

Queensway Dental Clinic

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Inspection Report

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Overall summary

We carried out this announced inspection on 27 February 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information of concern.

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

Queensway dental clinic is located in Billingham and provides NHS and private treatment to adults and children. The dental clinic is spread across two buildings; the main building being predominantly for NHS treatments and the opposite "crown" building being for private treatments. Each building has its own reception, waiting area, a dedicated sterilisation suite and patient facilities. There are 17 treatment rooms between the two sites.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available, including a multi-storey car park opposite the practice.

Summary of findings

The clinic provides general dental treatment and specialist dental treatment including oral and maxillofacial surgery, complex endodontics, conscious sedation, implants, specialist orthodontics (by referral to their sister practice which is on the 1st floor of the “crown” building) and specialist restorative procedures. In addition, there is a dental laboratory within the premises.

The dental team includes five principal dentists, five associate dentists, five specialist oral surgeons, a dentist with specialist interest in endodontics, an oral and maxillofacial surgeon, a restorative dentist, two dental hygienists and five dental therapists. In addition, there are seven reception staff, 25 dental nurses, three sterilisation technicians, a governance and compliance manager, patient support supervisors, a patient treatment advisor, a dedicated stock controller and a business administrative team.

Queensway dental clinic is an accredited teaching practice in extended duties for dental nurses –such as oral health, sedation, implant assistance and radiography. An on-site education centre provides facilities for these courses and also for continuing professional development for all dental professionals.

The practice is owned by a partnership 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 managers at Queensway dental clinic are one of the principal dentists and the governance manager.

On the day of inspection we collected 10 CQC comment cards filled in by patients which gave us a positive view of the practice.

During the inspection we spoke with the governance and compliance manager, three dentists, the treatment advisor, five dental nurses, a sterilisation technician, a dental therapist, a dental hygienist and reception staff.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open **Monday to Friday** 8:15am – 5:30pm.

Our key findings were:

- The practice was clean, well maintained and had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies and appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- Clinical staff provided patients’ care and treatment in line with current guidelines for general dentistry, implants and specialist treatments.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients’ needs.
- The practice had effective leadership. Staff felt supported and worked well as a team.
- Staff well-being was evidently a large priority to the partners of the practice. Numerous health and well-being options were available to staff.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice was largely involved in oral health promotion and provided dental care abroad. Oral health talks were given to various groups (schools, dementia clinics) throughout the region.

We identified areas of notable practice.

- Diabetes risk assessment was carried out by the dental hygienist using a set of seven questions. Those deemed at risk of diabetes were then referred to their general practitioner and the risk assessment sent with the referral.
- Staff well-being was evidently a priority. Various measures for team building and learning were in place, as well as free access to support groups. In addition, physical aids were provided and exercise events such as yoga and walking also took place.

Summary of findings

- Staff participated in oral health discussions with local communities such as schools, autistic groups and dementia groups. There were reciprocal learning measures in place with some of these groups to help both the dental team and the community.

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

- Review the practice's policy for assessing hazardous products identified under the Control of Substances Hazardous to Health (COSHH) 2002 Regulations and ensure a risk assessment is undertaken for all relevant materials held on-site.
- Review the practice's systems for tracking and monitoring antibiotics and prescription pads.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

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. There was a logging system for the prescription of medicines and antibiotics dispensed; this required reviewing in terms of detail.

We found the practice had maintained all safety data sheets for hazardous materials held on-site; they did not undertake risk assessments for each material in accordance with guidance from the Health and Safety Executive.

No
action


Are services effective?

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

The dentists and dental professionals assessed patients' needs and provided care and treatment in line with recognised guidance. Patients commented they were treated with respect and dignity in a clean environment and that staff were sensitive to their specific needs. The dentists and dental professionals 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.

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 10 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, friendly and professional. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No
action


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 disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

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

Are services well-led?

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

There was a clearly defined management structure and staff felt supported and appreciated.

Each member of staff had a specific role or responsibility within the practice. This helped to support the principal dentists and also encouraged staff to be involved in all practice duties. It was evident the skill mix within the practice was conducive to improving the overall outcome for patients.

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.

The practice team kept complete patient dental care records which were 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.

**No
action**


Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training to the recommended level. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of retribution.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

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.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at 10 staff recruitment files. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. We found the practice had maintained all safety data sheets for hazardous materials held on-site; they did not undertake risk assessments for each material in accordance with guidance from the Health and Safety Executive. We spoke to the compliance manager who assured us this would be rectified immediately.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists, dental hygienists and dental therapists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

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

Are services safe?

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. We noted some irregularities in the hot water temperatures reaching the desired value and spoke to the compliance manager about this. They were already aware of this and assured us they would review accordingly.

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

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions in patient's records. The practice did not maintain a log of all prescription pad serial numbers as described in current guidance. We observed the recording system for antibiotics

dispensed was not as detailed as recommended by current guidance. We highlighted this to the compliance manager who assured us they would review their logging procedures.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. In addition to the X-ray units inside each surgery, the practice had an OPG (Orthopantomogram) machine which gives a 2-dimensional representation of the upper and lower jaws. This machine could also provide cone beam computed tomography (CBCT) for implants. CBCT is an X-ray based imaging technique which provides high resolution visualisation of bony anatomical structures in three dimensions. We were shown the appropriate policies, protocols and monthly quality assurance tests for the equipment.

The practice met current radiation regulations and had the required information in their radiation protection file.

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

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We discussed various patient journeys for oral surgery, conscious sedation and implants with the dental professionals.

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

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

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment. The practice had systems to ensure sedation was carried out safely. These included assessments before and after treatment, sedation equipment checks, appropriate staff training and additional emergency equipment and medicines checks.

The dental care records showed that patients having sedation were provided with detailed information so they could provide consent prior to treatment. Other information in the records included monitoring during treatment, discharge and post-operative instructions. Two dental nurses with appropriate additional training supported dentists treating patients under sedation. The dental nurses' names were recorded in patients' dental care records.

The practice provided dental implants. The dentists explained the process which patients underwent prior to undertaking dental implant treatment. This included procedures to assess the patient's oral health and quality of the bone where the implant would be placed. After the dental implant placement the patients received appropriate after-care and support.

It was evident the skill mix within the practice was conducive to improving the overall outcome for patients. Several dental nurses were qualified in extended duties and had certificates in implant assistance, sedation, radiography and other subjects. A team of specialists and

dentists with special interests carried out advanced dental procedures; these include oral and maxillofacial surgery, endodontics, dental implant placement and conscious sedation.

Health promotion & prevention

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

The dental professionals told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dental professionals told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staff participated in oral health discussions with local communities; they used puppets called Tilly and Toby for oral health promotion sessions in schools, local communities, domestic violence support groups and autistic groups. Two other puppets -Doris and Derek -are used to raise oral health awareness to carers of Dementia patients. They had a reciprocating arrangement with the local dementia group; staff from Queensway dental clinic would regularly attend to provide information and advice on oral health care for the carers and dementia carers would regularly attend Queensway dental clinic to discuss the needs of dementia patients and raise awareness to dental staff. We believe this is notable practice because awareness contributes to efficient patient treatment both within the clinic and at their residence.

Diabetes risk assessment was carried out by the hygienist using a set of seven questions. Those deemed at risk of diabetes were then referred to their general practitioner and the risk assessment sent with the referral. We believe this is notable practice because it provides an effective screening tool for patients and integrates their dental and medical care.

Staffing

Are services effective?

(for example, treatment is effective)

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals. Staff were encouraged and supported to undertake further learning and qualifications to improve their dental competencies. Staff reported that they felt valued.

Staff well-being was paramount at Queensway dental clinic. Regular staff days were introduced to allow for team building and learning, as well as providing physical exercise such as yoga and walking. Health aids such as pedometers and steel water bottles are provided to every staff member. Fresh fruit is ordered into the practice on a weekly basis to encourage healthy eating.

Staff have access to free counselling and other support. We were shown a 40% reduction in staff sickness in the last year and we were told this could be attributed to the support provided.

The practice had also received an award in enhanced staff well-being. We believe this is notable practice because staff well-being, and a 40% reduction in staff sickness within the last year, all contribute to efficient patient treatment.

Working with other services

The practice received referrals for oral surgery, dental implants, sedation, endodontics, periodontal treatment and orthodontics. We spoke to staff about the two-way communication process for these referrals and on-going

care. It was evident appropriate systems were in place to acknowledge the referral, assess and treat the patient and inform the referrer of the patient's progress. Upon completion of treatment, a detailed letter would be sent to conclude the referral.

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included 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 monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff passwords protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

A Closed Circuit Television (CCTV) camera was in the reception area with a clear sign to ensure patients were aware of this. We spoke to the provider about notifying the Information Commissioner's Office (ICO) and we saw evidence this had been done.

Music was played in the treatment rooms and there were magazines and a television in the waiting areas. The practice provided drinking water, tea and coffee.

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

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The treatment advisor and dental professionals we spoke with described the conversations they had with patients to satisfy themselves they understood their treatment options. We saw evidence of extensive patient packs which outlined the patient treatment options, journey during treatment and post-treatment care.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice.

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they telephoned patients and / or sent message reminders to make sure all patients were reminded of their appointments.

The practice is currently undergoing a transition from NHS to fully private treatment; in order to explain the process to patients and to go through their various options, a dedicated call centre was set up with newly recruited staff to provide patient support.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for this purpose. The practice leaflet provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The compliance manager was responsible for dealing with these. Staff told us they would tell the compliance manager about any formal or informal comments or concerns straight away so patients received a quick response.

The compliance manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

Staff knew the management arrangements and their roles and responsibilities. The communication systems within the practice were effective, robust and took into consideration the practice size.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the compliance manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the compliance manager was approachable, would listen to their concerns and act appropriately. The compliance manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held several meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included

audits of sedation, dental care records, X-rays (for all types of radiographs taken) and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentists and compliance manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Queensway dental clinic is an accredited teaching practice in extended duties for dental nurses –such as sedation and radiography. An on-site education centre provides facilities for these courses and also for continuing professional development for all dental professionals.

Staff had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders and a template appraisal for dentists.

Staff told us they completed training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so. We saw evidence of the effective systems to help them monitor staff training for all professionals except for specialist development for the specialist dentists. We discussed the importance of this with the registered provider and compliance manager and they assured us this would be added to their training matrix.

On the day of the inspection staff were open to feedback and took immediate actions to address any shortcomings raised.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used patient surveys and comment cards to obtain staff and patients' views about the service. Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.