Mr Michael Devlin

M N Devlin - Woolstanton

Inspection Report

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Overall summary

We carried out this announced inspection on 23 January 2019 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

Mr M N Devlin – Wolstanton is a dental practice in Newcastle-under-Lyme and provides NHS and private treatment to adults and children. The provider also owns a practice in Crewe and splits his clinical hours between both practices.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including spaces for blue badge holders, are available in the practice car park.

Summary of findings

The dental team includes the principal dentist and a dental nurse who also covers reception. The practice has one treatment room.

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 37 CQC comment cards filled in by patients and spoke with one other patient.

During the inspection we spoke with the principal dentist and the dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Wednesday and Friday: from 9am to 12.30pm.

Tuesday and Thursday: from 2pm to 5.30pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with the exception of a child inflating bag and mask. These were ordered within 48 hours of the inspection.
- The practice had not managed all risks to staff and patients. A legionella risk assessment had been completed however the practice did not record the cold-water temperatures as recommended in the risk assessment. Prescriptions were not being managed and controlled in line with current guidance. Dental rubber dams were not being used for root canal treatment.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- There was a long-standing team which had worked together for over 30 years. The provider had thorough staff recruitment procedures which had not been used due to not needing to recruit staff in over 30 years.
- The clinical staff provided patients' care and treatment mostly in line with current guidelines. Clinical records did not detail the risks and benefits of treatment options discussed with patients.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health. However, the dentist was not routinely administering topical fluoride applications in accordance with the Delivering Better Oral Health toolkit.
- The appointment system took account of patients' needs. Patients could access treatment and emergency care when required.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided. Feedback from patients was overwhelmingly positive with patients advising that the team were caring and they always received high quality treatment.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular risks associated with legionella and prescription handling.
- Review the practice's protocols for the use of rubber dams for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health taking into account the guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'.
- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.

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 some systems and processes to provide safe care and treatment. We found areas that required significant review to ensure that risks were appropriately managed. For example, a legionella risk assessment had been completed however the practice did not record the cold-water temperatures as recommended in the assessment. Prescriptions were not managed and controlled in line with current guidance. Dental rubber dams were not used for root canal treatment.

The practice used learning from incidents and complaints to help them improve.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns. Safeguarding certificates we viewed showed that training was last completed in November 2015. Both team members sent evidence that safeguarding and Mental Capacity Act training had been updated within 48 hours of our inspection.

There was a long-standing team which had worked together for over 30 years. 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. Appropriate medicines and life-saving equipment were available with the exception of a child inflating bag and mask. These were ordered within 48 hours of the inspection.

Are services effective?

No action

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

The dentist assessed patients' needs and provided care and treatment mostly in line with recognised guidance. The dentist was not routinely administering topical fluoride applications in accordance with the Delivering Better Oral Health toolkit. The dentist used paper based clinical records however they did not detail the risks and benefits of treatment options discussed with patients.

Patients described the treatment they received as high quality, pain free and excellent. 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 provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

Summary of findings

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 38 people. Patients were positive about all aspects of the service the practice provided. They told us staff were exceptional, caring and understanding. Many patients told us they had been coming to the practice for many years, would not wish to be seen anywhere else and that they would highly recommend this practice.

Patients said that they were given the right treatment at the right time, 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.

We were told that the team were professional at all times and calmed patients with their friendly nature.

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

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 took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities where possible for patients with a disability and families with children. The practice was located on the ground floor of a residential building however the toilet was not wheelchair accessible. Patients were advised of this when joining the practice.

The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss. The practice did not have a hearing induction loop and advised us that they were able to communicate with patients wearing hearing aids and this had never been requested.

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.

There were some effective processes for managing risks, issues and performance. We also

identified areas that required improvement such as responding to the risks presented by legionella, root canal treatment and prescription handling.

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.

Summary of findings

The practice team consisted of the principal dentist and dental nurse who also covered reception duties. The team had worked together in excess of 30 years and had built a supportive working relationship with one another and their patients during this time. There were clearly defined roles and responsibilities and both team members appreciated and respected one another.

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

The provider 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.

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

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 in November 2015. Both team members sent evidence that safeguarding and Mental Capacity Act training had been updated within 48 hours of our inspection. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice also had a system and reporting policy to identify adults who were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The principal dentist did not use dental rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. Other methods were used to protect patients' airway and this was documented in the dental care record. Following our inspection, the principal dentist purchased rubber dam sheets and equipment and arranged refresher training. We were advised that this would be used for future root canal treatments.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at both team members recruitment records. These showed the practice followed their recruitment procedure.

We noted that both team members were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file.

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

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. A risk assessment was in place for staff that were non-responders to the Hepatitis B vaccine.

Are services safe?

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

Emergency equipment and medicines were available as described in recognised guidance with the exception of a child self-inflating bag and mask. This was immediately ordered following our inspection. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentist when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice 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 practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Most recommendations had been actioned and records of unit water line management were in place. The practice kept records of hot water temperature testing however they did not record the cold water temperatures in line with their risk assessment.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

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

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

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 a sample of dental care records to confirm our findings and noted that individual records were written 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 (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

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

There was a suitable 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.

The practice did not store or keep records of NHS prescriptions as described in current guidance. We found prescriptions had been pre-signed and stamped. The practice recorded prescription serial numbers at the point that they were issued to patients. This did not give assurance that individual prescriptions could be tracked and monitored. During our inspection, the practice updated their processes to rectify this.

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Are services safe?

In the previous 12 months there had been no safety incidents. There were adequate systems and policies for reviewing and investigating when things went wrong.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

Helping patients to live healthier lives

The practice was providing some preventive care and supporting patients to ensure better oral health. The dentist did not routinely apply topical fluoride in line with the Delivering Better Oral Health toolkit. Following our inspection, the principal dentist informed us they had downloaded the toolkit to refresh their understanding.

The dentist where applicable, 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.

The practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

The practice 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 dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. However, the dentist did not record the risks and benefits in the patient's clinical records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Mental Capacity Act training had been completed following our inspection and certificates were sent to us.

Monitoring care and treatment

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.

We saw the practice audited patients' dental care records to check that the dentist recorded the necessary information. The audit did not check that risks and benefits of treatment were recorded in the clinical records.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

We were told that staff new to the practice would receive a period of induction based on a structured programme. Due to having a long-standing team the practice had not recruited any new team members in over 30 years. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

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 if they needed treatment the practice did not provide.

Are services effective?

(for example, treatment is effective)

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The practice also had systems for 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 all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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 exceptional, caring and understanding. Many patients told us they had been coming to the practice for many years, would not wish to be seen anywhere else and that they would highly recommend this practice.

We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. We were told that they received appointments on the same day when in pain and that the dentist was calming and gentle.

Information leaflets and thank you cards were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. Staff did not leave patients' personal information where other patients might see it.

Paper records were stored securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did speak or understand English.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials could be requested.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice 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. The principal 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 principal dentist described to us the methods they used to help patients understand treatment options discussed. These included for example models and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 on the importance of emotional support needed by patients when delivering care.

The dental nurse shared examples of how the practice met the needs of more vulnerable members of society such as patients with a learning difficulty, patients living with dementia and patients with long-term medical conditions.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, the dental nurse described how they supported a visually impaired patient to complete forms and how they escorted another visually impaired patient to their taxi.

The practice had made reasonable adjustments where possible for patients with disabilities. These included step free access, a ground floor treatment room, reading glasses and large print documents upon request. There was a ground floor patient toilet however due to the size of the room this was not wheelchair accessible. Patients were advised of this when joining the practice.

The practice did not have a hearing induction loop.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

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 offered extended hours appointments opening later Tuesdays and Thursdays until 6pm.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed.

The emergency on-call arrangement was provided by NHS 111 out of hour's service. The practice's information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a 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. The dental nurse would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. 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.

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

Leadership capacity and capability

The principal dentist had the capacity and skills to deliver high-quality, sustainable care; however, we found that improvements were also required in the service. Following our visit, the practice demonstrated a proactive approach to rectify shortfalls we identified.

The principal dentist was aware about issues and priorities relating to the quality and future of services. The principal dentist had plans for refurbishment of part of the premises including the reception flooring.

Culture

The practice had a culture of high-quality sustainable care. The practice team consisted of the principal dentist and dental nurse who also covered reception duties. The team had worked together in excess of 30 years and had built a supportive working relationship with one another and their patients during this time. There were clearly defined roles and responsibilities and both team members appreciated and respected one another. They were proud to work in the practice.

The practice focused on the needs of patients.

The provider had processes available to take effective action to deal with poor performance should the need arise.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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. They had confidence that these would be addressed.

Governance and management

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The dental nurse was 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 found that some risks had not been identified expeditiously such as responding to the risks presented by legionella, root canal treatment and prescription handling.

Appropriate and accurate information

The practice did not demonstrate that it had always acted on appropriate and accurate information. For example, the practice did not demonstrate that it complied with its legionella risk assessment or current guidance on handling and controlling prescriptions.

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

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys, NHS Choices feedback and verbal comments to obtain patients' views about the service.

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 October 2018 to December 2018 showed 100% of patients would recommend this practice to friends and family.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by the dental nurse.

Are services well-led?

The dental nurse had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of a completed appraisal in the staff folder.

Both team members completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.