not easily available and when found, were out of date. We also noted that although dispersible aspirin was available, it was not in the recommended dosage. The provider had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

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. Archived patient records were stored securely in the practice's attic.

Safe and appropriate use of medicines

Are services safe?

We saw staff stored and kept records of NHS prescriptions as described in current guidance and had a system in place to identify any lost or stolen prescriptions.

The dentists were aware of current guidance with regards to prescribing medicines and regular audits were carried out by the practice manager to monitor that the dentists were prescribing antibiotics in line with NICE guidance.

There were patient group directions in place for the hygienist who administered local anaesthetics to patients.

Track record on safety, and lessons learned and improvements

The practice had an incident reporting policy in place and staff completed specific reports of any unusual incidents that occurred. We viewed records in relation to two incidents and saw they had been recorded and fully investigated to prevent their recurrence. It was clear staff learnt from these.

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were received by the regional manager who acted on them if needed.

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 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. Dental clinicians were members of nationally recognised dental organisations to help keep them up to date with the latest guidance and protocols. The practice's hygienist was in the process of preparing a webinar for the dentist to educate them about the new periodontal classification to ensure they were up to date with the latest guidance.

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

The practice offered dental implants. These were placed by a visiting clinician who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. Fluoride applications and fissure sealants were available to children to prevent tooth decay.

Dental care records we reviewed demonstrated dentists had given oral health advice to patients.

The practice manager told us they had recently supplied toothpaste samples to a local primary school to help in some oral health sessions being provided to pupils there.

Consent to care and treatment

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 were looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions.

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.

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

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

Are services effective?

(for example, treatment is effective)

The dentists were supported by appropriate numbers of dental nurses and administrative staff and staff told us there were plenty of them for the smooth running of the practice. Staff were available from other practices if needed, and both the practice and regional manager were dental nurses who could assist if needed.

We were told the dental hygienist normally worked without chairside support, but support was available when requested.

Co-ordinating care and treatment

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

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

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice manager took responsibility for the day to day running and leadership of the practice. We received positive feedback from staff about the practice manager: they described her as supportive and that she 'connected well' with them. The practice manager was supported by the provider's regional manager who visited regularly to assist in the running of the practice. One of the dental nurses also undertook some management tasks. Staff told us that the owners of the company also visited regularly to support them.

There was capacity for the practice to increase the number of treatment rooms it could have and extend its range of services. However, one of the owners spoke realistically to us about the importance of getting the right procedures and protocols embedded first and not expanding too rapidly, to the possible detriment of patient care.

Culture

Staff told us they felt respected and valued, and clearly enjoyed their job. They cited teamwork, and good communication as the reason for this. One staff member told us they had felt very well supported by managers when they had to self-isolate as a result of a family member with Covid-19.

The practice had a duty of candour policy in place, and staff were aware of its requirements for openness and honesty with patients if things went wrong. The practice manager told us it was about 'holding your hand up' and admitting when something went wrong.

Governance and management

There were effective processes for managing risks, issues and performance. The practice had comprehensive policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. The practice also used an on-line governance tool to help in its management and running.

Communication systems were good with regular practice meetings and using social media private chat groups that were used to share key information effectively. Minutes of meetings we reviewed were detailed and showed that staff were kept up to date with latest guidance.

The practice had a policy which detailed its complaints procedure, and details of how to complain were available in the waiting area. We found the practice manager had a positive attitude to patient complaints and viewed them as a way to improve the service. We viewed recent complaints received and noted they had been investigated and responded to in a timely and professional way. All complaints were recorded as incidents and discussed at staff meetings, evidence of which we viewed. For example, following a recent complaint, the practice had reviewed the use of its toilet for patients. Each year the regional manager undertook an audit of all the complaints received.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, such as NHS Business Services Authority (NHS BSA) performance information, surveys and audits were used to ensure and improve performance. Performance information was combined with the views of patients to improve the service.

Engagement with patients, the public, staff and external partners

Are services well-led?

The practice had its own survey and patients were asked for feedback in relation to the quality of information available, ease of access, value for money and treatment explanations. Results were analysed and used to identify areas of improvement. Use of the Friends and Family test had been suspended due to Covid-19 restrictions but was to be introduced again in July 2021. Staff actively monitored feedback left by patients on Google reviews and NHS Choices. At the time of our inspection the practice had scored 4.6 of five stars based on 30 Google reviews.

We saw examples of suggestions from patients the practice had acted on such as their requests for external lighting, increased hand sanitiser and a bigger seating area in the waiting room.

The provider gathered feedback from staff through meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service which were acted on. For example, at the time of our inspection parts of the practice were being refurbished to allow for a bigger staff area and stock room which had been suggested by staff.

Continuous improvement and innovation

Staff discussed their training needs, general well-being and aims for the future at an annual appraisal, evidence of which we viewed. Staff completed 'highly recommended' training as per General Dental Council professional standards. Staff also had personal development plans in place and told us they were encouraged to undertake relevant training. Some of the clinicians had undertaken courses in implants, composites, orthodontic aligners and dental occlusions.

The practice was a member of a national good practice certification scheme, and one of the owners was a member of local dental committee.

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, and hand hygiene. Staff kept records of the results of these audits and the resulting action plans and improvements.