

Doctor Michael Frain Limited

Regency Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 5 June 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 specialist dental advisor.

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 not providing well-led care in accordance with the relevant regulations.

Background

Regency Dental Practice is a listed town house in Melksham with four surgeries over three floors. The exterior of the building is in disrepair with flaking paint work and rotting window frames. The main entrance is closed and access is up a small driveway to the back of the property. There is flat access to the reception area and a downstairs surgery. The practice had toilet on the ground floor but it was not wheelchair accessible. The practice offers predominantly NHS treatment to patients of all ages.

Car parking spaces are available near the practice. The practice is well located near a main bus route.

The dental team includes two dentists one of whom is currently taking maternity leave and a locum dentist, a

Summary of findings

dental hygienist, four dental nurses, one trainee dental nurse, a decontamination assistant and three receptionists. The team is supported by a practice manager. The practice had four treatment rooms.

The practice is a Limited 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. There is currently no registered manager at practice as the practice manager is newly appointed. They told us they would be applying to be registered soon.

On the day of inspection we collected 19 CQC comment cards filled in by patients and spoke with four other patients. This information gave us a positive view of the practice.

During the inspection we spoke with one dentist, two dental nurses, the trainee dental nurse, one receptionist, the practice manager and one of the directors. We looked at practice policies, procedures and other records about how the service is managed.

The practice is open Monday - Thursday 08.30am - 4.30pm and Friday 08.30am - 4.00pm. The practice is closed at weekends. Contact information is available from the practice telephone answering service. The out of hours emergency arrangements were displayed on the website.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- The practice had safeguarding processes in place and staff knew their responsibilities for safeguarding adults and children.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had limited systems to help them manage risk.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs and dedicated emergency appointments were available.
- The practice used digital radiographs to help explain necessary treatment to patients.
- The practice leadership was limited and lacked effective systems to ensure the safety and quality of the delivery of regulated activities.
- Most staff felt involved and supported by the practice management.
- The practice recruitment procedures did not meet the legislative requirements for the safe recruitment of staff.
- The practice asked patients for feedback about the services they provided through the Friends and Family test only.
- The practice dealt with complaints positively and efficiently.

There were areas where the provider could make improvements and Must:

- Ensure the training, learning and development needs of individual staff members are monitored and maintained at appropriate intervals.
- Ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff.
- Ensure that there are systems in place for assessing, monitoring and mitigating all risks. Ensure risk assessments are adapted to reflect the risks in the practice and how they would be mitigated.
- Ensure that electrical hard wiring and gas safety certificates are obtained.

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

The practice had some systems and processes in place to provide safe care and treatment. They did not monitor or learn from incidents to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. The level of training for all staff required review.

Staff were qualified for their roles. The practice had not completed all essential recruitment checks.

Premises and equipment were clean. The exterior of the premises was not properly maintained as we saw peeling paint and rotting window frames. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

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

No action



Are services effective?

We found 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 thorough 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 practice had not supported staff to complete training relevant to their roles and did not have systems in place to monitor this.

No action



Are services caring?

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

We received feedback about the service from 23 patients. Patients were positive about all aspects of the service. They told us staff were friendly, welcoming and go out of their way to help. They said that they were given good advice and clear explanations about dental treatment, and said their dentist listened to them. Patients commented staff made them feel at ease, especially when they were anxious about visiting the dentist.

No action



Summary of findings

We saw 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?

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

The practice appointment system took account of patients' needs. Patients could obtain an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children in as far as the building constraints allowed. There was level access to the practice facilities but no accessible toilet. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

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

No action



Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices and Enforcement sections at the end of this report).

The practice had limited arrangements in place to ensure the smooth running of the service. There were few systems for the practice team to review the quality and safety of the care and treatment provided.

There was a clearly defined management structure however staff did not feel supported and appreciated.

The practice team kept accurate patient dental care records which were stored securely.

The practice had limited arrangements in place for monitoring clinical and non-clinical areas of their work to help them improve and learn.

Requirements notice





Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report accidents, incidents and significant events. However they had not been followed as the practice manager and area manager/ director were unaware of two significant incidents in the last 12 months. The incidents had not been investigated and responded to appropriately and no learning from these events had taken place. Staff knew about the reporting process and understood their role within it.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures in place to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who are vulnerable due to their circumstances. Staff had received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a whistleblowing policy in place. Staff told us they were confident to raise concerns without fear of recrimination.

We looked at the practice arrangements for safe dental care and treatment. The systems in place for assessing, monitoring and mitigating risks were limited. The practice did not have a fire risk assessment and no fire exit from the upper floors. The practice had emergency lighting in the building but there were no records to demonstrate it had been serviced or regularly checked to ensure it was in working order. Staff were unaware they had emergency lighting in the practice. There was no electrical hard wiring or gas safety certificate.

We referred our fire safety concerns to the local Fire Authority for assessment and any regulatory action required.

We saw the practice had some risk assessments but they were not bespoke to the practice. For example they referred to a Patient Safety Officer but no member of staff in the practice held that title. Staff told us they assumed it was the manager but it was not clear.

The practice had in place information about the relevant safety laws when using needles and other sharp dental items. However there had been a recent needlestick injury which had not been managed appropriately. There was no Occupational Health arrangement in place to ensure appropriate management of the injury. The practice did not have a sharps injury risk assessment in place to follow for the safety of staff and patients.

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 which gave the details for all trades people and described how the practice would contact them in the event of disruption of the normal running of the practice. The plan made no mention of how the practice would make provision for patients.

Medical emergencies

Staff knew what to do in 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. 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 did not reflect the relevant legislation. We looked at four staff recruitment records. These showed that some files did not have photographic identification, references and for one clinician no Disclosure and Barring Service (DBS) check. We saw another member of staff had commenced employment with the practice before a DBS check had been completed and there was no risk assessment to safely manage the employee within the practice.

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

Monitoring health and safety and responding to risks

The practice had an overarching health and safety policy in place, underpinned by some risk assessments to help manage potential risks, but these were not all bespoke to the practice.



Are services safe?

Dental nurses worked with all the dentists when they treated patients.

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 the effectiveness of the vaccination had been identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections.

Infection control

The practice had an infection prevention and control policy and associated procedures in place 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 accordance with HTM 01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

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

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 most but not all equipment used in the practice. Staff carried out checks in accordance with the manufacturers' recommendations.

The practice stored and kept records of NHS prescriptions in accordance with current guidance.

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. X-rays were digital and images were stored within the patient's dental care record.

We saw evidence the dentists justified, graded and reported upon the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuing 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 patients' current dental needs, past treatment and medical history. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw the practice had audited patients' dental care records to check that the dentists recorded the necessary information. There was a limited action plan and no re-audit date had been identified.

Health promotion and prevention

The practice promoted preventative care and supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. 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.

Staffing

Staff new to the practice had a limited induction based on a semi-structured induction programme. We confirmed some clinical staff, but not all, had completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they had few staff meetings and did not always feel well supported. There was no system of supervision or annual appraisal where training and development needs were discussed and plans agreed.

Working with other services

Dentists 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 in accordance with the current guidelines. The practice monitored urgent referrals to ensure 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. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice consent policy included information about the Mental Capacity Act 2005. Staff understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence. The dentists 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.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were friendly, caring and helpful. We saw staff treated patients kindly and with respect and were friendly towards patients at the reception desk and over the telephone. We saw from NHS Choices reviews that three patients in the last year had found the reception staff to be rude and unfriendly. We did not evidence this attitude during the inspection.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area provided privacy when reception staff were dealing with patients. Staff told us if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where other patients might see it.

Involvement in decisions about care and treatment

The dentists provided patients with information to help them make informed choices. Patients confirmed staff listened to them, discussed options for treatment with them, and gave them time to think. Dentists described the conversations they had with patients to help them understand their treatment options.

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



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The interior of the practice was well maintained and provided a comfortable, relaxing environment. The exterior of the practice required attention as we saw flaking paint work and rotting window frames.

The practice had an appointment system in place which took account of patients' needs. Staff told us patients requiring urgent appointments were seen the same day.

We saw the dentists tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments.

Staff told us they currently had patients for whom they needed to make adjustments to enable them to receive treatment, for example, staff provided nervous patients with the opportunity to visit the practice and meet the dentists prior to becoming a patient.

Tackling inequity and promoting equality

The practice had taken into consideration the needs of different groups of people, for example, people with disabilities, and put in place reasonable adjustments.

A treatment room and patient toilet facilities were at ground floor level. The toilet was not wheelchair accessible.

Staff had access to interpreter and translation services for people who required them.

Access to the service

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

Staff made every effort to keep waiting times and cancellations to a minimum.

The practice made every effort to see patients experiencing pain or other dental emergencies on the same day and had appointments available for this. The information leaflet and answerphone provided contact details for patients requiring emergency dental treatment during the working day and when the practice was closed.

Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns and complaints

The practice had a complaint policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint. The 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. 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 during the last 12 months. These showed the practice responded to concerns appropriately but outcomes had not always been discussed with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The practice manager had overall responsibility for the management and leadership of the practice and was responsible for the day to day running of the service. We saw and were told staff did not have access to suitable supervision and support for their roles and responsibilities.

The practice had policies, procedures and some risk assessments in place to support the management of the service and to guide staff. We saw policies, procedures and risk assessments were reviewed but not all were up to date with regulations and guidance or bespoke to the practice.

We saw there had only been two staff meetings in the last 12 months. The minutes for one meeting suggested poor practice relating to infection control procedures, but was not explicit so staff did not understand what was not being done correctly. The practice manager and director acknowledged there was no follow up discussion with staff, or monitoring of practice, regarding these issues. The practice did not have a system for ensuring all staff received and read the minutes of staff meetings to ensure good communication and accountability.

We saw the practice had limited arrangements in place to monitor the quality of the service and make improvements where required. Although audits were being undertaken, not all had action plans drawn up from the results and no re-audit dates had been identified. We were told by staff results of the audits had not been shared with them.

The practice had information security arrangements but they were not being followed. For example we were shown staff confidential information was stored in files to which all staff had access. The practice manager told us they were aware of this but had not yet taken any action to address it. They told us they would take immediate action after the inspection to ensure all confidential personal information was managed in accordance with legislation. Staff were aware of the importance of protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us there was mostly an open culture in the practice. They told us the manager was approachable, would listen to their concerns and act appropriately.

The practice held few meetings; two in the last 12 months, where staff could communicate information, exchange ideas and discuss updates. There were no clear arrangements in place to share urgent information.

The practice did not have a system for annual appraisal of staff in which learning needs, general wellbeing and aims for future professional development could be discussed. There was no system for monitor staff training to ensure they had the skills and knowledge to fulfil their roles and responsibilities.

Learning and improvement

The practice had limited quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed audits of X-rays and infection prevention and control. Staff kept records of the results of these and in some instances had produced action plans.

We were shown evidence of learning from complaints and feedback.

Practice seeks and acts on feedback from its patients, the public and staff

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback about NHS services they have used. The results of the FFT showed 100% of patients would recommend the practice.

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 | <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18 - Staffing</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>The provider did not ensure person employed in the provision of the regulated activity received such appropriate support, training, professional development supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider had not ensured sufficient numbers of suitably qualified, competent skilled and experienced staff were deployed.• The practice did not have a system for staff support, professional development, supervision and appraisal to enable them to carry out their duties.• The provider did not have any system for monitoring staff training to ensure all continuing professional development was completed to ensure clinicians were able to meet the registration requirements of their profession.• The provider did not have any evidence of induction for agency or self-employed staff when they started working at the practice. <p>Regulation 18.2</p> |

Enforcement actions

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 | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 - Good Governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>The provider did not have effective systems in place to ensure that the regulated activities at Regency Dental Practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The systems in place for assessing, monitoring and mitigating risk were limited. The risk assessment had not been adapted to reflect the risks in the practice and how they would be mitigated.• The provider did not have the following safety certificates: Electrical hard wiring, gas safety.• Other risks not addressed were: Fire – we referred this to the Fire Authority• No systems or processes were in place for the monitoring of staff by way of induction and appraisal and the training records were incomplete and were not monitored.• There were few staff meetings and minutes of meetings were unclear and no system of communication with the staff team.• All required recruitments checks were not undertaken when employing staff either permanent or agency. We saw they used agency staff in recent months and had not undertaken any checks with them before employing them to work in the |

Enforcement actions

practice. For example there was no DBS, no references, no immunisation history or hep B status, no training certificates, no evidence of induction to the practice.

- Limited systems for monitoring and improving service provision – some audits undertaken with results but quality circle not completed with action plans and dates for re-audit.
- Lack of support for staff team
- Limited management of staff absence and adjustment of service provision
- Training records were incomplete and not up to date.

Regulation 17.1