

## Prestige Dental Care Partnership

# Prestige Dental Care

### Inspection report

19-21  
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## Overall summary

We carried out this announced inspection on 8 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.

As part of this inspection we asked:

- 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

Prestige Dental Care is in Bedworth, Warwickshire and provides NHS and private dental care and treatment for adults and children. This provider has two locations registered under the same name which are located less than a five-minute walk from one another. Governance arrangements and staffing are the same between both locations. This report only relates to the provision of general dental care provided by Prestige Dental Care, Congreve Walk. An additional report is available in respect of the general dental care services which are registered under Prestige Dental Care, Church Way.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available free of charge across the road from the practice or in local pay and display car parks. The practice is situated close to the town centre and can be accessed by bus or train.

The dental team includes 12 dentists, eight dental nurses (six of whom are trainees), one receptionist, one practice manager (who is a qualified dental nurse) and two area managers (both of whom are qualified dental nurses). All staff work across both Prestige Dental Care locations in Church Way and Congreve Walk. The practice has three treatment rooms.

The practice is owned by a partnership 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 Prestige Dental Care is the principal dentist.

During the inspection we spoke with three dentists, three dental nurses (two of whom are trainees), the practice manager and two area managers. 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 from 8.30am to 6pm.

Thursday from 8.30am to 8pm.

Saturday from 8.30am to 4pm.

## Our key findings were:

- 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.
- 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.

# Summary of findings

- 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.
- Staff told us they felt involved and supported. At the time of our visit we found only one of five staff members had been appraised since 2019.
- The provider had information governance arrangements.
- We identified several minor shortfalls during our inspection. However, the provider responded swiftly to these and following our inspection we were sent evidence to demonstrate that many of them had been addressed. This assured us that the provider took our concerns seriously.

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

- Develop systems to ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Implement an effective system for identifying, disposing and replenishing of out-of-date stock.

# Summary of findings

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

We asked the following question(s).

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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. We saw evidence that staff had received safeguarding training. 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. The policy and procedures 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. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw cleaning schedules to ensure the practice was kept 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.

The provider had a Speak-Up policy which contained internal and external contact details. Staff told us they felt confident that they could raise concerns without any fear of reprimand.

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 and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records. 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.

# Are services safe?

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

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and smoke detectors 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 were told that the dentists working at the practice used rectangular collimators as recommended by the Faculty of General Dental Practitioners (FGDP) to reduce the dose and scatter of radiation. However, several treatment rooms did not have rectangular collimators. We were told that they mitigated the risk by using rectangular collimators from the other treatment rooms as additional collimators purchased in May 2020 were on backorder from their supplier. Evidence of this was shown on the day of the inspection.

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.

## **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 the clinicians who handled needles. A sharps risk assessment had been undertaken and was updated annually.

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.

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

Emergency equipment and medicines were available as described in recognised guidance. We were told that the defibrillator was shared between both Prestige Dental Care practices. A risk assessment detailed the defibrillator could be moved from one practice to the other and ready to use in less than three minutes. We found one medicine used to treat severe hypoglycaemia was out of date and stored alongside the replacement medicine in the kit. The out of date medicine was removed during the inspection. 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 when they treated patients in line with General Dental Council Standards for the Dental Team. The practice was part of a group of ten local practices and staff were moved between the practices to provide chairside and reception support as required. The closest practice Prestige Dental Care Church Way was less than a two-minute walk across an adjoining rear car park. Staff and governance were shared between these two practices.

The provider had risk assessments to minimise the risk that can 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.

# Are services safe?

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.

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 which required review. There was a stock control system of medicines which were held on site. We found these logs did not capture medicines going out of date.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

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

Antimicrobial prescribing audits had not been completed. We were advised that these would be completed once an appropriate audit tool had been sourced.

## **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.

In the previous 12 months there had been two 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**

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 had recently started to offer dental implants. At the time of our inspection implant consultations had taken place but no treatments had been started. Implants would be placed by one of the dentists at the practice who had undergone appropriate post-graduate training in the provision of dental implants. We saw the systems for the provision of dental implants were in accordance with national guidance.

### **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 dentists 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.

The dentists 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 for review and to reinforce home care preventative advice.

### **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.

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 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**



# Are services effective?

(for example, treatment is effective)

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. There were eight dental nurses working between two practices. Of these one was qualified, three were trainee dental nurses due to qualify in July / August 2021 and four were new trainee dental nurses. The two area managers and the practice manager all held dental nurse qualifications. One of the area managers also held a training assessor qualification to further support the trainee nurses. The practice manager advised that they were in the process of recruiting additional reception staff and qualified dental nurses with interviews being held the day after our inspection.

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. Trainee dental nurses were enrolled on courses for dental nursing and were supported by the qualified dental nurses, the practice manager and the dentists.

## **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 well-led?

## Our findings

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

### **Leadership capacity and capability**

We found leaders had the values and skills to deliver high-quality, sustainable care. The practice manager was supported by the area managers who visited the practice at least once a week. At the time of our inspection we found that the practice manager regularly covered reception duties and did not have protected time for management tasks and staff oversight. The practice manager and senior management team had discussed this, and recruitment was in hand to allow protected management time.

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Staff told us leaders at all levels were visible and approachable.

We saw the provider had 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 enjoyed working in the practice.

We found there were not always effective processes for managing performance. For example, only one staff member had received an appraisal where they could discuss their learning needs, general wellbeing and aims for future professional development. We were informed that appraisals would be implemented for all employed staff and dentists following our inspection. The area manager sent us a copy of their appraisal schedule on the day of the inspection.

The staff focused on the needs of patients. For example, due to the layout of the original practice at Church Way which could not facilitate wheelchair access the provider expanded their services less than a year later by opening this practice in the same building block which was renovated to ensure it was fully accessible.

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. 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 told us 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 registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager supported by the two area managers, was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

# Are services well-led?

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 business services authority 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**

Prior to the pandemic the provider used patient surveys and comment cards to obtain patients' views about the service. Due to minimising cross infection control risks all paper surveys and NHS Friends and Family Test cards had been removed. The practice was currently gathering patient feedback through online reviews which they were advertising on feedback cards. In addition to this the practice also encouraged verbal comments when patients attended appointments.

We were informed that the NHS Friends and Family Test surveys were due to recommence from July 2021. This is a national programme to allow patients to provide feedback on NHS services they have used.

Practice meetings had been paused due to social distancing requirements and space available. Information and updates were currently being shared a closed social media group, emails 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 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.

The area managers 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.