

## Rowtree Dental Care

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### Inspection report

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## Overall summary

We carried out this announced comprehensive on 12 April 2023 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 practice 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.

# Summary of findings

- Staff felt involved, supported and worked as a team.
- The providers system to ensure completion of required training and continuous professional development (CPD) was not effective.
- The practice had infection control procedures that required strengthening to reflect local processes and published guidance.
- Staff knew how to deal with medical emergencies. However, not all items from the suggested minimum equipment list published by the Resuscitation Council were present. Missing items were ordered immediately on the day of our inspection.
- The practice had systems to manage risks for patients, staff, equipment, and the premises.
- Safeguarding processes were in place but required strengthening, not all staff had received training on the day of our inspection however, staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had a recruitment policy to help them employ suitable staff, although this had not always been followed. Appropriate pre-employment references had not always been obtained for new staff.

## Background

The provider has 1 practice, and this report is about Rowtree Dental Care.

Rowtree Dental Care is in Northampton and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available at the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 4 dentists, 1 foundation dentist, 1 dental hygienist, 6 qualified dental nurses and 2 trainee dental nurses, 1 practice manager and 3 receptionists. The practice has 6 treatment rooms.

During the inspection we spoke with 2 dentists, 3 dental nurses, 2 receptionists. As the practice manager was not available on the day of inspection, we spoke with them before and after the onsite inspection. We looked at practice policies, procedures, and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 8am to 6pm

Friday from 8am to 3pm

The practice had taken steps to improve environmental sustainability. For example, implemented recycling and reduced the use of electricity by switching lights off in rooms not in use.

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

- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

# Summary of findings

- Take action to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Improve oversight of staff training or completion of continuing professional development (CPD). Specifically for Infection Prevention and Control, Decontamination procedures and safeguarding.

# Summary of findings

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

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</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)**

The practice safeguarding policies and processes, lacked detail. The safeguarding policy did not include how staff could recognise and respond to abuse. The practice had a separate contacts poster, but the policy did not signpost staff on how to find the contact details.

Staff knew their responsibilities for safeguarding vulnerable adults and children. However, not all staff had not undertaken appropriate training in safeguarding vulnerable adults and children. We were provided with evidence after the inspection that staff had received training in safeguarding, to a level appropriate to their role.

The practice infection control procedures observed reflected current guidance. However, the supporting policy referenced equipment that was not used in the practice and had not been adapted to be practice specific.

Infection control audits were not undertaken at recommended intervals. Audits did not evidence any learning or action plans to improve.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. We saw the practice monitored temperatures but identified areas where the practice had not followed its own policy. For example, in relation to acting on temperatures not reaching recommended ranges and managing the dental unit water lines. Following the inspection, the practice confirmed they had updated policies and would act on shortfalls in temperatures.

The practice had policies and procedures in place to ensure clinical waste was segregated. We noted that the clinical waste bin outside of the practice was unlocked and not stored securely in line with guidance. We were advised that the bins had been left unlocked by the contracted waste company who had emptied them that day.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy to help them employ suitable staff, although this had not always been followed. We checked recruitment information for 4 staff members and noted that appropriate references had not been obtained for 2 staff members prior to their appointment. We saw 1 disclosure and barring service check had not been obtained prior to their appointment.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, however the risk assessment lacked detail and did not identify the level of risks. Following our inspection, the provider submitted evidence that they had completed a thorough risk assessment in relation to sharps.

# Are services safe?

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 although we noted not all items from the suggested minimum equipment list published by the Resuscitation Council were present such as size 0 Guedel airway, size 0,1 and 2 face masks for the self-inflating bag and a child's oxygen mask. However, missing items were ordered immediately on the day of our inspection.

The practice did not have adequate systems to minimise the risk that could be caused from substances that are hazardous to health. In particular, the risk assessment in place lacked detail including the potential risks associated with use of products. We found hazardous cleaning products used by staff in patients' toilets accessible to patients and visitors. The practice mercury spillage kit had expired in 2014.

Following our inspection, the provider submitted evidence of a Control of Substances Hazardous to Health (COSHH) risk assessment, correct storage for cleaning products and ordered a replacement mercury spillage kit.

## **Information to deliver safe care and treatment**

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

## **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe handling of medicines. Glucagon (a medicine used to treat low blood sugar) was kept in the practice's fridge, and the fridge's temperature was monitored daily to ensure it was operating effectively.

Prescription pads were stored securely but there was no system in place to identify any lost or missing prescription sheets. Following the inspection, the provider told us that they had updated their processes.

Antimicrobial prescribing audits were carried out.

## **Track record on safety, and lessons learned and improvements**

We found there was scope for improvement with the practice system for recording accident and incidents, such as staff injuries, as information was sparse in detail.

The practice had a system for receiving and acting on national patient safety alerts, documentation was not available on the day. The provider submitted evidence of these following our inspection.

# 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.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, the practice provider was part of the Smiling Matters oral health in care homes.

### **Consent to care and treatment**

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

The practice had completed a patient survey and received 10 responses. 100% of responses stated they had their treatment options, risks and benefits explained to them.

### **Monitoring care and treatment**

The practice kept detailed patient care records in line with recognised guidance.

We saw evidence the dentists justified, graded, and reported on the radiographs they took. The practice carried out radiography audits, we found these did not always follow current guidance.

The latest audit in July 2022 was sparse in detail and did not include a clinical evaluation and analysis of the radiographs. There was no evidence of learning or areas for improvement.

### **Effective staffing**

Staff reported they had enough time for their job and did not feel rushed in their work. At the time of inspection, the practice had additional nurses to reduce strain during annual leave and sickness.

The dental hygienist worked with chairside support.

### **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 caring?

## Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

### **Kindness, respect and compassion**

On the day of inspection, we spoke with 3 patients. All 3 told us the staff were caring, compassionate and understanding when they were in pain, distress, or discomfort.

We saw 6 responses to the NHS friends and family test all of which praised the staff for their caring attitude.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality.

Staff password protected patients' electronic care records and backed these up to secure storage.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

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

The practice were able to provide patient information leaflets on oral health and sensitive teeth.

# Are services responsive to people's needs?

## Our findings

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

### **Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments for patients with access requirements. The premises were suitable for wheelchair users and there was a fully accessible toilet.

Staff had carried out a disability access audit.

Some staff were able to speak several languages including Romanian and would help translate to patients who did not speak or understand English. If required translation services were available.

### **Timely access to services**

The practice displayed its opening hours and provided information on their website and patient information leaflet.

At the time of inspection, the practice was able to take on new private patients and the next available appointment was the following day.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. At the time of inspection, the next available appointment for an examination was the following day and for treatment was within the week.

The practice had an appointment system to respond to patients' needs. The practice had dedicated urgent appointment slots available daily with all dentists.

The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients with the most urgent needs had their care and treatment prioritised and several emergency appointments were available each day.

### **Listening and learning from concerns and complaints**

We reviewed recent complaints and how the practice had responded to complaints. We did not see evidence that the practice provided information on how to escalate complaints if a patient was not happy with the practice responses. The complaints lead had not received complaints training. Learning was not always shared effectively across the team to continually improve the service.

# 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**

Leadership and running of the practice were shared between the registered manager and practice manager. The registered manager was responsible for areas such as clinical guidance, equipment maintenance and estate matters. The practice manager was responsible for staff recruitment, personnel issues and governance including policies and procedures.

The practice also subscribed to an on-line governance tool to help in the running of the service. However, templates from this had not always been edited to reflect the actual processes and procedures in place at the practice.

We identified minor shortfalls in relation to the practice's recruitment procedures, risk assessing, and auditing which indicated that governance and oversight of the practice needed to be strengthened. During our inspection the practice manager was unavailable, and staff sometimes struggled to locate information when requested.

However, following our inspection, the provider submitted information that addressed most of the shortfalls we identified which demonstrated the provider's commitment to improving the service.

### **Culture**

Many of the practice team were long standing and felt happy, respected, supported and valued. They were proud to work in the practice.

Appraisals had not routinely taken place in the last 3 years. The provider told us they were due to be implemented annually starting this year. Staff discussed their training needs and wellbeing during informal chats with the practice manager.

### **Governance and management**

The practice had a governance system which included policies, protocols, and procedures. However, the infection control policy had not been adapted to reflect systems and processes in place.

Staff were not always aware of the location of policies but told us they would ask the practice manager.

The practice held staff meetings on an ad hoc basis we saw that on occasions dental policies and topics were discussed to ensure staff were kept up to date with the latest guidance.

### **Appropriate and accurate information**

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

### **Engagement with patients, the public, staff and external partners**

Staff gathered feedback via surveys and the NHS friends and family test.

Feedback from staff was obtained through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

The practice was also a member of a good practice certification scheme.

### **Continuous improvement and innovation**

# Are services well-led?

The practice did not have clear oversight of staff training and was not able to provide clear and robust evidence during our inspection that all staff had undertaken all recommended training in accordance with guidelines.

The practice undertook audits of infection control, dental care records, radiography, and antibiotic prescribing but some of these had been not completed accurately or within recommended time frames and therefore did not assure us that staff had a true picture of the practice to drive improvement effectively.