

## Charnwood Dental Limited

# Charnwood Dental Shepshed

## Inspection Report

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## Overall summary

We carried out this announced inspection on 2 October 2017 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 for us to take into account.

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

Charnwood Dental Shepshed is located in Charnwood in Leicestershire. It provides NHS and private treatment to patients of all ages.

There is stepped access at the front of the practice premises. The practice have access to a portable ramp to assist people who use wheelchairs and pushchairs. The practice also direct their patients with mobility problems to a level access entrance at the rear of the building. There is limited car parking on site for patient use but there are public car parks and on street parking near to the practice. These parking facilities include allocated spaces for blue badge holders.

# Summary of findings

The practice is a listed building and any modifications are therefore restricted.

The dental team includes six dentists, six dental nurses, two trainee dental nurses, one dental hygienist, two dental hygiene therapists and three receptionists. The practice also employs a practice manager. The practice has five treatment rooms, all located on the ground floor.

The practice owner is a registered dentist and has a contract with NHS England to undertake domiciliary visits to people who reside in Leicestershire by way of referral only. The dentist and the practice manager (who is also a qualified dental nurse) visit patients in their own home or care facility.

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 Charnwood Dental Shepshed is the practice manager.

On the day of inspection we collected 31 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, two dental nurses, one trainee dental nurse, one dental hygienist therapist, a receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday 9am to 5.30pm, Tuesday and Wednesday 8.30am to 5.30pm, Thursday 8.30am to 6.30pm, Friday 8.30am to 5pm, Saturday and Sunday 9am to 1pm.

## Our key findings were:

- The practice ethos included the provision of regular care at appropriate intervals for their patients. Objectives included the promoting of good oral health and ensuring patients understood and were involved in their care.
- Effective leadership from the provider and practice management was evident.

- Staff had been trained to deal with emergencies and appropriate medicines and life saving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected current published guidance.
- The practice had effective processes in place and staff knew their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had adopted a process for the reporting and shared learning when untoward incidents occurred in the practice.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice were aware of the needs of the local population and took these into account when delivering the service.
- Patients had access to routine treatment and urgent care when required.
- Staff received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice.
- Staff we spoke with felt supported by the provider and were committed to providing a quality service to their patients.
- The practice asked staff and patients for feedback about the services they provided.

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

- Review the practice's sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the use of risk assessments to monitor and mitigate the various risks arising from undertaking of the regulated activities, specifically in relation to lone working and domiciliary visits.
- Ensure that appropriate vehicle insurance is in place when transporting oxygen and that a sign is displayed on the vehicle to inform the public when oxygen is being carried.

# 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.

Whilst general risk assessments were in place, we identified others were required, specifically regarding lone working and domiciliary visits.

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 professional, excellent and gentle. 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. We saw evidence of completed appraisals and training objectives.

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 31 people. Patients were positive about all aspects of the service the practice provided. They told us staff were efficient, caring and accommodated their needs. They said that they were given helpful and detailed explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist or had young children attending.

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



# Summary of findings

## **Are services responsive to people's needs?**

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

The practice's appointment system 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.

**No action** 

## **Are services well-led?**

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.

**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. We reviewed detailed practice meeting minutes which supported that all issues were routinely discussed amongst staff.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were placed on a staff noticeboard and emailed to the dentists. We were shown examples of alerts which had been received but noted that the practice had not recorded whether any actions were taken in response. The alerts were not discussed amongst staff in practice meetings. This presented a risk that alerts could be missed if staff did not check the noticeboard. The practice manager told us they would change their existing procedure in respect of future alerts.

### 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. We were informed that safeguarding matters were also discussed in practice meetings to refresh staff knowledge. Staff we spoke with knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice manager was the lead for safeguarding concerns.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination. The practice owner and the practice manager were appointed to manage whistleblowing.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous

to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed. The practice had adopted a process for the review of COSHH data annually to ensure their records were up to date.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. We noted that the practice had not implemented the safer sharps system, a requirement by the EU Directive. They had however, taken measures to manage the risks of sharps injuries by using a safeguard when handling needles. We also noted that the practice used conventional matrix bands. The practice had produced a conventional sharps risk assessment; this identified best practice was to use a safer sharps system. The assessment did not include reasons for why the practice had not implemented the system.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We saw that equipment was available in each of the surgeries.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. The plan included useful contact information and details of another practice which could be used in the event of an emergency.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Training last took place in September 2017.

Emergency equipment and medicines were available in the practice 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.

The practice manager informed us that a total of five domiciliary visits had been undertaken since November 2016 when the contract had commenced to deliver the service. We were informed that all of the work had involved the fitting of dentures aside from one check up undertaken.

# Are services safe?

We looked at equipment and medicines for use in an emergency when domiciliary visits were undertaken. We noted that appropriate equipment and medicines were in date and checked that they were in suitable working order.

## Staff recruitment

The practice had a staff recruitment procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three 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 noted that a risk assessment was not in place in relation to lone workers. This included the cleaner who worked in the practice. A lone worker policy had not been implemented to include information specifically for domiciliary visits. We were however provided with a checklist used for domiciliary visits which sought to risk assess the patient and their environment.

The dentist and practice manager held a list of the instruments to be taken to domiciliary visits. We noted that a risk assessment had not been undertaken in relation to the transportation of instruments to and from the visits however. We were informed that dental instruments transported were boxed appropriately (including after their use) and were labelled. Oxygen was secured within the vehicle during transit. The vehicle used did not have a sign attached to inform other road users that oxygen was being transported. (Treatment emergency card) The dentist had not ensured that their car insurance included provision for the transportation of oxygen. We discussed the issues with the practice manager, and they informed us they would ensure that processes were strengthened.

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 hygienist and dental hygienist 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.

The practice carried out an infection prevention and control audits twice a year. The latest audit in September 2017 showed the practice was meeting the required standards. The detailed audit contained a summary and action plan for development.

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 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 as described in current guidance.

## Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They 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 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

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. A sample of the dental care records we looked at showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the soft tissues lining the mouth and condition of the gums using the basic periodontal examination scores.

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

### 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 dentists 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 all children based on an assessment of the risk of tooth decay for each child.

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

### Staffing

We checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

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.

### Working with other services

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. We were informed that patients were offered a copy of their referral letter.

### 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 held documentation about the Mental Capacity Act 2005 for staff review. The dentists we spoke with understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. Discussions took place about the Act in a practice meeting in August 2017.

The practices consent policy referred to Gillick competence and the dental team 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. We noted that Gillick competence was discussed in a staff meeting held in May 2017 to ensure staff understanding.

# 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 accommodating in respect of patient needs, efficient and caring. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

We noted comments from nervous patients and parents with small children. These stated that patients were reassured when receiving treatment and young children were made to feel comfortable and their parents put at ease. We were provided with an example of particular measures taken by the hygienist to help a very nervous patient.

Staff were aware of the importance of privacy and confidentiality. In addition to general training requirements which covered the importance of confidentiality, two members of the team (including the head receptionist) had attended a separate course on the principals of the Data Protection Act.

The layout of reception and waiting areas were open and spacious. This provided some privacy when reception staff were dealing with patients although we noted some conversations may still be overheard. 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 password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

There were magazines in the waiting room and a large information board which included patient survey results and an area for patients to leave their feedback. A practice information leaflet was available for patients to take.

### **Involvement in decisions about care and treatment**

The practice offered mostly NHS dental treatments (70%) The costs for NHS and private dental treatment were displayed in the practice.

The practice gave patients clear information to help them make informed choices. The majority of patients who had completed CQC comment cards told us that staff listened to them, did not rush them and discussed options for treatment with them.

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. These included general dentistry, treatments for gum disease and private dentistry.



# 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 currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were provided with examples about patients who had sight or hearing impairments. The practice told us about the measures taken to assist these patients when they required help. These included accompanying patients through the premises if they had sight problems and ensuring notes were highlighted on patient records to alert other staff.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access by use of a portable ramp, an induction hearing loop (a sign was posted to inform patients of the facility) and accessible toilet. Part of the reception desk had been lowered to accommodate patients' needs, for example if they were in a wheelchair.

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website. The opening hours provided a variety of flexible options for patients including Saturday and Sunday opening.

We confirmed the practice kept waiting times and cancellations to a minimum where possible. We noted the next routine appointment was available on the same day as our inspection.

The practice website included a virtual tour to show patients around the treatment rooms.

The practice was committed to seeing patients experiencing pain on the same day. The practice had adopted an emergency triage system and offered patients a same day appointment or advised them to sit and wait to be seen. We were told that patients would not be refused an emergency appointment if their needs required one.

The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients were advised to call NHS 111 outside of opening hours. Patients confirmed they could make routine and emergency appointments easily and were not often 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 practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these if appropriate. 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 during 2017. Complaints reviewed showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

The practice website included patient testimonials regarding the effective and efficient service they had received.

# Are services well-led?

## Our findings

### **Governance arrangements**

The registered manager had overall responsibility for the management and clinical leadership of the practice. The registered manager was also the practice manager and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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. We noted there were some areas of risk which required review such as those relating to lone workers and domiciliary visits.

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 practice 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 practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally. We obtained very positive feedback from staff about the effectiveness and approachability of the practice manager since they had come into post within the past year.

The practice held monthly 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 dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. We noted that staff had been given areas of individual responsibility, for example data protection, processing data in relation to patients who failed to attend appointments and providing feedback information to patients on 'you said, we did'.

The dental team 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.

Staff told us they completed mandatory 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.

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

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, the practice had purchased magazines for reading whilst patients waited in the reception area. The practice were also making enquiries about installing air conditioning as a result of other patient feedback received.

We reviewed a patient satisfaction audit (June 2017). A total of 20 patients views were obtained. Of these, we noted that 14 patients were extremely satisfied with their overall treatment and six were mostly satisfied.

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.