De-ientes Limited

De-ientes Bedford

Inspection Report

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Overall summary

We carried out this unannounced inspection on 5 July 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 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

De-ientes Bedford is located in Bedford, which is the county town of Bedfordshire. It provides NHS and private treatment to patients of all ages. The provider also has a second De-ientes practice in Clapham, Bedford. We did not inspect the Clapham practice.

There is level access for people who use wheelchairs and pushchairs as a concrete ramp has been built directly outside the building entrance. There is limited car parking at the premises, but there is a large public car park within

Summary of findings

close vicinity to the practice. The public car park has spaces for patients with disabled badges. There are also some disabled car parking spaces on the road of the practice.

The practice has four treatment rooms; three are on the ground floor.

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 De-ientes Bedford is one of the senior partners.

The practice is an approved training practice for dentists new to general dental practice. De-ientes Bedford has been a training practice since 2005. The practice currently has two trainee dentists working in the practice.

On the day of inspection we collected nine 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 (who were also clinical team leaders), two trainee dental nurses, one receptionist and the reception and practice administration team leader. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Friday from 9am to 5.30pm and Saturday from 9am to 1pm (private treatments only).

Our key findings were:

- The practice ethos included the provision of high quality dental care for their patients alongside the promotion of good oral health. The ethos also included actively involving patients about their care and encouraging them to fully participate.
- Effective leadership was evident although we found areas where management arrangements required strengthening.
- Staff had been trained to deal with medical emergencies. We found appropriate medicines were readily available in accordance with current guidelines. We found there were some items of equipment either missing or that had expired. These were subsequently ordered and replaced.
- The practice appeared clean and well maintained.
- Staff demonstrated knowledge in relation to their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had staff recruitment procedures, however, these required strengthening.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice demonstrated awareness of the needs of the local population and took these into account when delivering the service.
- Patients had access to treatment and urgent and emergency care when required.
- The appointment system met patients' needs.
- The practice dealt with complaints positively and efficiently.
- Staff had received most training appropriate to their roles. Staff were supported in their continued professional development (CPD) by the practice.
- Dental nurses, trainee dental nurses and reception and administrative staff we spoke with, felt supported by the provider and were committed to providing a quality service to their patients.

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

- Review practice's recruitment procedures to ensure that appropriate background checks are completed prior to new staff commencing employment at the practice. Risk assessments should be undertaken for staff whose DBS or hepatitis B immunity status checks have not been completed.
- Regularly monitor and record water temperatures as part of the legionella risk assessment taking into account guidelines issued by the Department of Health – Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Review the protocols and procedures for use of X-ray equipment taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.

Summary of findings

- Review the practice's process for undertaking audits and ensure all identified objectives and recommendations are reviewed during the next audit cycle.

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

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

The practice had a number of systems and processes to provide safe care and treatment but we found areas that required strengthening. This included ensuring that all staff had their immunisation status recorded and ensuring robust recruitment procedures were deployed.

The practice learnt from incidents and complaints to help them improve.

Staff received training in safeguarding with the exception of three trainee dental nurses who subsequently completed their training after our inspection took place. Staff knew how to recognise the signs of abuse and how to report concerns.

Premises and equipment were clean and maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had mostly suitable arrangements for dealing with medical and other emergencies. We noted that some items of equipment were missing or had expired. These items were immediately obtained and replaced following our inspection.

Are services effective?

No action

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 effective, excellent and very good. Information we looked at showed the dentists discussed treatment with patients so they could give informed consent.

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 noted however that training was required to ensure all staff had up to date knowledge and could apply the principles of the Mental Capacity Act 2005. Training was also required to ensure staff understanding of Gillick competence.

Are services caring?

No action

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

We received feedback about the practice from nine people. Patients were positive about aspects of the service the practice provided. They told us staff were caring and would always help when patients were in need.

Patient feedback in CQC comment cards supported that the practice gave patients information to help them make informed choices.

Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action

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 some arrangements to help patients with hearing loss. This included the use of a caller assist system which transferred voice to text. The practice did not have a hearing loop installed at reception.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

No action

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. However, we noted there were also areas of improvement required in relation to governance arrangements. These included staff recruitment procedures, obtaining staff immunisation status and completing risk assessments accordingly.

There was a clearly defined management structure and staff we spoke with felt supported and appreciated.

The sample of patient dental care records we reviewed were clearly written or typed and stored securely.

The practice had quality assurance processes aimed at encouraging learning and continuous improvement. We found areas which required strengthening such as implementing action plans after audits were undertaken.

We saw evidence that the practice listened to the views of patients and staff.

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. The practice had recorded two significant events within the past year. We reviewed documentation that supported that staff had discussed these incidents and had identified learning points for future practice.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The practice administration team leader told us they had only recently started to receive alerts, as they were unaware of these previously. We were shown a recent alert issued and were told what action had been taken by the practice in response. The team leader told us they would review any historical alerts and implement a log for recording any actions taken in relation to relevant future alerts. We were also informed that alerts would be subject to discussion with staff in practice meetings.

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 most staff had received safeguarding training. Our review of records showed that three trainee dental nurses had not yet completed their training in safeguarding. Following our inspection, we were sent copies of certificates for these staff who completed the training immediately. The reception and practice administration team leader was the lead for safeguarding with support from one of the senior partners who was a dentist.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff we spoke with told us they felt confident they could raise concerns without fear of recrimination. The policy was last reviewed in December 2016.

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 data relating to COSHH was reviewed annually and when any new products were used.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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 was last reviewed in March 2017.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Training was last undertaken in November 2016.

Emergency medicines were available as described in current recognised guidance. Staff kept records of their checks to make sure these were available and within their expiry date. We found that some items of life saving equipment were missing or required replacement. We did not find a paediatric self-inflating bag and we noted an oropharyngeal airways had expired. The provider sent us documentation after our inspection to show that items had been immediately obtained and replaced.

Staff recruitment

The practice had a staff recruitment procedure to help them employ suitable staff. We noted that the staff recruitment process required strengthening however, as there were a number of documents missing from staff files we looked at. The reception and practice administration team leader informed us that they were already aware of this and showed us information which demonstrated that plans were in place to address the areas of discrepancy.

Are services safe?

We looked at five staff recruitment files which related to staff employed from November 2016. We did not find evidence of any DBS certificates held on these files. The reception and practice administration team leader told us that historically DBS checks had been completed for all staff employed. They told us that a decision had then been made in 2016 to undertake DBS checks on staff only after they had completed their six months' probation at the practice.

We were shown documentation which supported that the outstanding DBS checks were in the process of currently being completed. The practice told us they would undertake risk assessments for these staff whilst waiting for DBS checks to be completed.

We found that evidence of photographic staff identity was present in two of the five files we reviewed.

The staff files did include references, history of staff employment, contract information, induction records and information regarding review of their performance.

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 had health and safety policies and risk assessments which were reviewed to help manage potential risk. We noted that the practice did not hold documentation relating to electrical installation safety testing. Following our inspection, we were provided with booking details for when the testing was due to take place.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

We reviewed staff immunisation records in relation to Hepatitis B immunity. We found that information was missing in relation to dental nurses (including trainees) immunity status. The reception and practice administration team leader told us that risk assessments would be completed for these staff and they would ensure that staff immunity information was obtained and held on record.

A dental nurse worked with the dentists 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. We looked at records which showed that additional infection control training was provided for trainee dental nurses to ensure they were confident in this area of responsibility.

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 had carried out an infection prevention and control audits annually. The practice told us they had plans to undertake six monthly audits. The latest audit in August 2016 showed the practice was meeting the required standards. An action plan had been produced following the audit.

The practice had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The risk assessment was undertaken in May 2017 but we noted that recommendations contained within it had not yet been fully implemented.

We were informed that the recommendations were currently being progressed. The practice told us that monthly water temperature testing would be implemented but we noted that this had not been undertaken prior to our inspection taking place.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patient comments in CQC comment cards supported that this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. We noted that the compressor was overdue servicing. Following our inspection, we were provided with information regarding booking details for the servicing to take place.

The practice had suitable systems for prescribing, dispensing and storing medicines.

Are services safe?

The practice storage of NHS prescriptions required review to ensure it reflected current guidance. Whilst unused prescription pads were kept locked away, we noted that prescription pads in use were kept in surgery drawers and not locked. We also noted that the practice had not maintained a log for tracking prescriptions but we were told that a document would be implemented.

Radiography (X-rays)

The practice had mostly 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 noted that rectangular collimators were not available for use in the treatment rooms. We were informed on the day of our inspection that these would be ordered.

We saw evidence that the dentists justified, graded and reported on the X-rays they took.

Clinical staff files we looked at showed they 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 in the sample of records we reviewed. The dentists assessed patients' treatment needs in line with recognised guidance. Dental care records we saw showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the condition of the gums using the basic periodontal examination scores and soft tissues lining the mouth.

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

Health promotion & prevention

Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

A dentist we spoke with 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.

A dentist we spoke with told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion information to help patients with their oral health.

The practice website included health promotion information in the form of a newsletter which included advice about mouth cancer, alcohol and oral health.

Staffing

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 review meetings and appraisals. We saw evidence of completed appraisals.

Working with other services

Information we were provided with confirmed the dental team 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.

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 in CQC comment cards that their dentist listened to them and gave them information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. We noted a mixed response in relation to staff understanding of their responsibilities under the Act when treating adults who may not be able to make informed decisions. We noted that dental nurse staff required training to ensure their up to date knowledge of application of the Act. We were informed by one of the dentists that online training had previously taken place and discussions were held during practice meetings.

The policy did not refer to Gillick competence. A dentist we spoke with was aware of the need to consider this when treating young people under 16. We found there was a mixed response in relation to staff understanding of Gillick competence. We noted again, that dental nurses required training to ensure they understood Gillick competence. We were informed that training would take place in these areas.

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 caring and would always help when patients were in need. CQC comment cards included that staff treated patients respectfully, appropriately and kindly and were always friendly towards their patients.

The practice had undertaken their own annual survey of patient satisfaction and provided us with this information. In their latest survey, 29 patients responded to questions. All of these patients stated that they were treated with dignity and respect.

The practice provided treatment for nervous patients and made additional considerations when they required dental care. These included longer appointments, calming music in the treatment room and these patients were also invited to bring in a DVD to watch whilst receiving treatment.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room or private area. 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.

An information folder and other practice information was available for patients to read in the reception area.

Involvement in decisions about care and treatment

Information we reviewed supported that the practice gave patients information to help them make informed choices. Patient comments in CQC comment cards supported that staff listened to them, did not rush them and discussed options for treatment with them.

The practice's own annual survey results showed that all 29 patients who responded believed that their view was taken into account.

Patient feedback in CQC comment cards showed 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 and treatments for gum disease, cosmetic procedures and more complex treatment such as implants and orthodontics.

The practice utilised technology and patients could watch a visual tour of their mouth through the use of a camera which showed images onto a large screen. This was used to help explain treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients stated they were satisfied 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.

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 an example where a patient with a hearing impairment communicated with the practice using a caller assist system. The system translated voice to text so they had appropriate access for their care.

Staff told us that patients were able to receive either an email, text or telephone call to remind them of forthcoming appointments.

Promoting equality

The practice made some reasonable adjustments for patients with disabilities. These included step free access and accessible toilet with hand rails and a call bell. The toilet included soap dispensers which had been lowered to assist those with mobility problems. The practice did not have a hearing loop installed at reception.

The practice had access to interpreter/translation services which included British Sign Language.

Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum where possible. The practice told us that they had a policy whereby staff would inform patients if dental clinicians were running 15 minutes late.

We looked at when the next routine appointments were available. We found there were available appointments in three working days.

The practice was committed to seeing patients experiencing pain on the same day and allocated any free appointments when patients made contact the practice. We were told that if there were no free appointments available, one of the dentists would see a patient during lunch time or on a sit and wait basis.

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. NHS patients were advised to contact the NHS 111 service. Private patients were provided with a mobile telephone number to call in an emergency or after they had received implant treatment.

Patients confirmed in CQC comment cards that the practice always made efforts to ensure patients were seen for routine or emergency appointments.

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 administration team leader was responsible for dealing with these. Staff told us they would tell the practice administration team leader about any formal or informal comments or concerns straight away so patients received a quick response.

The practice administration team leader 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. The practice website included a section where patients could submit feedback about their experience at the practice.

We looked at comments, compliments and complaints the practice received within the past 12 months. We noted seven complaints had been received. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice administration team leader and a clinical team leader were jointly 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 most 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. However, we noted there were areas of improvement required in governance arrangements. These included ensuring that all risks were addressed promptly, with appropriate action taken to manage and reduce any risks from recurring. For example, staff recruitment procedures, obtaining staff immunisation status and completing risk assessments accordingly. We also found that systems required strengthening in relation to monitoring when equipment servicing/testing was due.

The practice employed a lead nurse and team manager (who also acted as clinical leads). Both these staff members had had a period of absence from working at the practice but had recently returned to work. We were informed that since their return they were actively addressing areas where it had been identified the practice could make improvements.

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 we spoke with told us there was an open, no blame culture at the practice. They said the practice administration team leader 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 administration team leader was approachable, would listen to their concerns and act appropriately. The practice administration team leader discussed concerns at staff meetings and documentation we reviewed supported that the practice worked as a team and dealt with issues professionally. We did note that some staff feedback included that they felt the practice administration team leader was more approachable than senior management and that communications from senior management could at times improve.

Staff spoke positively about flexible working arrangements and considerations which had been made by senior and practice management.

The practice held regular meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. Dental nurse meetings were also held separately for these staff to discuss relevant issues and we looked at details of the meetings recorded. We were informed that trainee dentists attended weekly tutorials with a trainer.

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. We looked at a radiograph audit (May 2016), a record keeping audit (2017-18) and an infection and prevention control audit (August 2016). Whilst we reviewed an action plan for the infection and prevention control audit, we noted that the other audits did not contain clear action plans for improvement.

The management team valued the contributions made by individual members of staff. The dental team had annual appraisals and regular reviews. They discussed learning needs, general wellbeing and aims for future professional development. For example, the practice administration team leader told us they were being supported to undertake a course in leadership. 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. We had identified gaps in training in relation to all staff completing safeguarding training. This was addressed by the practice after our inspection had taken place.

Are services well-led?

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 to obtain patients' views about the service. The practice told us that following feedback received from patients who had been kept waiting for their appointment, they had ensured that patients were always kept informed if a clinician was running late.

We looked at the practice's latest results from its annual survey which showed high patient satisfaction with the services provided. The practice also included patient testimonials on its website.

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. We looked at responses submitted by patients during February, March and June 2017. All of the 13 patients who responded were likely or extremely likely to recommend the practice.