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Delapre Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 17 January 2020 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 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:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Delapre Dental Care is in Northampton, a large town in the East Midlands region. It provides mostly NHS and some private dental care and treatments for adults and children. Services include general dentistry and implants.

There is level access to the practice for people who use wheelchairs and those with pushchairs by entry at the rear of the premises. There are some car parking spaces for patients in the practice's car park.

The dental team includes the principal dentist, two locum dentists, two dental nurses, one trainee dental nurse and one dental hygienist. One of the dental nurses also works as the practice manager.

Summary of findings

The practice has two treatment rooms currently in use; both are on ground floor level.

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.

On the day of inspection, we collected 10 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, two dental nurses (including the nurse who works as the practice manager) and the trainee dental nurse. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday to Friday from 9am to 5pm. It closes at lunchtimes for one hour.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff had received training in how to deal with emergencies. Most appropriate medicines and life-saving equipment were available, although we noted some exceptions. These were obtained after the inspection.
- The provider had systems to help them manage risk to patients and staff. We noted some areas that required review to ensure all risks were appropriately mitigated.
- The provider had safeguarding processes and staff showed awareness of their responsibilities for safeguarding vulnerable adults and children. Greater oversight was required by management to ensure staff completed this training.
- The provider had staff recruitment procedures which mostly reflected current legislative requirements.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- We noted that further detail was required in patients' dental care records when a referral to the hygienist was made.
- Staff had awareness of the Mental Capacity Act 2005, although we found their knowledge could be improved in relation to the application of this, and Gillick competence.
- Staff treated patients with dignity and respect and 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.
- The provider had effective leadership.
- Staff felt involved and supported and worked as a team.
- The provider asked patients for feedback about the services they provided.
- The provider had systems in place to deal with complaints. We saw that this was subject to discussion amongst staff.
- The provider had information governance arrangements.

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

- Improve and develop staff awareness of the application of the Mental Capacity Act 2005 and Gillick competence and ensure all staff are aware of their responsibilities as it relates to their role.
- Improve the practice's risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities.
- Improve the practice's arrangements for ensuring good governance is sustained in the longer term.

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)

Staff had clear systems to keep patients safe.

Staff showed awareness of their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse.

We saw evidence on the day that some of the staff had received safeguarding training to the expected level. Certificates were not available for one of the dental nurses and the two locum dentists. Following our visit, this training was completed by those staff and certificates sent to us.

Staff knew how to report concerns.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records. A pop-up note could be created on patients' records.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. We noted that a foaming solution was used when manual cleaning took place; this presents an increased risk of sharps injury to staff. This was addressed by management after our visit.

The equipment used by staff for cleaning and sterilising instruments was not always validated or maintained in line with the manufacturers' guidance. For example, the ultrasonic cleaner had monthly and not weekly protein tests undertaken by staff and it was overdue service.

The practice manager told us that they held a servicing agreement for the ultrasonic cleaner, but due to oversight the contractor had not undertaken this when they had been on site. After our visit, the practice management sent us order confirmation details to show that a new ultrasonic cleaner had been purchased for use. We were informed that weekly protein tests would be undertaken.

The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately. We noted the practice would benefit from an audit of their instruments as we found some contained signs of wear.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment undertaken in August 2016. Records of water testing and dental unit water line management were maintained.

Staff shared cleaning duties of the premises amongst themselves. We saw cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. Staff had also carried out a monthly hand hygiene audit.

The provider had a whistleblowing policy. Staff we spoke with felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. We were told that in instances where dental dam was not used, such as refusal by the patient, other methods were used.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for

Are services safe?

locum staff. We looked at four staff recruitment records to check compliance with legislative requirements. We noted that references were not held for the two locum dentists. The practice manager told us they were known to the principal dentist prior to their recruitment. Following our visit, the provider obtained a reference for one of the locums.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We saw records dated within the previous 12 months.

A fire risk assessment was carried out in the practice with staff obtaining specialist advice from a contractor. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We found the file containing the information would benefit from review, so the necessary documentation could be obtained with ease when required.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

We saw that some of the clinical staff completed continuing professional development in respect of dental radiography on the day of our visit. Certificates for the locum dentists were not available on the day. These were sent to us afterwards.

We observed that the practice used a hand-held X-ray machine. We were told that this machine was stored in a locked treatment room when not in use. Staff had received training in the use of it and appropriate safeguards were in place for patients and staff.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. Whilst a sharps policy was held, there was not a specific risk assessment that identified the sharps used within the practice.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked for all but one member of the team. We were sent this documentation for the staff member after the day.

We noted that not all staff had completed sepsis awareness training. This may impact upon staff ensuring they could make triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care. The provider told us they would undertake training and hold discussions with staff to ensure awareness of sepsis. Following our visit, we were sent evidence to show that the team had now completed training.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Most emergency equipment and medicines were available as described in recognised guidance. We noted exceptions in relation to a child self-inflating bag with reservoir and sizes 0 to 3 clear face masks for the bag. Whilst glucose powder was held, glucagel was not. Following our visit, we were sent order confirmation details for the missing kit including the glucagel.

We found staff kept records of their checks of the kit held to make sure those items were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with General Dental Council Standards for the Dental Team.

Are services safe?

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. We noted that the file may benefit from review to ensure that information could be found quickly in the event of an incident occurring.

The practice used locum staff. We observed that these staff received an induction to ensure they were familiar with the practice's procedures.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety, and lessons learned and improvements

The provider had systems for reviewing and investigating when things went wrong. There were risk assessments in relation to safety issues.

In the previous 12 months there had been no safety incidents.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We noted that whilst they were actioned, they were not shared with the whole dental team.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided information to help patients with their oral health.

Staff were aware of national oral health campaigns which supported patients to live healthier lives, for example, smoking cessation. They directed patients to appropriate support.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores. Patients were referred to the hygienist for recording detailed charts of the patient's gum condition. We noted that further detail was required in patients' notes when they were referred to see the hygienist. Patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment.

The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice held documented information about the Mental Capacity Act 2005. Staff showed awareness of their responsibilities under the Act when treating adults who might not be able to make informed decisions. We found that staff would benefit from having continued discussions about the Act to ensure they all fully understood the application of it.

We spoke with staff about their understanding of Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Not all staff were aware of the need to consider this when treating young people under 16 years of age.

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 mostly 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.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements, where required. We noted areas where some improvements in audit could be made, for example, a record keeping audit we viewed was not specific to each clinician.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. One of the dental nurses worked as the practice manager and told us they received support from the

Are services effective?

(for example, treatment is effective)

principal dentist. A trainee dental nurse worked in the practice and they told us about their positive experience of training in the practice and the support provided to them. The principal dentist was also trained to place dental implants

Staff new to the practice including locum staff had a structured induction programme. We confirmed clinical staff completed the 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 would refer 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 treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were patient, supportive and efficient. We saw staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients who responded in comment cards said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. One patient told us that the practice staff had always helped them at short notice and relieved their dental pain.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the waiting area provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screen was not visible to patients and staff did not leave patients' 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.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act.

We saw:

- Interpreter services were available for patients who did not speak or understand English. Patients were also told about multi-lingual staff that might be able to support them. We were told that family members could also assist patients who had a language barrier. This may present a risk of mis-communication between the patient and clinician.
- Staff told us they communicated with patients in a way they could understand.
- An alert could be placed on a patient's record if they had any requirements.

Staff gave patients clear information to help them make informed choices about their treatment. 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 to satisfy themselves they understood their treatment options.

The practice's information leaflet 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, verbal and pictorial information, study models and videos.

Are services responsive to people's needs?

(for example, to feedback?)

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. Practice staff shared examples of how the practice met the needs of more vulnerable members of society such as patients living with dementia and patients with other long-term medical conditions. One patient comment included that staff made children feel relaxed during their visit. Longer appointment times could be made for those who would benefit.

Patients who responded in CQC comment cards described high levels of satisfaction with the responsive service provided by the practice. Comments included that suitable appointment times were given to accommodate patient's needs.

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

10 cards were completed, giving a patient response rate of 20%

100% of views expressed by these patients were positive.

Common themes within the positive feedback were the friendliness of staff, dignity and respect shown to patients and infection control procedures within the practice.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made some reasonable adjustments for patients with disabilities. This included step free access through an entrance at the rear of the premises and a hearing loop. Whilst there was a patient toilet facility this was not suitable for patients with wheelchairs due to the width of the entrance. It was not possible for modifications to be made to its structure. The practice did not have a magnifying glass or reading glasses at the reception desk.

Staff had carried out a disability access audit.

Staff contacted patients prior to their appointments to remind them to attend. This was based on their preference of communication. Staff told us that if a patient had memory problems, they would send them additional reminders, if requested and provided us with an example of this.

Timely access to services

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

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. They were invited to attend the practice and sit and wait to be seen. We noted an example of this on the day of our visit.

Patients 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.

There was an emergency telephone line and any calls made to this by patients who had private treatments were managed by the practice manager and principal dentist. NHS patients were directed to a local Bupa out of hours practice that operated on a daily basis from 8am to 8pm and NHS 111.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients confirmed they could make routine and emergency appointments easily.

Listening and learning from concerns and complaints

Staff told us the provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint and there was information displayed on the notice board in the patients waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

The provider and practice manager were responsible for dealing with complaints. 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 provider aimed to settle complaints in-house and told us they would invite 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 had dealt with their concerns.

We looked at comments, compliments and one complaint the practice received within the previous 12 months.

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

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

Leadership capacity and capability

We found the principal dentist, supported by the team had the capacity and skills to deliver high-quality, sustainable care. We found some areas that required review to ensure that all risks were appropriately mitigated. The provider demonstrated a pro-active approach to address these when they were discussed. Following our inspection, we were sent evidence to demonstrate this.

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of the service.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised inclusive leadership. We saw that regular practice meetings were held, although we noted that further detail could be included in records maintained.

We saw the provider had processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

The practice had a culture of quality sustainable care.

Staff stated they felt respected, supported and valued. Our discussions with the trainee dental nurse showed they received support from others whilst undertaking their course. The practice manager told us about the caring approach of the principal dentist shown towards them.

Staff discussed their training needs at an appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

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

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager supported him and was also responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider 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 noted that the practice would benefit from ensuring they had a structured approach to some of their policy organisation and written procedures. Greater oversight was also required by management of staff completion of training.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS BSA performance information, surveys and audits were used to improve performance. Performance information was combined with the views of patients.

The provider 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 involved patients, staff and external partners to support the service.

The provider used patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from staff the practice had acted on. For example, a change to the staff wages system.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service, if any arose.

Are services well-led?

Continuous improvement and innovation

The provider had systems and processes for learning and continuous improvement.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, implants and infection prevention and control. We found that some audit could be strengthened, for example, record keeping.

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

The principal dentist valued the contributions made to the team by individual members of staff.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.