Oasis Dental Care (Central) Limited

Holt Dental Care

Inspection Report

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Holt Dental Care
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Overall summary

We carried out this announced inspection on 20 June 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 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

Holt Dental Care is a well-established dental practice which provides private treatment to adults and children. The dental team includes three dentists, one periodontist, eight dental nurses, three dental hygienists and five receptionists. The practice has six treatment rooms.

There is stairlift access for people who use wheelchairs. The practice does not have its own parking facilities, but there is on street parking nearby.

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 the practice was the practice manager.

On the day of inspection we collected 10 CQC comment cards filled in by patients and spoke with one other patient.

During the inspection we spoke with two dentists, three dental nurses, one dental hygienist, one receptionist and the practice manager. One of the provider's area compliance leads was also on site. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: from 8 am to 5pm each day

Our key findings were:

- Information from completed Care Quality Commission comment cards gave us a positive picture of a caring, professional and high-quality service.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice provided preventive care and supported patients to ensure better oral health.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The treatment rooms and decontamination suite were well organised and equipped.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted upon.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services. We asked the following question(s).

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.

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 effective and pain free. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

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.

Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received, and of the staff who delivered it. Patients said staff treated them with dignity and respect.

Staff gave us specific examples of where they had gone out of their way to support patients.

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

No action ✓

Are services responsive to people's needs?

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

No action ✓

Summary of findings

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 facilities for older patients and those with disabilities.

The practice took patients' views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

No action

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

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

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.

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 noted information about reporting procedures in every treatment room and at reception, making it easily available to both staff and patients.

We saw evidence that staff received appropriate safeguarding training for their role. The practice manager was the lead for safeguarding and gave us examples where staff had taken appropriate action to safeguard vulnerable patients. Safeguarding issues were a standing agenda item at the practice's regular meetings to ensure all staff were kept up to date with any patient concerns.

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 it would deal with events that could disrupt its normal running. It could be accessed remotely on line.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at two staff recruitment records. These showed the practice followed their recruitment procedure. We noted for one member of staff a DBS check was obtained only after they had worked at the practice for some months, and not at the point of employment as stated in the practice's policy.

We noted that clinical staff were qualified, 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 emergency lighting, fire detection and firefighting equipment such as fire extinguishers were regularly tested. A fire risk assessment had been completed and we noted its recommendations to clear the loft area, rehearse fire evacuations and test emergency lighting had been implemented. Three staff had received fire marshal training.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and all required information was in their radiation protection file.

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

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. Staff mostly followed relevant safety regulation when using needles and other sharp dental items, although clinicians did not use the safest types of sharps as recommended. A sharps risk assessment had been undertaken and was updated annually.

Staff were aware of forthcoming regulations in relation to dental amalgam and appropriate separators had been installed.

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.

Are services safe?

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. They also undertook regular emergency medical simulations to keep their knowledge and skills up to date. For example, in May 2018 one of the nurses 'collapsed' in the waiting room to assess how colleagues responded.

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. We noted eye wash stations throughout the practice.

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

The provider had suitable risk assessments to minimise potential risks from substances that were hazardous to health. The practice employed an external cleaner and we noted they had appropriate risk assessment and COSHH sheets in place for products they used.

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 was validated, maintained and used in line with the manufacturers' guidance.

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 noted that staff were not monitoring water temperatures at the correct level. This was because their checklist stated the water temperature must be above 50 degrees Celsius and not the recommended 55 degrees. The practice manager assured us this would be addressed immediately.

We noted that all areas of the practice were visibly clean, including treatment rooms, the waiting area, toilets and staff areas. Dirty to clean zoning in treatment rooms was clear and exposed objects within the splatter zone had been covered.

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 it 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 clinicians 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 accurate, complete, and legible. They were kept securely and complied with data protection requirements.

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.

Antimicrobial prescribing audits were carried out annually. The most recent audit demonstrated the dentists were following current guidelines. The clinical lead told us that antibiotic prescribing was monitored nationally across all the practices, so that any outliers could be identified.

Track record on safety

The practice had a good safety record.

There were comprehensive risk assessments in relation to specific safety issues affecting the practice such as the use of its stair lift.

Are services safe?

In the previous 12 months there had been two safety incidents. We viewed report forms for these incidents which demonstrated they had been investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future. The provider's health and safety team also monitored significant events across all its practices so that learning could be shared across the whole organisation.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice. For example, flooring was repaired after a patient had complained it had risen.

There was a system for receiving and acting on national safety alerts and we saw that recent alerts in relation to face masks and endodontic equipment had been discussed at the practice meeting to make all staff aware of them.

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 offered dental implants. These were placed by one of the dentists at the practice who had undergone appropriate post-graduate training in this speciality. We found that the provision of dental implants was in accordance with national guidance.

The practice had access to a cerec machine, an OPG and CT scanners, intraoral cameras, and a air debridement unit to enhance the delivery of care to patients. One of the dentists had an interest in endodontics, (root canal therapy) and used an operating microscope to assist them when undertaking endodontic and restorative procedures. Another dentist used an adapted syringe when treating needle-phobic patients.

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. Three dental hygienists worked alongside the dentists to deliver preventive dental care and the practice's web site provided information and advice to patients about how to maintain healthy teeth and gums. One dental hygienist 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. Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice. The practice had its own periodontist to whom patients could be referred.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had developed its own leaflet about smoking and oral health, which was easily available to patients in the waiting room.

The practice also sold a wide range of dental hygiene products to maintain healthy teeth and gums, including interdental brushes, mouthwash and toothpaste.

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.

Patients told us that they were provided with good information during their consultation and they had the opportunity to ask questions before agreeing to a treatment. Dental records we reviewed demonstrated that treatment options, and their potential risks and benefits had been explained to patients. Evidence of their consent had also been recorded. Patients were provided with plans that outlined their treatment and additional written consent forms were used for some procedures.

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 can consent for themselves. 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 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.

Are services effective?

(for example, treatment is effective)

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. The quality of these audits was regularly checked by one of the provider's national compliance leads.

Effective staffing

There was a stable and established staff team at the practice, many of whom had worked there many years. Staff told us there were enough of them for the smooth running of the practice. Dental nursing provision was good and allowed for a dedicated decontamination nurse each day and an additional 'floating' nurse, who could help where needed. The practice's hygienists always worked with chairside support.

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. Free on-line training was provided for dental staff to support their professional development.

Staff's GDC registration, indemnity cover and training were closely monitored by the provider and any issues were immediately flagged to the practice manager.

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 also had systems 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.

The practice actively monitored most referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

We received positive comments from patients about the caring and empathetic nature of the practice's staff. Patients described reception staff as efficient and courteous; and one of the dentists as calming and reassuring. One patient told us they greatly appreciated that staff did not try and sell them products they did not require.

We spent time in the reception area and observed a number of interactions between the receptionists and patients coming into the practice. The quality of interaction was good, and the receptionists were helpful and professional to patients both on the phone and face to face. Staff gave us examples where they had gone out their way to assist patients. For example, staying late to reassure emotional patients and ringing patients after complex treatment to check on their welfare. Dental nurses gave us practical examples of how they managed nervous 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 and there was a sign in place informing them of this. 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 in a locked area upstairs.

All consultations were carried out in the privacy of the treatment rooms and we noted that doors were closed during procedures to protect patients' privacy

Involving people in decisions about care and treatment

A plan outlining the proposed treatment was given to each patient so they were fully aware of what it entailed and its cost. We viewed a small sample of plans which clearly outlined the type of treatment and its cost.

The practice's website provided patients with information about the range of treatments available at the practice. We noted leaflets around the practice on tooth extraction, gum disease, dental examinations and maintaining healthy mouth.

Patients told us that their dental health issues were discussed with them and they felt well informed about the options available to them. One patient told us they felt fully involved in all decisions about their care; another that the dentist always took time to explain treatment carefully.

The hygienist described to us the methods they used to help patients understand treatment options discussed. These included photographs, dental models and YouTube videos.

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.

Good adjustments had been made for patients with disabilities. These included a stairlift, (which staff told us was used daily), an integrated ramp for internal steps, a wheelchair, and a specialist evacuation pad to move immobile patients in an emergency. A portable hearing loop and glasses were kept at the reception desk to help those with sight and hearing impairments. Medical history forms were available in large print. One dentist spoke Romanian and saw patients who also spoke this language.

There was a specific patient folder in each waiting room providing information about the dentists' professional registration details, the practice's complaints procedure and how personal data about them would be handled. There was also a coffee machine and a free Wi-Fi service.

Timely access to services

The practice displayed its opening hours in the premises, and included it in their practice information leaflet and on their website. Patients told us that getting through on the telephone was easy and they were rarely kept waiting once they had arrived for their appointment.

Appointments could be made by telephone, on-line or in person and the practice operated an email, text and telephone appointment reminder service. Specific emergency slots were available for those experiencing pain. Waiting times for treatments was about two to three weeks depending upon the clinician. The practice shared an on-call arrangement with two other practices.

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. Information about how patients could raise their concerns was available in the waiting room, although not particularly visible to them.

We viewed the paperwork in relation to one recent complaint which demonstrated it had been dealt with in a professional and empathetic way. Complaints were a standing agenda item at the practice's monthly meetings to ensure that any learning from them was shared across the staff team. We saw that patients concerns in relation to the use of plastic cups and the funeral-like décor of the practice had been discussed at the meeting in May 2018.

Are services well-led?

Our findings

Leadership capacity and capability

The practice manager took responsibility for the overall leadership in the practice supported by an area manager, and compliance staff who visited to assist her in the running of the service. The practice manager told us she met monthly with her area manager and with other managers both regionally and nationally.

Staff spoke highly of the practice manager. They told us she had implemented many positive changes and that their morale had improved since she had started. Two staff told us she was the best manager they had ever experienced. Results of audits completed by the provider demonstrated she was greatly improving the practice's performance since taking up her post.

We found she was knowledgeable about issues and priorities relating to the quality and future of services.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The lead nurse told us she had the sopprt to consider a future manager's role.

Staff told us the practice was well-led citing supportive management, good team working and access to training as the main reasons.

Vision and strategy

There was a clear vision and set of values which were advertised clearly on the provider's intranet. These included providing passionate, caring and accountability care and formed part of staff's appraisals.

Culture

Staff told us the practice was well-led citing supportive management, good team working and access to training as the main reasons Staff stated they felt respected, supported and valued. They described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the practice manager. They reported that they were listened to and the manager responded when they raised a concern.

The practice focused on the needs of patients and had made effective adjustments to accommodate the needs of its older and disabled patients.

Governance and management

The practice had a comprehensive list of policies and procedures in place to govern its activity, which were easily available to staff. We looked at a number of policies and procedures and found that they were up to date and had been reviewed regularly. Staff were required to confirm that they had read and understood them.

There were clear and effective processes for managing risks, issues and performance.

There was an established leadership structure within the practice with clear allocation of responsibilities amongst the staff. For example, there was a head nurse and specific leads for infection control and safeguarding. The practice manager was supported by the provider's area manager and a compliance team. During our inspection we met one of the provider's compliance leads, who was responsible for auditing the practice and ensuring it met all national guidelines and standards. We were shown a comprehensive on-line compliance and governance tool that was used to monitor the practice's performance.

Communication across the practice was structured around monthly scheduled meetings which staff told us they found useful. We viewed a sample of minutes that were detailed, with actions arising from them clearly documented. There were standing agenda items such as complaints, patient feedback and safeguarding.

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.

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were well maintained, up to date and accurate.

Are services well-led?

The practice had produced a specific leaflet for patients outlining how it would handle their personal information which was easily available in the waiting area. Staff were aware of new regulations in relation to managing patient information and had recently undertaking training in it.

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. Patients could leave feedback on the practice's web site and feedback forms were available in the waiting room. Patients were asked about the quality of their treatment, the ease of obtaining an appointment and the friendliness of staff. Results were posted on the practice's website and were also discussed at the regular staff meetings. We found evidence that the practice listened to, and acted upon, patients' feedback. For example, patients' requests for Hello Magazine and paper cups to be provided in the waiting room had been implemented.

The practice gathered feedback from staff through meetings, and informal discussions. Staff were encouraged to suggest improvements to the service and told us these were listened to and acted upon. For example, their suggestions to refurbish the practice's toilet and place chairs outside the waiting room for patients with limited ability had been implemented.

Continuous improvement and innovation

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 clear records of the results of these audits and the resulting action plans and improvements. Results of audits were discussed at practice meetings, evidence of which we viewed for the meeting in May 2018. The provider completed their own comprehensive audit tool of the practice's performance and recent results had shown significant improvement since the new manager had taken over.

All staff received an annual appraisal of their performance. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff had completed 'training as recommended by General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. In addition to this staff had access to free on-line training provided by the provider's academy. All staff had undertaken a range of training including equalities and diversity; information governance, and The Mental Capacity Act. Three nurses had undertaken additional training in dental implants. One of the practice's dentists was undertaking an advanced qualification in orthodontics, and another had applied to do an advanced periodontology course.There were also specific academies for practice mangers and dental hygienists. There were also specific academies for practice mangers and dental hygienists.