

## Hunsbury Dental Care

# Hunsbury Dental Care

## Inspection Report

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### Overall summary

We carried out this announced inspection on 19 December 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 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**

Hunsbury Dental Care is based in Northampton, a town located in the East Midlands region. It provides mostly private dental treatment for adults and children and NHS treatment for NHS exempt patients.

There is no level access to the practice for people who use wheelchairs and those with pushchairs. The practice is based on the first floor of the premises.

Free car parking spaces are available directly outside the practice in a public car park.

# Summary of findings

The dental team includes three dentists, three dental nurses and two dental hygiene therapists.

The practice has two treatment rooms and a separate decontamination facility. These are on the first floor of the building.

The practice is owned by a partnership 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 Hunsbury Dental Care is one of the principal dentists.

On the day of inspection, we collected 35 CQC comment cards filled in by patients.

During the inspection we spoke with one dentist, two dental nurses and one dental hygiene therapist. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday and Wednesday from 8am to 5pm, Tuesday from 9am to 6pm, Thursday from 8.30am to 5.30pm and Friday from 9am to 1pm.

## **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 life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- 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.
- 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 had systems to deal with complaints.
- The provider had information governance arrangements.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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 one of the principal dentists.

We saw evidence that staff had received safeguarding training to the appropriate level. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice staff had access to the NHS safeguarding App.

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. 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.

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

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment undertaken in 2018. There were no recommendations in the assessment. Records of water testing and dental unit water line management were maintained.

Staff shared cleaning duties within the practice. 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 infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The provider had a Speak-Up policy. This referred to external organisations that could be contacted in the event of any concerns being raised by staff. Staff told us they felt confident they could raise concerns without fear of reprimand.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

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 appliances. We viewed records dated within the previous 12 months.

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 building was shared with others including a general medical practice. Maintenance and checks undertaken in relation to the fire alarm system were a responsibility held by the medical practice.

# Are services safe?

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

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.

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. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The dentists used traditional needles rather than a safer sharps system. There were safeguards available for those who handled needles. A sharps risk assessment had been completed. This included a provision that dental nurses were not to handle used needles.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

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 found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygiene therapist 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.

## **Information to deliver safe care and treatment**

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

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

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

## **Safe and appropriate use of medicines**

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

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

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

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

## **Track record on safety, and lessons learned and improvements**

The provider had 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.

## Are services safe?

Where there had been a safety incident we saw this was 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. Patients described the treatment they received as ‘an excellent standard’, ‘professional’, and ‘pain free’.

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.

### **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.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services.

The clinicians 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.

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. One patient told us ‘the treatment plan was clear, visual aids were very good and showed me exactly what my teeth would look like’. Another said that their treatment options were discussed, and their views and concerns taken into account. Other patient comments included that procedures were explained ‘clearly and concisely’.

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 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. We were provided with an example of how the principle was working in practise.

Staff described how they involved patients’ relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Patients’ comments all supported that staff were friendly and spent time discussing any issues.

### **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.

# Are services effective?

(for example, treatment is effective)

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. We noted examples of additional training completed by staff when they requested it. For example, customer relations management. Staff attended 'lunch and learns', and practice meetings were also held with all staff attendance and participation.

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. We noted that systems could be strengthened to ensure follow up once a patient was referred. We discussed this with the provider and they told us the system would be reviewed.



# 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 'efficient', 'responsive' and 'welcoming'.

We saw staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk. One patient comment included that aftercare was 'superb' as they always received a 'concerned and caring telephone call' from staff following treatment received.

Patients said staff were compassionate and understanding. Nervous patients told us that their dentist helped them overcome their fears and staff were 'amazing' in addressing their anxieties. Staff told us that they knew their patients well.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. One patient said, 'when an emergency appointment is needed, the staff will always do their best to fit you in'.

In the patient's waiting area there was a selection of magazines available to read, a comments book inviting patient feedback and an information board was displayed. A variety of health information was also provided, this included a large poster about being 'sugar smart'.

### **Privacy and dignity**

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the large waiting area provided some privacy when reception staff were dealing with patients.

If a patient asked for more privacy, the practice would respond appropriately. Patients were requested to

complete information about their medical history on a clini-pad. If other patients were present, this was undertaken in the privacy of the surgery room where any questions could be discussed with staff.

The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standards and the requirements under 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. We saw information on the notice board in the patient's waiting area informing them that translation services were available.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.
- An alert could be placed on a patient's record if they had any requirements.

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.

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. The 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.

## Are services caring?

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, the use of software, pictures, X-ray images and models.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. 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. Staff told us that longer appointment times were allocated, when appropriate. One carer told us that the needs of their family member with a long-term condition were met, and that staff had 'worked hard to gain their trust'.

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.

35 cards were completed, giving a patient response rate of 70%.

100% of views expressed by patients were positive.

Common themes within the positive feedback were the friendliness of staff, the clean environment and the ease of access to dental appointments.

The practice currently had a small number of patients for whom they needed to make adjustments to enable them to receive treatment.

The practice was based in a shared building on the first floor. This was accessible by a stair case. It was therefore not possible to make adjustments for those who used wheelchairs. Staff told us that they advised new patients at first contact of the premises limitations and directed them to the provider's other dental practice in Northampton; this had step free access.

The practice's reasonable adjustments for patients with disabilities included a hearing loop, magnifying glass and reading glasses at the reception desk. A copy of the Accessible information policy was displayed in the waiting area.

There was a patient toilet facility on the first floor.

Staff had carried out a disability access audit.

Staff contacted patients prior to their appointment to remind them to attend. The contact method was based on patient preference, for example, text reminder or telephone call.

### 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. Staff kept some appointments free daily for any dental emergencies.

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, Bupa in Northampton that was open from 8am to 8pm daily, or NHS 111 outside of these times.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Listening and learning from concerns and complaints

Staff told us the provider would take complaints and concerns seriously and would respond to them appropriately to improve the quality of care, if any were received.

# Are services responsive to people's needs?

(for example, to feedback?)

The provider had a policy providing guidance to staff about how to handle a complaint. The practice displayed its complaints policy for patients to refer to; this explained how to make a complaint.

One of the principal dentists 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 to enable patients to receive a quick response.

The principal dentist told us they would aim 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 dealt with their concerns.

The practice had not received any complaints within the previous 12 months. We looked at comments and compliments the practice received.

# 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 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 dentists had the capacity, values and skills to deliver high-quality, sustainable care.

The principal dentists were knowledgeable about issues and priorities relating to the quality and future of the service.

Leaders 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.

Staff planned the services to meet the needs of the practice population. These included care and treatment for NHS exempt patients including children.

### 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. 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. We noted specific examples where patients' needs were accommodated, and a caring approach was demonstrated by staff.

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 dentists had overall responsibility for the management and clinical leadership of the practice. The principal dentists were also responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. The practice had a system whereby staff were each allocated a policy to review and discuss during regular staff meetings held. This helped staff refresh or update their knowledge. Joint meetings took place with staff from the sister practice.

We saw there were clear and effective processes for managing risks, issues and performance.

### Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example, NHS BSA performance information, surveys and audits were used to 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 patient surveys, comment cards and encouraged verbal comments to obtain staff and patients'

## Are services well-led?

views about the service. We saw examples of suggestions from staff the practice had acted on. The practice had installed shelving in the de-contamination room to help with tidiness as a result of staff suggestion.

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

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

### **Continuous improvement and innovation**

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

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, where any were identified.

The principal dentists 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.