

# Portman Healthcare Limited Kibworth Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 19 May 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.

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**

Kibworth Dental Practice is located in a village in South Leicestershire and provides private treatment to patients of all ages and NHS treatment to children only.

There is a small single step at the front entrance of the building. We were informed that this had not previously presented people with wheelchairs and pushchairs difficulties in entering the premises. The practice management told us that measures were however going to be undertaken to improve access arrangements. Car parking spaces, including those for patients with disabled

# Summary of findings

badges are available in two public car parks within close proximity to the practice. There is also free on street parking outside the practice without restrictions on length of stay.

The dental team includes three dentists, six dental nurses, two dental nurse trainees and one dental hygienist. The dental nurses also share receptionist duties. The practice also employs a practice manager. The staff work between two practices owned by the provider. The practice we inspected has two treatment rooms.

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 Kibworth Dental Practice was the practice manager.

On the day of inspection we collected 14 CQC comment cards filled in by patients. This information gave us a very positive view of the practice.

During the inspection we spoke with two dentists, three dental nurses and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday, Tuesday, Wednesday and Friday from 8.30am to 5pm and Thursday from 8.30am to 7pm. The practice had recently started to open on the last Saturday in every month to accommodate any patients who may prefer weekend appointments. The practice told us they would review demand for the Saturday service option once it had been trialled.

## Our key findings were:

- The practice ethos included the provision of high quality care including consultations, X-rays and dental treatments (including surgical) to improve the dental health of patients under their care. The practice told us they focussed on the prevention of dental disease by promoting good oral health to their patients.
- Effective leadership from practice management was evident.
- Staff had been trained to deal with emergencies and appropriate medicines and life saving equipment was 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 in the practice.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice were aware of the needs of the local population and took most of these into account when delivering the service. We noted an area of improvement was required in relation to access arrangements for those with mobility problems. Responsive action was taken immediately by the practice.
- Patients had access to treatment and urgent and emergency care when required.
- Staff received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice.
- 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. Information we obtained from 14 Care Quality Commission cards provided positive feedback. We did not receive any negative feedback.

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

- Review the practice's arrangements for recording any action taken in relation to patient safety alerts issued (Medicines and Healthcare products Regulatory Agency, MHRA).
- Review the maintenance arrangements for building services.
- Organise refresher training for staff in the Mental Capacity Act 2005 and Gillick competence.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

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

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### **Are services effective?**

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 excellent, thorough and delivered by extremely professional clinicians. 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 and had systems to help them monitor this.

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### **Are services caring?**

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

We received feedback about the practice from 14 people and reviewed other patient feedback obtained by the practice through their own surveys. Patients were positive about all aspects of the service the practice provided. They told us staff were lovely, caring and helpful. They said that they were given detailed and informative explanations about dental treatment and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist. A number of comment cards included that patients would not consider changing to another dental provider.

One of the practice dentists provided free dental care and treatment to a number of children who lived in Chernobyl, but visited the UK through a charitable organisation on an annual basis.

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

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### **Are services responsive to people's needs?**

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.

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# Summary of findings

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Staff considered patients' different needs. Practice staff had undertaken training in dementia awareness and had become Dementia Friends. We noted that measures were being undertaken to accommodate patients with physical mobility problems. The practice had access to telephone and face to face interpreter services and had arrangements to help patients with sight loss.

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

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## **Are services well-led?**

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

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored 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.

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# 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 any incidents to reduce risk and support future learning. Whilst we noted that only one significant event had been recorded within the past two years at this practice. The practice manager shared details amongst staff of any untoward incidents which occurred at other practices, owned by the same provider.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We were told that relevant alerts were discussed with staff, acted on and stored for future reference. We reviewed the records held but noted that any actions taken in response to alerts received had not been recorded. We discussed this with practice management who told us they would ensure detailed recording regarding responsive action taken.

### 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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice manager was the lead for safeguarding concerns.

The practice had a whistleblowing policy. We reviewed the policy and noted that contact details for where concerns should be reported to, were not included. Practice management advised that the policy would be amended immediately to reflect this information. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments

which staff reviewed every year. 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. This was last updated in April 2017.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Staff training had last taken place in May 2016 and included scenario based exercises for staff to respond to.

Emergency equipment and medicines were available as described in current recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment files. 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 risk assessments were up to date and reviewed to help manage potential risk, although we noted an issue that required immediate attention. A health and safety premises inspection had been previously undertaken which resulted in a recommendation to service the practice's gas boiler. The practice management informed us that this had been undertaken, but they were unable to locate documentation to support this. Following our inspection, the practice provided us with documents to show that a new service of the gas boiler had been carried out immediately.

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

# Are services safe?

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 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 carried out an infection prevention and control audits annually. We advised the practice that national guidance recommended these audits take place twice a year. The audit undertaken in September 2016 showed the practice was meeting the required standards. Following our inspection, a further audit was undertaken which showed the practice was again meeting the required standards. We were provided with a copy of this document.

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

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients 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. We noted that an NHS prescription pad being used was held in an unlocked drawer in a treatment room, which was not lockable. This was not in line with national guidance regarding security of NHS prescription pads. We highlighted this to practice management and immediate responsive action was taken to secure this controlled stationery.

## **Radiography (X-rays)**

The practice had 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 saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every month 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. The dentists assessed patients' treatment needs in line with recognised guidance. Dental care records we looked at 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

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 all 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 health promotion leaflets to help patients with their oral health. We also saw samples of free toothpaste available for patients to take.

The practice management informed us that during National Smile Month in May, posters were made and displayed with empty bottles of fizzy drinks attached. The practice had included information about the sugar content next to the drinks bottles. They told us this had prompted a positive response and engagement from patients about the effects of sugar consumption on oral health.

The practice manager had also visited a local pre-school on a number of occasions to deliver oral health education sessions to the children.

### 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 annual appraisals. We saw evidence of completed appraisals and personal development plans.

### Working with other services

The dentists we spoke with 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. We looked at a sample of records held which supported the record keeping maintained. We did however note, that when verbal consent had been obtained, this was not always recorded in notes. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice did not have a consent policy at the time of our inspection. We discussed this with practice management. They told us they would implement a policy and include information about Gillick competence and the Mental Capacity Act 2005 (MCA). Our review of staff training records showed that some staff had attended training about the MCA. Our discussions held with some staff on the day of our inspection showed that refresher training was required, as they were unable to fully demonstrate their understanding and application of the Act. A member of staff we spoke with was unable to demonstrate their knowledge of Gillick competence, although we noted this was a newer member appointed to the team.

# Are services effective?

(for example, treatment is effective)

Staff described how they made sure they had enough time to explain treatment options clearly to patients and their carers. After our inspection, we were provided with a copy of the practice's consent policy which they were seeking to implement.



# 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 extremely caring and welcoming. One patient told us that patient needs were always put first. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. One patient comment included that they had overcome their fear of the dental chair because of the reassuring manner shown by their dentist.

Practice management told us that the practice had been caring for a number of children from Chernobyl who visited the UK on an annual basis. The practice had made links with a local charity several years previously. The visits were organised by the charity to provide respite to the children from their polluted environment. Their visits included having their dental health needs examined by clinicians in the practice, treatment provided and oral health education discussed. We looked at extremely positive feedback provided by the charity which praised the practice for their caring approach. The practice provided this service voluntarily.

Staff were aware of the importance of privacy and confidentiality. The practice premises were small and

therefore the layout of reception and waiting areas presented an issue that some conversations between staff and patients may be overheard. 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.

### **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. Patient comments included that staff had great communication skills and a number of patients told us they would not go elsewhere for their dental care.

Patients told us 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 services and more complex treatment such as dental implants and orthodontics. The practice provided information on their website and in patient information leaflets.

# 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.

The practice had adopted a procedure of issuing letters to patients to remind them of their next pre-booked appointment. Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice told us that they telephoned a patient who had a visual impairment to remind them of their pre-booked appointment rather than issuing a letter.

As a result of dementia awareness training delivered within the practice, the practice staff had become Dementia Friends. Dementia Friends is an Alzheimers Society Initiative that aims to give people a better understanding of dementia.

### Promoting equality

The practice had undertaken a disability access audit and this had identified that improvements could be made to assist patients with mobility problems and other impairments. At the time of our inspection, access arrangements had not changed. We discussed the issue with practice management who acknowledged that action should be taken to address the issue. Following our inspection, we were provided with information which showed action had been taken. This included the installation of a bell at the front door to alert staff if a patient required help, a portable ramp purchased and modifications made to the ground floor toilet such as a handrail and pull cord. We were also informed that an induction hearing loop had been ordered for the front desk.

The practice had access to interpreter/translation services which included British Sign Language. They told us that the service had not been required as yet.

### Access to the service

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

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 we were told they were always offered a same day appointment. The dentists shared responsibilities in an emergency on-call rota with five practices locally. This meant they could respond to their private patients' needs in the event of a dental emergency when the practice was closed. NHS patients were directed to use the NHS 111 telephone number if they needed help when the practice was closed. Information regarding this was left on the practice answerphone message and on a noticeboard within the practice. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager 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 within the practice, as well as on their website advising patients how to make a complaint. 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 in the past 12 months. We noted one written complaint. This showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. The practice website included a number of testimonials from patients about the positive service they experienced.

# Are services well-led?

## Our findings

### Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice. The registered manager also worked as the practice manager and was 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 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.

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

### 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 practice manager 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 manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was evident the practice worked as a team and dealt with issues professionally. A member of staff we spoke with told us they really liked working in the practice and praised the supportive practice management.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### 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 and the resulting action plans and improvements.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. 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. 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, comment cards and verbal comments to obtain staff and patients' views about the service. The practice management told us that patient surveys were undertaken continuously and at least 100 responses were collated annually. Comments we looked at praised the practice for their approach in dealing with anxious patients.

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. Results from February and March 2017 showed a total of 31 responses were received. Of these, 30 patients were extremely likely to recommend the practice and one was likely to. Patient satisfaction results were regularly discussed in staff practice meetings.