

Station Road Dental Practice Partnership

House of Dental

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 28 September 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 systems to manage risks for patients, staff, equipment and the premises. We identified minor shortfalls in relation to prescription management.
- 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.
- The providers system to ensure completion of required training and continuous professional development (CPD) required further oversight.
- 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

The provider has 2 practices, and this report is about House of Dental. House of Dental is in Hinckley 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 Station Road Dental Practice Partnership. An additional report is available in respect of the general dental care services which are registered under Station Road Dental Practice LLP.

The practice has 2 portable ramps to enable 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 2 clinical directors, 9 dentists, 5 qualified dental nurses, 5 trainee dental nurses, 3 dental hygienists, 1 dental therapist, 1 practice manager and 5 receptionists. The practice has 10 treatment rooms.

During the inspection we spoke with 1 clinical director, 2 dentists, 2 qualified dental nurses, 1 trainee dental nurse, 1 receptionist and the practice manager. 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 7pm.

Friday from 8am to 5.30pm.

Saturdays by appointment only.

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

Summary of findings

- 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.
- Implement practice protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.

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 which reflected published guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

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

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 agency or locum staff. However, we found there was not always evidence of references for staff members. Where evidence was not present, risk assessments had not been completed. The provider was responsive to our findings and updated their processes to ensure references would be sought and risk assessments completed in the future.

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 management of fire safety was effective.

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, 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

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

Are services safe?

There was scope for improvement in relation to the practice systems for appropriate and safe handling of prescriptions. Prescriptions were kept securely, however the practice system to track and monitor the use of NHS prescription pads required improving to ensure all prescriptions were accounted for. Following the inspection, the provider confirmed new protocols were in place.

Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents.

There was scope for improvement in relation to the practice system for receiving and acting on safety alerts to ensure all alerts evidenced actions taken. Following the inspection, the practice submitted evidence of new protocols in place to log alerts and actions taken.

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, such as local stop smoking services. They directed patients to these schemes when appropriate. The provider and dental therapist were in the process of finalising plans to visit schools and universities to raise awareness of the link between mental health and the impact on oral health.

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.

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

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

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

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

The practice encouraged feedback through online reviews. The overall rating was 4.7 stars out of 5 stars.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

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 dentists 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 bell outside of the building to notify reception if assistance was required, a portable ramp into the building and an accessible toilet for patients with additional access requirements. The practice also had a hearing loop and was able to print off larger print documents if required. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Some staff were able to speak several languages including Urdu, Punjabi, Romanian, Polish, Greek, Italian and Spanish 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, patient information leaflet and social media page.

The provider explained within the past 6 months it had been difficult at times to provide access to patients due to nationwide recruitment struggles. However, the provider had successfully appointed several dentists in Spring and Summer 2023 to provide better access and continuity to patients. The providers long term plan was to further expand and increase treatment rooms to enhance access to the wider community.

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. This included providing longer appointments to patients with additional needs. A text appointment reminder service was provided, and emergency appointment slots and sit and wait appointments were available each day.

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 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 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

We reviewed recent complaints and saw the practice responded to concerns and complaints appropriately. The management team reviewed themes from complaints to focus on improving the service. Since the practice had appointed new dentists' complaints regarding access had decreased. Staff discussed outcomes 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

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 provider demonstrated a transparent and open culture in relation to people's safety. The clinical director held bi-monthly meetings for the dentists, dental hygienists and therapists, to share learning and improve protocols within the practice.

There was strong leadership with emphasis on people's safety and continually striving to improve. The provider planned to start an in-house training academy.

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

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

The practice did not have clear oversight of staff training and was not able to provide evidence during our inspection that all staff had undertaken all recommended training in accordance with guidelines. However, following the inspection the provider submitted evidence of completed training certificates.

Governance and management

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

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

We saw there were clear and effective processes for managing risks, issues and performance.

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.

Are services well-led?

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.

Continuous improvement and innovation

The practice undertook 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.