

Cavendish Dental Care Partnership

Cavendish Dental Care

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 23 August 2022 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 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:

- The dental clinic was visibly 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 help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- Patients were treated with dignity and respect and staff 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.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and 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 dental clinic had information governance arrangements.

Background

Cavendish Dental Care is in Chesterfield, Derbyshire and provides NHS and private dental care and treatment for adults and children.

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

The dental team includes three dentists, nine dental nurses, including a treatment co-ordinator and five trainee dental nurses, two dental hygienists, one dental therapist and the practice manager. All dental nurses are trained to work on reception. The practice has six treatment rooms.

During the inspection we spoke with one dentist, the treatment co-ordinator, two dental nurses, one dental hygienist, the practice manager and a compliance manager from Roderick's. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 8.30am to 5.30pm

Friday from 8.30am to 5pm

Saturday and Sunday closed

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. Staff completed safeguarding training to the relevant level and annual safeguarding training updates were completed. Safeguarding was a topic for discussion during practice meetings. Information regarding domestic abuse including contact details to report abuse were on display in patient and staff toilets in the practice.

The practice had infection control procedures which reflected published guidance. Staff were manually cleaning instruments in the dental treatment room prior to transportation to the decontamination room for sterilising. Staff were downloading information from the autoclave data logger on a weekly basis. The data logger provides evidence that the autoclave is working correctly at the required temperature for the specified length of time. Following this inspection, we were informed that information from the data logger was now being downloaded daily. The practice had introduced additional procedures in relation to COVID-19 in accordance with 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 which was last completed in January 2022.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Clinical waste was collected weekly and consignment notices were available.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. An electrician was scheduled to undertake work at the practice to address the issues identified in the five-year fixed wiring test.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

The practice had some arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We saw rectangular collimation (a system which reduces unnecessary radiation exposure during oral x-rays) was not available in four treatment rooms. The practice manager had been in contact with companies to try and purchase collimators but without success. On the day of inspection, we were provided with evidence to demonstrate that new X-ray units had been purchased with rectangular collimators. One dentist was overdue to undertake IRMER training and following this inspection we were sent evidence to demonstrate that this training had been completed on the day of inspection.

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. An external company completed a health and safety risk assessment at the practice annually. Action had been taken to address issues identified during the last risk assessment.

Emergency equipment and medicines were available and checked in accordance with national guidance. A medical emergency kit was available on both the ground and first floor of the practice for ease of access in case of an emergency.

Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Medical emergency scenario training was completed at monthly practice meetings.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Material safety data sheets were also available for each product in use. For ease of use; a separate file was kept in the cleaning cupboard, with details of the cleaning products in use at the practice.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. Staff had completed training regarding significant events. We saw that significant event forms had been completed as necessary. The practice had a system for receiving and acting on safety alerts. Alerts were sent to staff who signed to confirm that they had read the information.

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.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate. The practice also advertised a 'Kids Club' and any national oral health campaigns on their social media sites. The Kids Club was operational for a week during half term school holidays and included colouring competitions, games and staff gave children oral health advice.

Consent to care and treatment

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

Staff understood their responsibilities under the Mental Capacity Act 2005 and completed training regarding this.

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 in line with recognised guidance.

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

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

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.

Staff gave examples of how they had supported patients. We saw staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. Interpretation services were available for patients who could not speak or understand English. Patients could make appointments with the treatment co-ordinator to discuss their treatment.

Staff gave patients clear information to help them make informed choices about their treatment.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models 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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. Treatment rooms were available on both the ground and first floor of the premises and a disabled access toilet was available on the ground floor. A portable ramp was used to access the treatment room on the ground floor of the premises.

Timely access to services

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

The practice had an appointment system to respond to patients' needs. Each dentist kept appointment slots available each day to see patients with a dental emergency.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

We found this practice was providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

The practice demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership and emphasis on continually striving to improve. Support was provided to the practice as needed from various head office functions and area management staff.

Systems and processes were embedded, and staff worked together in such a way that where the inspection identified areas for improvement these were acted on immediately.

The information and evidence presented during the inspection process was clear and well documented. Systems and processes were embedded, and staff worked in accordance with these.

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

Culture

The practice 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 said that everyone working at the practice was caring and supportive, teamwork was amazing, and everyone helped each other when needed.

Staff discussed their training needs during annual appraisals and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. This included weekly staff bulletins, clinical staff meetings and clinical supervision.

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

Governance and management

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

The practice had a system of clinical governance in place 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 these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback. Patient satisfaction surveys were completed six-monthly.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff from head office sent out and received the responses from staff surveys. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation. This included sharing of information companywide, weekly and monthly bulletins and learning from accidents, incidents and complaints.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.