A & D Dental Practice Ltd

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Inspection Report

27 Mansfield Road
Nottingham
Nottinghamshire
NG1 3FB
Tel: 0115 841 5064
Website: www.addentalnottingham.co.uk

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Overall summary

We carried out a focused inspection of A & D Dental Practice on 27 November 2017.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The Care Quality Commission received information of concern relating to a failure to assess patients' ability to consent to treatment. These issues had arisen in the domiciliary dental care service operated by the provider. This focussed inspection only addressed the domiciliary dental care arrangements at the practice.

Our findings were:

Are services effective?

We found this practice was not providing effective care in accordance with the relevant regulations.

We identified regulations that were not being met and the provider must:

- Ensure that care and treatment of patients is only provided with the consent of the relevant person

Full details of the regulations the provider was not meeting are at the end of this report.

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 effective?

We found this practice was not providing effective care in accordance with the relevant regulations.

- The provider had no formal process for assessing patients' mental capacity or recording the same in the dental care records.
- The provider did not routinely explore if there was any third party with power of attorney.
- The provider was not able to demonstrate the steps taken to ensure the assessment of patients' mental capacity was robust.
- The provider was not able to demonstrate they had taken steps to ensure the identified concerns would not reoccur.
- The provider had a copy of the British Society for Disability and Oral Health's 'Guidelines for the delivery of a domiciliary oral healthcare service.'
- There were clear arrangements to refer patients whose needs could not be met by the domiciliary care service.

Requirements notice 

Are services effective?

(for example, treatment is effective)

Our findings

Following a comprehensive inspection by the Care Quality Commission (CQC) in August 2017 the dentist had begun following the British Society for Disability and Oral Health's 'Guidelines for the delivery of a domiciliary oral healthcare service.' During this inspection we noted there was no specific policy relating to domiciliary care in the practice which would formalise the arrangements and guide staff. The lack of a policy meant that the arrangements did not always have a structure, and certain steps were missing. For example: the arrangements for the dentist to assure themselves about the patients' mental capacity were incomplete. As a result relevant information was not always captured.

We discussed patients' mental capacity and the dentist demonstrated a general understanding of the principles of the Mental Capacity Act 2005. The dentist was aware of the terms of 'legal power of attorney' and involving family members in 'best interest decision making. The dentist did not however, routinely record any details relating to patient's mental capacity in their dental care records. The dentist also did not complete any form of capacity assessment or explore if there was any third party with power of attorney. The dentist said that the assessment forms taken on domiciliary visits would be amended to capture this information in the future. Discussions with the dentist also identified that enquiries relating to a patients' mental capacity status were not as thorough or robust as to fully protect the patients or the dentist. As a result the dentist said they would review the way in which this was managed during domiciliary visits.

Discussions with the dentist showed there was a system to refer patients whose needs could not be met to the local hospital dental services when required. The dentist said there were some patients or circumstances where they would not carry out a domiciliary visit. This was based on risk. For example if the proposed treatment was complex, or beyond the dentist's experience, or in some other way was viewed as too high risk.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Care and treatment of service users must only be provided with the consent of the relevant person. **How the regulation was not being met** The registered person had failed to act in accordance with the Mental Capacity Act 2005 when providing care and treatment to service users who are 16 or over and unable to give consent because they lack capacity to do. In particular: • Staff did not demonstrate an awareness of the requirements of the Mental Capacity Act (MCA) 2005 as it relates to their role. • The practice protocols for patient assessments were not in compliance with current legislation and take into account relevant nationally recognised evidence-based guidance. • The policies and procedures for obtaining patient consent to care and treatment did not reflect current legislation and guidance.