

T L C Dental Limited

TLC Dental Limited

Inspection Report

11 Chester Road
Poynton
Stockport
SK12 1EU
Tel: 01625 878505
Website: www.tlcdentaltd.co.uk

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Overall summary

We carried out this announced inspection on 17 October 2018 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 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

TLC Dental Limited is near the centre of Poynton and provides private dental care and treatment for adults and children.

The practice is accessed by a flight of stairs. Car parking is available at the practice.

The dental team includes the principal dentist, three dental nurses, two of whom also carry out reception duties, and a receptionist. The practice has one treatment room.

The practice is owned by a company and as a condition of registration must have a person registered with the

Summary of findings

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 TLC Dental Limited was the principal dentist.

We received feedback from nine people during the inspection about the services provided. The feedback provided was positive.

During the inspection we spoke to the dentist and two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday, Wednesday, and Friday 9.00am to 5.00pm

Thursday 8.30am to 5.00pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and equipment were available, with the exception of one medical emergency medicine which was not the recommended medicine.
- The provider had systems in place to manage risk.
- The provider had safeguarding procedures in place and staff knew their responsibilities for safeguarding adults and children.
- The provider had staff recruitment procedures in place.

- Staff provided patients' care and treatment in line with current guidelines. The provider did not fully adhere to the guidelines on domiciliary care when providing dental care for people in care homes and their own homes.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The dental team provided preventive care and supported patients to achieve better oral health.
- The appointment system took account of patients' needs.
- The provider had a procedure in place for dealing with complaints. The practice dealt with complaints positively and efficiently.
- The practice had a leadership and management structure and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.
- The provider had information governance arrangements in place.

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

- Review the availability of medicines, specifically buccal midazolam, in the practice to manage medical emergencies taking into account the guidelines issued by the British National Formulary and the General Dental Council.
- Review the practice's protocols for domiciliary visits taking into account the 2009 guidelines published by British Society for Disability and Oral Health in the document "Guidelines for the Delivery of a Domiciliary Oral Healthcare Service".

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 provider had systems and processes in place to provide safe care and treatment.

Staff received training in safeguarding and knew how to report concerns.

Staff were qualified for their roles, where relevant.

The provider completed essential recruitment checks before employing staff.

The 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. One of the medical emergency medicines was not the recommended one. The provider assured us this would be addressed.

The practice had systems in place for the safe use of X-rays.

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 thorough and first class. The dentist discussed treatment with patients so they could give informed consent and recorded this in their records.

The dentist did not adhere fully to recognised guidance when providing dental care in the patient's home or for people in care homes. The provider assured us this would be reviewed.

The practice had clear arrangements for referring patients to other dental or health care professionals.

The provider supported staff to complete training relevant to their roles and had systems to monitor this.

The provider had systems in place in relation to the safe provision of sedation and followed recognised guidance.

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 nine people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional, friendly and efficient and said their dentist listened to them.

No action



Summary of findings

Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

Staff protected patients' privacy and were aware of the importance of confidentiality.

Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could book an appointment quickly if in pain.

Staff considered patients' differing needs and put measures in place to help all patients receive care and treatment. This included providing facilities for patients with disabilities and families with children. The practice had access to interpreter services and had arrangements to assist patients who had sight or hearing loss.

The practice offered dental care to patients in their own homes and to people in care homes. A limited range of treatment was available.

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 provider had arrangements in place to ensure the smooth running of the service and to sustain this in the longer term. These included systems for the practice team to monitor the quality and safety of the care and treatment provided.

The practice leader was approachable and staff felt supported and appreciated.

The practice team kept accurate, complete patient dental care records which were stored securely.

Staff monitored clinical and non-clinical areas of their work to help them improve and learn. This included auditing their procedures and asking for and listening to the views of patients and staff.

The provider had procedures in place to manage and reduce risks.

No action



Are services safe?

Our findings

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

The provider had systems to keep patients safe.

The practice had safeguarding policies and procedures in place to provide staff with information about identifying and reporting suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who were at risk due to their circumstances. Staff received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a whistleblowing policy in place to guide staff should they wish to raise concerns. Staff told us they felt confident to raise concerns.

We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance.

The provider had staff recruitment procedures in place to help them employ suitable staff. These reflected the relevant legislation. We looked at three staff recruitment records. We saw that recruitment checks were carried out and the required documentation was available, with the exception of photographic identification and an employment history for one member of staff. The provider informed us after the inspection that photographic identification had been requested but we were not provided with evidence of the identification. Pre-employment checks were also carried out for agency, locum and visiting staff.

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

The provider had arrangements in place to ensure X-ray procedures were carried out safely and had the required radiation protection information available.

We saw that the dentist justified, graded and reported on the X-rays they took. The dentist carried out radiography audits regularly following current guidance and legislation.

Where appropriate, clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace risks, for example, fire and control of hazardous substances, and specific dental practice risks. Staff reviewed risk assessments regularly. We saw that the practice had put in place measures to reduce the risks identified in the assessments.

The provider had current employer's liability insurance.

Staff followed relevant safety regulations when using needles and other sharp dental items. A sharps risk assessment had been undertaken and this was reviewed regularly. Staff confirmed that only the dentist was permitted to dismantle and dispose of needles and other sharp items in order to minimise the risk of injuries to staff. Staff were aware of the importance of reporting injuries. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury.

The provider explained a fire risk assessment had been carried out for the whole premises. We were shown a fire safety audit which the provider had undertaken. The provider reviewed this annually. A number of recommendations had been made in the risk assessment which referred to the provider's part of the premises, including a recommendation that a fire exit sign and fire evacuation plan should be displayed. The provider assured us this would be addressed. Records showed that fire detection equipment, such as smoke detectors, was regularly tested, and fire-fighting equipment, such as fire extinguishers, was regularly serviced.

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. Arrangements were in place to check the effectiveness of the vaccination. We saw that the provider did not have records of the result of the vaccination for two clinical staff. The provider carried out a risk assessment in relation to this and forwarded this to us after the inspection.

Staff knew how to respond to medical emergencies and completed training in medical emergencies and life support every year. Immediate life support training for staff

Are services safe?

involved in the provision of sedation was also completed. The practice had medical emergency equipment and medicines available as recommended in recognised guidance, with the exception of one medical emergency medicine, midazolam. The provider had a similar medicine but it was not the one recommended. The provider assured us this would be addressed. Staff carried out, and kept records of, checks to make sure the medicines and equipment were available, within their expiry dates and in working order.

A dental nurse worked with the dentist when they treated patients.

The practice occasionally recruited locum staff. The provider assured us these staff received an induction to ensure that they were familiar with the practice's procedures. We observed this was not documented.

The provider had an infection prevention and control policy and associated procedures in place to guide staff. These followed The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), guidance published by the Department of Health. Staff completed infection prevention and control training regularly.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in accordance with the manufacturers' guidance.

We saw that a Legionella risk assessment had been carried out at the practice in accordance with current guidance. We saw evidence of measures put in place by the provider to reduce risk from Legionella, for example, water temperature testing and the management of dental unit water lines.

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

Staff ensured clinical waste was segregated and stored securely in accordance with guidance.

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

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 several dental care records to confirm what was discussed and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, legible and were kept securely.

We saw the provider had arrangements to ensure staff asked patients if their personal information, such as phone numbers, was still valid.

Medical histories were updated at every patient attendance.

We saw that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

Safe and appropriate use of medicines

The provider had systems for the appropriate and safe handling of medicines.

The dentist was aware of current guidance with regards to prescribing medicines.

The provider had a stock control system for medicines stored at the practice. This ensured that medicines did not exceed their expiry dates and enough medicines were available when required.

Track record on safety

We saw that the provider monitored and reviewed incidents to minimise recurrence and improve systems.

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. Staff knew about these and understood their role in the process. No significant events had occurred at the practice.

The provider received and acted on safety alerts. Staff learned from external safety events. The practice did not receive received national medicines and equipment safety alerts from the Medicines and Healthcare products Regulatory Agency, (MHRA) but we found that staff were

Information to deliver safe care and treatment

Are services safe?

aware of recent ones and had acted on them. The provider assured us they would subscribe to receive MHRA alerts also, and sent evidence to us the day after the inspection to confirm this had been done.

Staff confirmed that learning from incidents, events and complaints was shared with them to help improve systems at the practice, to promote good teamwork and to prevent recurrences.

Lessons learned and improvements

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dentist assessed and delivered patients' care and treatment needs in line with recognised guidance and standards.

We saw evidence of regular peer review and participation in local NHS England training events and professional meetings.

The provider had procedures in place to follow when providing dental care in domiciliary settings such as care homes or in patients' homes. We observed these did not fully adhere to the guidelines issued by the British Society for Disability and Oral Health, for example, a risk assessment had not been carried out by the provider. The provider assured us they would review their procedures.

Helping patients to live healthier lives

Staff supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentist told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The dentist discussed smoking, alcohol consumption and provided dietary advice to 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.

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 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, by which a child under the age of 16 years of age can consent for themselves in certain circumstances. The 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 where appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The dentist kept detailed dental care records containing information about patients' current dental needs, past treatment and medical histories.

The practice offered conscious sedation for patients who were very nervous of dental treatment or who required complex or lengthy dental treatment. The provider had systems in place 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 of the patient during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients considering sedation had important checks carried out first. These included medical history checks, blood pressure checks and an assessment of health in accordance with current guidelines.

The records showed that staff carried out and recorded important checks at regular intervals during the sedation procedure. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood. We observed that calibration of the blood pressure monitoring equipment was not carried out and the oxygen saturation measuring equipment was not of the recommended type. The provider assured us this would be addressed and sent us evidence after the inspection to confirm these had been acted on appropriately.

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

Are services effective?

(for example, treatment is effective)

Effective staffing

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

Staff new to the practice completed a period of induction based on a structured induction programme.

Staff told us the practice provided support, training opportunities and encouragement to assist them in meeting the requirements of their registration, and with their professional development. The practice monitored training to ensure essential training was completed.

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

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

The dentist confirmed they referred patients to specialists in primary and secondary care where necessary or where a patient chose treatment options the practice did not provide. This included referring patients with suspected oral cancer under current guidelines to help make sure patients were seen quickly by a specialist.

The practice had systems and processes to identify, manage, follow up, and, where required, refer patients for specialist care where they presented with dental infections.

The practice tracked the progress of all referrals to ensure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

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

Patients commented positively that staff were caring, gentle and supportive. We saw that staff treated patients respectfully, appropriately and kindly, and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The provider aimed to provide a comfortable, relaxing environment.

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 the reception and waiting areas provided limited privacy when reception staff were dealing with patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients. Staff told us that if a patient

requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people 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 to be involved in decisions about their care and were aware of the requirements of the Equality Act, for example,

- Interpreter services were available for patients whose first language was not English. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

The practice provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them and did not rush them. The dentist described to us the conversations they had with patients to help them understand their treatment options.

The practice's website 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 take account of patients' needs and preferences.

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

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

A disability access audit had been completed and an action plan formulated in order to continually review and improve access for patients.

The practice had considered the needs of different groups of people, for example, people with disabilities, and put in place reasonable adjustments, for example, handrails to assist with mobility.

The practice was not accessible to wheelchair users. Staff provided assistance where possible, or information on nearby practices which were accessible.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had hearing impairment, for example, appointments could be arranged by email.

Larger print forms were available on request, for example, patient medical history forms.

The practice offered dental care to patients in their own homes and to people in care homes. A limited range of treatment was available but the provider arranged for other treatment to be carried out at a suitable facility should the need arise.

Timely access to services

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

The practice displayed its opening hours on the premises, and included this information on their website.

The practice's appointment system took account of patients' needs. We saw that the dentist tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. Staff made every effort to keep waiting times and cancellations to a minimum. Patients told us they had enough time during their appointment and did not feel rushed.

The provider had emergency on-call availability. The practice had appointments available for dental emergencies and staff made every effort to see patients experiencing pain or dental emergencies on the same day.

The practice's website and answerphone provided telephone numbers for patients who needed emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily.

Listening and learning from concerns and complaints

The provider 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. Information on how to make a complaint was clearly displayed for patients.

The provider was responsible for dealing with complaints. Staff told us they would tell the provider about any formal or informal comments or concerns straight away so patients received a quick response. The provider told us they aimed to settle complaints in-house. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the previous 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

The practice leader had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

The practice had a business continuity plan describing how the practice would manage events which could disrupt the normal running of the practice.

Vision and strategy

The practice had a clear vision and set of values.

The provider had a realistic strategy to deliver high-quality patient centred care, and supporting business plans to achieve priorities. The practice planned its services to meet the needs of the practice population.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

The provider had carried out forward planning to ensure good governance and leadership were sustained in the long term.

We saw that the provider had invested in the practice, for example, treatment facilities had been refurbished and computerised systems had been installed.

Culture

The practice had a culture of learning and improvement.

Staff said they were respected, supported and valued.

The provider and staff demonstrated openness, honesty and transparency when responding to incidents and complaints. Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they were confident to do this. They told us the provider was approachable, would listen to their concerns and act appropriately.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

Governance and management

The practice had systems in place to support the management and delivery of the service. Systems included policies, procedures and risk assessments to support good governance and to guide staff. We saw that these were regularly reviewed to ensure they were up to date with regulations and guidance, that were accessible to all members of staff. Most of the staff had worked at the practice for a number of years and were familiar with the systems in operation at the practice.

We saw the provider had effective governance processes, for example, in relation to adequate staffing, patient consent and safeguarding.

We saw the provider had systems in place to monitor the quality of the service and make improvements where required.

The provider had systems in place to ensure risks were identified and managed.

The principal dentist had overall responsibility for the management and clinical leadership of the practice, and for the day to day running of the service. Staff had additional roles and responsibilities, for example, a lead role for infection control. We saw staff had access to suitable supervision and support for their roles and responsibilities.

Appropriate and accurate information

The practice acted appropriately on 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, the public, staff and external partners to support high-quality sustainable services.

Are services well-led?

The practice used patient surveys to obtain the views of patients about the service. We saw examples of suggestions from patients the practice had acted on. For example, patients had requested earlier opening times and the provider had made these available in response.

The practice gathered feedback from staff through meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had systems and processes in place to encourage learning, continuous improvement and innovation.

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed audits of fire safety, X-rays and infection prevention and control. Staff kept records of the results of these and produced action plans where necessary. We saw auditing processes were working well and resulted in improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by all staff. We saw evidence of learning from complaints, audits and feedback.

Staff had annual appraisals, which helped identify individual learning needs. Staff told us the practice provided support and training opportunities for their on-going learning.