

MAQ53 Limited

Leicester Dental Solutions

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 19 September 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.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had some systems to manage risks for patients, staff, equipment, and the premises. However, we identified shortfalls in assessing and mitigating risks in relation to fire safety, prescription management and recording of accidents.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The practice had staff recruitment procedures which reflected current legislation, although this had not always been followed. Required pre-employment checks including references had not always been obtained for new staff.
- 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.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported, and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

Leicester Dental Solutions, also known as Winchester Avenue Dental Surgery, is in Leicester and provides NHS and private dental care and treatment for adults and children.

The services are provided by two individually Care Quality Commission registered providers at this location. This report only relates to the provision of general dental care provided by MAQ53 Limited. An additional report is available in respect of the general dental care services which are registered under Leicester Dental Solutions (Dr Zeinab Attarwala).

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

The dental team includes 6 dentists, 3 qualified dental nurses, 3 trainee dental nurses, 1 dental hygienist and 1 receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist, 2 dental nurses and the receptionist. We looked at practice policies, procedures, and other records to assess how the service is managed.

The practice is open:

Monday from 8.30am to 7pm.

Tuesday from 8.30am to 7pm.

Wednesday from 8.30am to 7pm.

Thursday from 8.30am to 7pm.

Friday from 8.30am to 7pm.

Saturday from 8.30am to 7pm.

Summary of findings

Sunday from 10am to 2pm.

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

- Implement an effective system for recording, investigating, and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Improve the practice's protocols for medicines management. In particular, improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use. Ensure all medicines that are dispensed include the practice's address on medicines containers.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

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 had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures. We found staff did not always follow uniform protocols in line with recommended guidelines as staff were not changing out of their work uniforms when leaving the practice. The practice did not record all stages of the decontamination of dirty instruments process, such as temperature checks. Following the inspection, the provider submitted evidence that they had created a logbook to record all stages of the decontamination process and had further trained staff members on the processes.

A Legionella risk assessment had been carried out in September 2023. The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems and were working through the action plan.

The practice had policies and procedures in place to ensure clinical waste was segregated. We found the clinical waste bin was not stored securely in line with guidance. The practice was awaiting refurbishment of the area to include a secure gated area.

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

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. However, this was not followed. We found there was no evidence of references for 8 staff members. Where evidence was not present, risk assessments had not been completed.

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.

An external fire safety risk assessment had been carried out in September 2023 in line with the legal requirements. At the time of our visit the practice fire alarm and emergency lighting had not been serviced. The following day the provider submitted evidence that this had been completed.

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

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were available and checked in accordance with national guidance.

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

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Are services safe?

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 2-week wait arrangements.

Safe and appropriate use of medicines

There was scope for improvement in relation to the practice systems for appropriate and safe handling of prescriptions and medications. Prescriptions were kept securely, however the practice system to track and monitor the use of NHS prescription pads was not effective as we identified incidences where prescriptions had not been recorded. Medication that was dispensed did not include the practice's name and address.

Antimicrobial prescribing audits were carried out to ensure clinicians were prescribing according to recommended guidelines .

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. However, this was not always followed by staff. We viewed the practice accident book and saw there had been 5 accidents in 2023. Their recording lacked detail and there was no evidence of investigations and actions taken. Following the inspection, the practice provided evidence that staff had received training in recording of accidents.

The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care, and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

We saw the provision of dental implants was in accordance with national guidance.

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, local stop smoking services. They directed patients to these schemes when appropriate.

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.

Monitoring care and treatment

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

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded, and reported on the radiographs they took. The practice carried out radiography audits 6-monthly following current guidance.

Effective staffing

Staff had the skills, knowledge, and experience to carry out their roles. Staff told us they felt they had enough time and support to complete their duties.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

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 dentist 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

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

The practice encouraged feedback through online reviews. Since taking over the practice in July 2022, the provider scores had improved from 2.6 stars overall to 4.5 stars.

The latest friends and family test in August 2023 received 6 responses with 100% of patients stating they would recommend to family and friends.

We saw 8 thank you cards. Comments stated that staff were compassionate and understanding when patients were in pain, distress or discomfort. Patients also commented on the positive improvements to the interior of the practice.

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. They stored paper records securely.

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. Patients had the option of receiving their consent form by email.

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

The dentist explained the methods they used to help patients understand their treatment options. These included photographs, study models, videos and X-ray images.

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, including a ramp into the building for patients with additional access requirements. The practice was undergoing extensive refurbishment which included 2 ground floor surgeries. The provider's plan was to extend the property to create a ground floor toilet within the next 24 months. The practice also had a hearing loop and reading glasses available. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website, patient information leaflet and social media page.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. 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 and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

Since the provider had taken over in July 2022, we were told the practice had not received any complaints. Verbal patient feedback was discussed with staff to share learning and 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

The provider described difficulties within the past 12 months in relation to staff retention and additional stress caused by the building work.

The provider had overall responsibility for the management and clinical leadership of the practice and was recruiting for a practice manager.

Where the inspection found minor shortfalls in relation to recording of accidents and fire management the provider acted swiftly to resolve issues demonstrating a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on continually striving to improve. The provider had invested in extensive refurbishment of the practice building to include creating an additional ground floor treatment room and a modern reception area. They had invested in new equipment including a boiler, emergency lighting, compressors and autoclaves. The provider had plans to further extend and refurbish the upstairs.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated that they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals and 1 to 1 meeting. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had recently implemented arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Appropriate and accurate information

Staff acted on 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 from patients, the public and external partners and demonstrated a commitment to acting on feedback.

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.

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.