

Gipsy Lane Dental Limited

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Inspection Report

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Overall summary

We carried out this announced inspection on 3 February 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

Gipsy Lane Dental Limited is in the city of Leicester and provides NHS and private dental care and treatment for adults and children. Services include general dentistry and implants. The practice is also an approved training practice for foundation dentists.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available on street within close distance of the premises.

Summary of findings

The dental team includes four dentists (including one foundation dentist), three qualified dental nurses, five trainee dental nurses and two dental hygiene therapists. Dental nurses also work as receptionists. There is a practice manager.

The practice has four treatment rooms; two on ground floor level.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Gipsy Lane Dental Limited is the principal dentist.

On the day of inspection, we collected 36 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists, three dental nurses, the practice manager and the strategic/compliance lead who provides technical and IT support into the practice.

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 9.15am to 12.30pm and 2pm to 5.30pm.

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 knew how to deal with emergencies. Appropriate medicines and most life-saving pieces of equipment were available apart from a child size oxygen face mask with reservoir and tubing. This was purchased immediately after the visit.

- The provider had systems to help them manage risk to patients and staff. We noted some areas that required further oversight such as risk assessment when staff immunity to hepatitis B vaccination was not known. Action was taken immediately after the visit.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- 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. We noted many positive feedback comments from patients about the treatment and care received by staff.
- 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 and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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

- Implement audits for prescribing of antibiotic medicines 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 ✓
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 knew 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. The lead for safeguarding was the principal dentist.

We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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.

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 scrubbing took place; this presented an increased risk of injury from a sharp instrument. This issue was addressed immediately after the inspection. There was also no airflow from clean to dirty areas. The principal dentist told us they had plans to install airflow in their development plans.

The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. 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 that the practice would benefit from an audit of their instruments used as we found some that 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 dated 2017. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

The practice utilised an external agency for maintaining the general areas within the premises. We saw effective 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 provider carried out infection prevention and control audits twice a year. We viewed an audit undertaken in July 2019 and this showed the practice was meeting the required standards.

The provider had a Speak-Up policy. Staff 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. An audit had been completed regarding dentists use of dental dam.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the provider followed their recruitment procedure.

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 viewed records dated within the past 12 months.

Are services safe?

A fire risk assessment was carried out in line with the legal requirements. 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 that sensors on an X-ray unit were damaged and this required further action by the provider.

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. There was scope to improve radiography audit to include larger samples for each dentist for analysis.

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

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 regularly to help manage potential risk. However, we noted some areas of risk that required further oversight.

We looked at the practice's arrangements for safe dental care and treatment. Most of the dentists used traditional needles rather than a safer sharps system. There were safeguards available for those who handled needles. Matrix bands used were the fully disposable type. Whilst there was a sharps policy, a specific sharps risk assessment was not held to identify the types of sharps used in the practice and the individual control measures in place.

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. We found that the effectiveness of the vaccination was checked for some staff. Not all dental nurses had the information recorded on their files and a risk assessment was not in place. The provider told us after the inspection that risk assessments had been implemented for those affected.

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were

displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

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

Emergency equipment and medicines were available as described in recognised guidance. We noted an exception in relation to a child size oxygen face mask with reservoir and tubing. We found two needles had expired in the kit. Glucagon was held outside of refrigeration and the expiry date had not been shortened on the product to reflect this. Following our visit, we were sent order confirmation details for the mask and tubing. We were informed that expired needles had been removed and the date had been altered on the glucagon.

We found staff kept regular records of their checks of equipment and medicines held.

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

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

The provider had current employer's liability insurance.

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.

Are services safe?

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 NHS prescriptions securely as described in current guidance. We found that monitoring arrangements required strengthening to enable staff to identify if an individual prescription was taken inappropriately. Following our visit, we were informed that a log had been implemented for tracking.

The dentists were aware of current guidance with regards to prescribing medicines. An antibiotic prescribing audit had not yet been undertaken.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

Where there had been safety incidents, we saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

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 saw they were shared with the team and acted upon if required.

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

We received very positive comments from patients about treatment received. Many comment cards referred to individual staff. Some patients told us they would not go anywhere else for 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.

Helping patients to live healthier lives

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 leaflets to help patients with their oral health.

The dentist 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 and recording detailed charts of the patient's gum condition. Referrals were made when necessary to one of the dental hygiene therapists.

Records showed 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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. 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's consent policy referred to the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. 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 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.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The principal dentist had a masters qualification in advanced dental clinical practice and an associate dentist was currently studying for a masters qualification in restorative dentistry. We saw other examples where staff had completed additional training. One of the dental nurses had undertaken training in fluoride application, impression taking and oral health education. Trainee dental nurses worked in the practice and received advice and direction from the team as required.

Are services effective?

(for example, treatment is effective)

The practice was an approved training practice for dentists new to general practice. One foundation dentist worked in the practice and received ongoing support from the principal dentist who was a trainer.

Staff new to the practice 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 referred 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 attentive, knowledgeable and friendly. One staff member had worked in the practice for many years and they knew the patients well.

We saw staff treated patients respectfully and appropriately 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. Comments made by patients in CQC feedback cards included that nothing was too much trouble for staff.

There were magazines, a television in the waiting areas and a variety of practice information displayed for patients to read whilst they waited to be seen. A notice displayed invited patients to ask for water if they would like this.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy and privacy impact assessment had also been completed.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the two waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the

practice would respond appropriately. The reception computer screens were 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. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. Staff also spoke a variety of languages including Gujarati, Punjabi, Urdu, Hindi, Cantonese and Italian and they could provide assistance to patients who spoke these languages if they required it.
- Leaflets containing information about the practice were available at the reception desk in different languages.
- 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 website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, verbal and pictorial information, X-ray images, study models and a periodontal flip chart. These were shown to the patient/relative to help them better understand the diagnosis and treatment.

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. The practice was based in an area that had a mix of ethnic groups.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

Patients were allocated a longer appointment time when this was needed, for example those with dementia. An example was provided where a patient with a learning difficulty had regular visits with one of the dental hygiene therapists to monitor and reinforce the importance of good oral health.

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

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.

36 cards were completed, giving a patient response rate of 72%

35 comment cards contained positive views of patient experiences.

One comment card contained less positive feedback regarding staff hair not being tied up.

Common themes within the positive feedback were the friendliness and responsiveness of staff and the effectiveness of treatment received. Comment cards also referred to the cleanliness of the environment.

We shared this with the provider in our feedback.

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

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a hearing loop, a magnifying glass and accessible toilet with hand rails and a call bell.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Staff contacted patients prior to their appointment to remind them to attend. This was based on patient preference of communication.

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 and on their website.

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 unless a free appointment slot could be found.

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 unduly waiting.

Patients were directed to the appropriate out of hours service, NHS 111 outside of usual opening hours.

The practice's leaflet and answerphone provided contact information 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 information was also displayed in the patients' waiting area regarding this.

Are services responsive to people's needs? (for example, to feedback?)

The principal dentist was responsible for dealing with complaints. Staff told us they 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 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 principal dentist had dealt with their concerns.

We looked at comments, compliments and complaints 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.

The provider demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions. The information and evidence presented during the inspection process was clear and well documented. They could show how they sustain high-quality sustainable services and demonstrate improvements over time.

Leadership capacity and capability

We found the principal dentist, supported by the team had the capacity, values and skills to deliver high-quality, sustainable care.

The practice had a mission statement which included the aims to provide care, treatment and support to patients and to listen to them. They intended to follow best practice guidance and ensure safety and quality assurance procedures were always adhered to.

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. We saw a refurbishment plan for the following three years. This included redecoration of surgeries and common areas.

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 high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

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

The staff focused on the needs of patients. On ownership of the premises in 2012, the provider had installed a two-surgery practice. Another surgery room was added in 2014 to accommodate space so the practice could become a training practice. New equipment was added to the infrastructure.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, following a sharps injury involving a member of staff, new fully disposable matrix bands were obtained.

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 good governance and management.

The principal dentist was the registered manager and had overall responsibility for the management and clinical leadership of the practice. The practice manager supported by the principal dentist 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 saw there were clear and effective processes for managing risks, issues and performance. The practice was responsive when we identified some areas of risk that required further oversight.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Are services well-led?

Quality and operational information, for example NHS Business Service Authority performance information, surveys, audits and external body reviews were used to ensure and 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 surveys and encouraged verbal comments to obtain staff and patients' views about the service. A notice was displayed in the patients' waiting area titled 'You said, we did', this included responses to patients' suggestions.

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, surveys, 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

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

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. We noted some areas where audit processes could be further strengthened.

The principal dentist showed a commitment to learning and improvement and 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.