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Dolphins Positive Health

Inspection Report

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Overall summary

We carried out this announced inspection on 3 March 2020 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 Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Background

Dolphins Positive Health is in Torquay and provides private dental care and treatment for adults and children.

The building is Grade II listed. There is step free access to the practice, via a temporary ramp, for people who use wheelchairs and those with pushchairs. Car parking spaces, including parking for disabled people, are available near the practice.

The dental team includes one dentist, one dental nurse and one receptionist.

The practice has one treatment room.

Summary of findings

The practice is owned by an individual who is the principal dentist. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 11 CQC comment cards filled in by patients and spoke with two other patients.

During the inspection we spoke with the dentist, dental nurse and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday - 8.30am to 1.00pm and 2.00pm to 5.30pm
- Tuesday - 8.30am to 1.00pm and 2.00pm to 5.30pm
- Wednesday - 8.30am to 12.30pm and 1.30pm to 3.00pm
- Thursday - 9.30am to 1.00pm and 2.00pm to 6.00pm
- Friday - Closed
- Saturday - Closed

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance. We found improvements were needed.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.

- Staff knew how to deal with emergencies. We found improvements were needed to ensure appropriate medicines and life-saving equipment were monitored to ensure their availability.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider was not meeting are at the end of this report.

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Improve and develop the practice's current performance review systems and have an effective process established for the on-going assessment and supervision of all staff.

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

No action ✓

Are services effective?

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

No action ✓

Are services caring?

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

No action ✓

Are services responsive to people's needs?

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

No action ✓

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Requirements notice ✗

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)

Staff had clear systems to keep patients safe but we found areas where improvements could be made.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse but these did not include the current guidance available to support people who were known to have experienced modern day slavery or female genital mutilation (FGM).

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. We saw evidence that staff had received safeguarding training. However, the frequency of refresher training for two staff had lapsed.

One clinician had not had an infection control update in the last year.

Since our inspection the provider advised us they have purchased an online training package for all staff and the required training has commenced.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. We noted there was no information to signpost the instrument flow direction from dirty to clean; and we

noted that the nurse cleaning instruments did not wear all the required personal protective equipment to carry out this task. Specifically, a face mask was not worn. We were assured this was an oversight on the day and not normal practice.

The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument. Information about manual cleaning of instruments was not available for staff. The provider took action to address this shortfall after our visit.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

The treatment room was partly carpeted. There was no rationale for this in the practice's infection control policy.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

The practice was visibly clean on inspection day. Staff carried out environmental cleaning and used colour coded equipment to support this. Improvements were needed to ensure the colour coded system was followed consistently for storage of cleaning mops to ensure cross contamination did not occur. The National Colour Coding Scheme for cleaning materials is a scheme set by The National Patient Safety Agency (NPSA).

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The provider had not carried out infection prevention and control audits for several years. We were assured an audit was completed immediately after our inspection.

Are services safe?

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentist used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at two staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff generally ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances.

We reviewed a dental compressor service report from February 2020 and noted it contained recommendations which remained outstanding at the time of our visit. The provider took action to address this shortfall after our visit.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We reviewed an X-ray service report from February 2020 and noted it contained recommendations which remained outstanding at the time of our visit. The provider took action to address this shortfall after our visit.

We were shown evidence the dentist justified, graded and reported on the radiographs they took. The provider carried out radiography audit in February 2020 which followed current guidance and legislation. The previous year's audit was not available.

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

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. We noted the sharps bin in the decontamination room was filled above the fill line and should have been disposed of, and replaced, in line with regulations. This posed a sharps injury risk to staff. The provider took action to address this shortfall after our visit.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff had knowledge of the recognition, diagnosis and early management of Sepsis. Staff told us they had not yet developed a written policy for Sepsis management and had not completed formal awareness training.

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

Immediate improvements were needed to ensure emergency equipment and medicines were available as described in recognised guidance. We found staff did not keep records to make sure these were available, within their expiry date, and in working order. Oxygen was available but the quantity was not enough to support emergency treatment for the recommended time. This shortfall was compounded by the rurality of the practice. Two emergency medicines had passed their use by date. The provider took immediate action to replace affected items on the day of our visit.

We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

Are services safe?

A dental nurse worked with the dentist when they treated patients in line with General Dental Council Standards for the Dental Team.

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

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm corroborate our findings and observed that individual records were written or typed and managed in a way that which kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of prescribed medicines.

There was a stock control system of prescribed medicines, antibiotics and analgesics which were held on site. This ensured that these medicines did not pass their expiry date and enough medicines were available if required.

The dentist was aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were not carried out which meant the dentist could not demonstrate they were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues.

Staff monitored and reviewed incidents. This helped staff to understand the potential risks which and led to effective risk management systems in the practice as well as safety improvements.

There had been one safety incident in the last 12 months. We saw this was investigated, documented and discussed team to prevent such occurrences happening again.

The provider did not have had a system for receiving and acting on safety alerts. This shortfall was addressed in the day of our visit.

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 that the dentist assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentist where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for Looked After Children (LAC).

The dentist gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. 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 might not be able to make informed decisions.

The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

The provider had quality assurance processes to encourage learning and continuous improvement. However, not all the required audits had been completed and there was no evidence of completed audit cycles.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a structured induction programme. We confirmed clinical staff generally completed the continuing professional development required for their registration with the General Dental Council but some training was overdue which included infection control and safeguarding. The provider took action to address this shortfall after our visit by implementing online continuing professional development (CPD) training for all staff.

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 treated patients with kindness, respect and compassion.

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

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

Patients said staff were compassionate and understanding.

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

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the requirements of the Equality Act.

- Interpreter services were available for patients who did not speak or understand English.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included X-ray images and intra-oral camera images.

Are services responsive to people's needs?

(for example, to feedback?)

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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of support which may be needed by the more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

11 cards were completed, giving a patient response rate of 22%

100% of views expressed by patients were positive.

We shared this with the provider in our feedback.

We were able to talk to two patients on the day of inspection. Feedback they provided aligned with the views expressed in completed comment cards.

The practice had made reasonable adjustments for disabled patients. This included step free access via a removable ramp.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients 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.

The staff took part in an emergency on-call arrangement with another local practice when the dentist was on holiday.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The provider had a policy providing guidance to staff about how to handle a complaint.

Staff told us the practice had not received any complaints in the previous 12 months.

The provider was responsible for dealing with complaints. Staff told us they would tell them about any formal or informal comments or concerns straight away so patients could receive a quick response.

Are services well-led?

Our findings

The provider told us that their ability to keep on top of governance matters at the practice had been impeded by other practice management issues in the last year. However, they told us they now felt confident they were in a position to address the shortfalls we identified and maintain high quality care.

Following our inspection, the provider wrote to us detailing where they had taken action to address deficiencies in the following areas:

- Systems for ensuring that appropriate emergency medicines and equipment were available;
- Receiving, recording and discussing relevant patient safety alerts;
- Infection prevention control instrument flow signage in the decontamination room, manual cleaning information and infection control audits;
- Staff appraisals;
- Used sharp storage arrangements;
- Recommendations from equipment servicing reports; and
- Sepsis training.

We will check that these improvements are being sustained when we visit the practice again in the future.

The provider was visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

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

Staff did not have an annual appraisal.

The provider was aware of, and had systems, to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so and they had confidence that these would be addressed.

Governance and management

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

The provider had overall responsibility for the management and clinical and day to day leadership of the practice. We found improvements were needed to sustain the delivery of good care.

Appropriate and accurate information

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

Engagement with patients, the public and staff

Staff involved patients, the public and staff to support the service. For example:

The provider used verbal comments and website feedback comments to obtain patients' views about the service. Staff told us that all of the feedback received from patients had been positive.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted upon.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation but improvements were needed to ensure these were operated effectively.

The staff had limited involvement in quality improvement initiatives including on-line peer discussions.

The provider had quality assurance processes to encourage learning and continuous improvement but improvement was needed to ensure a robust clinical audit cycle was implemented.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Are services well-led?

We found that there was no oversight of the 'highly recommended' training as per stated in the General Dental Council professional standards to ensure all relevant staff were up to date with their knowledge.

The provider wrote to us after the inspection to advise us they had purchased and staff training package and were focusing on lapsed training as a priority.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17</p> <p>Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Systems were not in place to ensure Infection prevention and control audits were carried out and storage protocols were followed for cleaning equipment and sharps.• The registered person did not have a process in place to check that emergency medicines and oxygen was available and in date.• Compressor and X-ray equipment servicing recommendations had not been addressed.• Systems were not in place to ensure that patient safety and dental medical devices alerts were received.• The registered person did not have management oversight of training undertaken by staff. Specifically, infection control, sepsis management and safeguarding training. <p>Regulation 17(1)</p>