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Hampton House Dental Practice

Inspection Report

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Date of inspection visit: 9 August 2017
Date of publication: 15/09/2017

Overall summary

We carried out this announced inspection on 9 August 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide us with any information 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

Hampton House Dental Practice is located in Lutterworth and provides NHS and private treatment to patients of all ages.

Summary of findings

There is level access for people who use wheelchairs and pushchairs. There are a limited number of car parking spaces available at the rear of the practice's premises for patients to use. At present, there is no allocated parking for patients who are disabled badge holders. Public car parking is available within Lutterworth town centre or on side streets which are close to the practice's premises.

The dental team includes five dentists, one is an orthodontist, five dental nurses, two of the nurses also work as receptionists and there is one dental hygienist. The practice has four treatment rooms; all of these are on the ground floor.

The practice is owned by an individual who is the principal dentist there. 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.

The provider is also a partner in another practice of the same name which operates from a location in Leicester.

On the day of inspection we collected 39 CQC comment cards completed by patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, two dental nurses (one of whom also worked as a receptionist) and a second receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Thursday 8.30am to 12.30pm and 1.45pm to 5.15pm. On Friday the practice is open 8.30am to 2.45pm.

Our key findings were:

- The practice ethos included the provision of dental care and treatment of a consistently good standard to meet patients' needs and wishes.
- Effective leadership was evident in most areas of the practice. We noted some areas where management arrangements could be strengthened.
- Staff had been trained to deal with emergencies and appropriate medicines and lifesaving equipment were readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected current published guidance.
- The practice had effective processes in place and staff knew their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had adopted a process for the reporting and shared learning when untoward incidents occurred.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice was aware of the needs of most of the local population and took some of these into account when delivering the service.
- Patients had access to treatment and urgent care when required.
- Whilst staff received training and clinical staff were supported in their continued professional development (CPD), their annual appraisals / performance reviews were overdue completion.
- Staff we spoke with felt supported by the provider and were committed to providing a quality service to their patients.
- The practice asked staff and patients for feedback about the services they provided.

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

- Review the practice's sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp instruments in Healthcare) Regulations 2013.
- 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 practice protocols for the use of rectangular collimators.
- Review the staff supervision protocols and ensure an effective process is established for the on-going appraisal 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?

No action

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises were clean and equipment properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. We noted that an audit was required however to ensure that any worn dental instruments were disposed of and all instruments were satisfactorily clean following the decontamination process.

The practice had suitable arrangements for dealing with medical and other emergencies.

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 first class, excellent and of a high standard. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles but did not have suitable systems to help them monitor this.

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 39 people. Patients were positive about all aspects of the service the practice provided. They told us staff were polite, professional and efficient.

Patients said that they were given helpful and detailed explanations about dental treatment and said their dentist listened to them. We received a large number of positive comments which included reference to individual members of the team. Patients commented that staff made them feel at ease, especially if they were anxious about visiting the dentist.

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

Summary of findings

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 most patients' different needs. This included providing some facilities for disabled patients and families with children. The practice had access to interpreter services (although we found that not all staff were aware of this). Staff told us they would always make additional efforts to assist any patients with problems such as hearing loss.

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 governance arrangements. This included ensuring that staff had annual appraisals/ performance reviews and ensuring the safe management of sharps.

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

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely; although we noted some exceptions in the detail of record keeping in a sample of records we reviewed.

The practice sought to monitor clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

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 had recorded three significant events within the past twelve months. The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We saw evidence that the principal dentist took appropriate action in relation to relevant alerts and stored documentation for future reference. We noted that alerts were not widely discussed with other members of the dental team. The principal dentist told us they would incorporate this into future 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 staff received safeguarding training. Two of the dentists were appointed as safeguarding leads within the practice. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a whistleblowing policy dated July 2017. Staff told us they felt confident they could raise concerns without fear of recrimination.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed. The practice had not adopted a process for the review of COSHH data to ensure their records were always up to date. The principal dentist told us they would add information to the file when new products were used. The principal dentist told us that they would seek to implement an annual review to ensure the file was kept up to date.

We looked at the practice's arrangements for safe dental care and treatment. We noted that the practice were not compliant with relevant safety laws when using needles as they had not implemented a safer sharps system. The practice had however, taken measures to manage the risks of sharps injuries by using guards to help prevent these injuries. During our discussions with nurses, we noted that they handled sharps and matrix bands. We discussed the risks of potential injury with the principal dentist. They informed us they were unaware that nurses handled these items and would issue an immediate instruction for them to cease doing so.

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.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Most emergency equipment and medicines were available as described in recognised guidance. The items were stored in three containers, which may impact upon staff being able to locate equipment and medicines quickly in the event of an emergency.

We noted that size four oropharyngeal airways were missing. The principal dentist told us this was an oversight and the item would be ordered. We were also unable to find portable suction. The principal dentist told us they would take action to address this.

Staff kept records of their checks to make sure equipment and medicines were available, within their expiry date and in working order.

Staff recruitment

Are services safe?

The practice had a staff recruitment procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at two recruitment files relating to more recently employed staff. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and most risk assessments were up to date and reviewed to help manage potential risk. We noted that the practice did not hold documentation relating to electrical installation safety testing. The principal dentist told us this was an oversight and would make arrangements for the testing to be undertaken.

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

A dental nurse worked with the dentists and dental hygienist when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had mostly suitable arrangements for transporting, cleaning, sterilising and storing instruments in line with HTM01-05. We noted that further checks were required of dental instruments to ensure they were suitable for use.

We looked at a small sample of dental instruments and found that some of these items contained signs of wear and required replacement. We found that instruments including dental forceps were not all satisfactorily clean.

We discussed the issue with the principal dentist and were informed that an audit would take place to identify items requiring disposal and replacement. The principal dentist advised us that they would also raise this as training issues amongst staff involved.

The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice did not have robust procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with an up to date risk assessment. The latest risk assessment was undertaken in June 2012 and the principal dentist told us they were making arrangements for a new assessment to be undertaken. The practice were unable to provide us with records to show that water testing and temperature checks were being regularly undertaken.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients' comments in CQC comment cards confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

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

The practice had made a decision to store the medicine glucagon in the fridge. The practice had not monitored fridge temperatures to check that the fridge did not become faulty.

During our inspection, we found some dental cement that had passed its expiry date for safe use. The principal dentist informed us that this would be disposed of.

The practice stored and kept records of NHS prescriptions as described in current guidance. The practice had recently implemented procedures regarding the recording and monitoring of prescription pad numbers.

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 surgeries.

Are services safe?

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories in some records we looked at. The dentists had assessed patients' treatment needs in line with recognised guidance. A sample of the dental care records we reviewed showed that the findings of the assessment and details of the treatment carried out were recorded appropriately in some instances. This included details of the condition of the gums using the basic periodontal examination scores and soft tissues lining the mouth. We noted some inconsistencies with the detail of record keeping amongst clinicians in the sample reviewed however. For example, we could not find evidence of periodontal charting in relation to patients who had seen one of the clinicians.

We saw that the practice had audited patients' dental care records to check that the dentists recorded the necessary information. We noted a recent audit in August 2017. The audit had not identified our findings from the sample we reviewed.

Health promotion & prevention

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

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

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

We spoke to some of the practice staff about how their training needs were met. Staff told us that they had completed mandatory training and the principal dentist was supportive of any other training needs which might be identified. One of the staff members who was more recently employed told us they were confident in undertaking their role and could approach other staff if they needed help. The member of staff told us that they would like to undertake a receptionist course. Our review of records and discussions with staff showed that they had not completed annual appraisals or other regular review meetings with management. The principal dentist told us that they had identified that this was overdue and told us they would seek to implement a more formal process.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice had implemented a policy on the Mental Capacity Act 2005. Knowledge of the Act is required when treating adults who may not be able to make informed decisions. We saw evidence that members of the clinical team had undertaken training in the Act. We noted that refresher training was required however to ensure all team members had full understanding of their responsibilities under the Act.

The practice had a consent policy which referred to Gillick competence and the dental team were aware of the need to consider this when treating young people under 16.

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 polite, professional and efficient. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

A comment made in a CQC comment card stated that staff were compassionate and understanding towards nervous patients. A member of staff we spoke with explained that they made additional efforts to ensure that nervous patients felt more comfortable. They provided an example whereby they had felt pride in helping a nervous patient overcome their anxieties. Another patient comment card we looked at stated that staff were so welcoming towards patients that their visit to the dentist was an enjoyable experience.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited 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. 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 board and a patient suggestion box were available in the reception area.

Involvement in decisions about care and treatment

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

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

The practice did not have a website. The principal dentist told us they had plans to develop one. The practice information leaflet and notice board contained details about the types of treatment provided and the associated costs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice cared for a number of elderly patients and we were informed that some of these patients had mobility problems. A member of staff informed us that they told these patients to park adjacent to the practice building and then they would assist them with accessing the premises if they needed help.

Staff told us that patients had an option to choose text or letter reminders for their check-up appointments.

Promoting equality

The practice had made some reasonable adjustments for patients with disabilities. These included step free access and accessible toilet. The toilet did not have a handrail or call bell installed. The practice did not have a hearing loop to assist patients who wore hearing aids. The principal dentist told us that whilst they did not have dedicated parking for disabled badge holders, they would consider creating a dedicated space adjacent to the building.

Whilst the practice had access to interpreter/translation services, we noted that reception staff had not been made aware of this by the provider.

Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept a number of appointments free for same day appointments. Patients were requested to call at 8.30am to be assured of a same day appointment. The practice 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.

Patients confirmed they could make routine and emergency appointments easily and were not often kept waiting for their appointment. We looked at the availability of appointments and found free appointments on the following day.

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

The principal dentist told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these if appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the past 12 months. We noted one complaint which had been received, addressed and closed and two which were ongoing. 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 principal dentist had overall responsibility for the management and clinical leadership of the practice. The principal dentist was also responsible for the day to day running of the service. The principal dentist worked in the practice two days per week. They told us they could be contacted by telephone at their other practice when they were not there.

Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to help support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. We noted some areas of improvement required in governance arrangements however. This included ensuring that all risks identified were addressed promptly and appropriate action taken to manage and reduce any risks from recurring. For example, the management of safer sharps, as we found nurses were handling sharps without knowledge of the principal dentist. The practice had also not adopted safer sharps for use.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist 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 principal dentist was approachable, would listen to their concerns and act appropriately. The principal dentist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. We noted that these meetings had been held irregularly historically, but they had increased this year.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had records of the results of these audits. We identified that audits in record keeping could be strengthened.

The principal dentist told us they were committed to staff learning and improvement and valued the contributions made to the team by individual members of staff. We noted that formal arrangements were not in place regarding annual appraisals and performance reviews however.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys and a comment box to obtain patients' views about the service. The practice had recently undertaken a survey and were in the process of analysing the results. We looked at a sample of survey forms completed and these showed positive feedback about the service received.

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. Data reported by the practice showed in June and July 2017, 50 patients were likely or extremely likely to recommend the practice.