

JDRM Dental Care Limited Marlborough Dental

Inspection Report

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Overall summary

We carried out this announced inspection on 15 August 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 inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Background

Marlborough Dental is in Coalville, Leicestershire and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. There are no car parking facilities available on site for patient use. Public car parking is accessible directly outside the practice for limited stay and there are a number of local car parks within close vicinity to the practice. These include parking spaces for disabled patients who are blue badge holders.

The dental team includes five dentists (including a foundation dentist), a specialist orthodontist, five dental

Summary of findings

nurses, two apprentice nurses, a dental therapist and a practice manager (who is also qualified as a dental nurse). The practice also employs two receptionists. The practice has four treatment rooms; two of these are on the ground floor.

The practice is owned by a 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. The registered manager at Marlborough Dental is one of the principal dentists.

The practice is an approved training practice for dentists new to general dental practice. The practice has been a training practice for the past five years and the two principal dentists are joint trainers. The current trainee has been in post 11 months at the time of our inspection.

On the day of inspection we collected 11 CQC comment cards filled in by patients. This information gave us a positive view of the practice. We did not receive any negative feedback about the practice.

During the inspection we spoke with two principal dentists, an associate dentist, the foundation dentist, the specialist orthodontist, a dental nurse, the practice manager and two receptionists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday, Wednesday, Thursday 9am to 5.30pm, Tuesday 9am to 7pm and Friday 9am to 4pm.

Our key findings were:

- The practice ethos included the promotion of good oral health to all their patients and the provision of high quality dental care. The objectives included understanding patients' needs and involving them in decisions about their care.
- Effective leadership from the provider and practice management was evident.
- Staff had been trained to deal with emergencies and appropriate medicines and lifesaving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected current published guidance.
- The practice had effective processes in place and staff knew their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had adopted a process for the reporting of untoward incidents and shared learning when they occurred in the practice.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice were aware of the needs of the local population and took these into account when delivering the service.
- Patients had access to treatment and urgent and emergency care when required.
- Staff received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice.
- Staff we spoke with felt supported by the provider and were committed to providing a quality service to their patients.
- Governance arrangements were embedded within the 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?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

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

No action



Are services effective?

We found that 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 consistently described the treatment they received as excellent, first class and professional. 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 proactively supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

We received feedback about the practice from 11 people through CQC comment cards completed. Patients were positive about all aspects of the service the practice provided. They told us staff were welcoming, kind and helpful. They said that they were given detailed explanations about dental treatment and said their dentist listened to them. Patients commented that they made them feel at ease. The practice made additional considerations for anxious patients when they attended the practice.

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

No action



Are services responsive to people's needs?

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

No action



Summary of findings

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and staff told us they would always make additional efforts to assist any patients with mobility or other problems which required assistance.

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

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice had embedded arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

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

The practice monitored clinical and non-clinical areas of their work to help them improve and learn.

We saw evidence that the provider proactively engaged with staff and sought their opinions and feedback regarding the strategic direction of patient services.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice had recorded 14 incidents since November 2016 when it had implemented a new governance toolkit. We reviewed detailed documentation to support actions taken by the practice in response to incidents recorded.

The practice received national patient safety and medicines alerts directly from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Our review of practice meeting minutes supported that safeguarding issues were discussed when concerns arose. The registered manager and practice manager shared the role of safeguarding lead.

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

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed. The practice had adopted a process for the review of COSHH data annually to ensure their records were up to date and had nominated staff leads to undertake COSHH data management.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

We looked at the arrangements for clinical waste and saw that whilst waste was locked in a container, this was not secured to a fixture at the rear of the building. This area was accessible by members of the public although the container was not visible to them. Following our inspection, the provider told us they had ordered a chain to secure the waste bin.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. This was last completed in June 2017.

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. We noted one discrepancy with the checks on the oropharyngeal airways however as these were out of date. The provider told us this was an oversight and ordered replacement airways straight away.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment files for more recently employed staff. These showed the practice followed their recruitment procedure.

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and

Are services safe?

specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental therapist when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures 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 line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit in July 2017 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. The latest risk assessment was undertaken in March 2017.

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 the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines. Our review of records showed that the practice kept a log book of medicines they dispensed, but the record did not include the quantity of the particular medicines remaining in stock. The principal dentist told us they would now include this information in the log book.

The practice stored unused NHS prescription pads and kept records of NHS prescriptions as described in current guidance. However, we noted that pads which were in use by clinicians were not locked away at the end of the day. The provider told us they would immediately change procedure to ensure that the pads were locked away when not in use.

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.

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

Clinical staff completed continuous 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 the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. Dental care records we saw showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the soft tissues lining the mouth and condition of the gums using the basic periodontal examination scores.

We reviewed detailed records which showed that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children based on an assessment of the risk of tooth decay for each child.

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 information to help patients with their oral health.

The practice provided health information to their patients utilising their website, a facebook page and by the issue of a monthly newsletter. The website included information on the importance of bringing children to see a dentist by their first birthday. The practice had promoted National Smile Month and the importance of oral health. The practice had also offered free toothbrushes to children to encourage them to attend for a check-up. This was promoted during the school holiday period when some parents had more time.

We were informed that the foundation dentist had attended the local city centre during the mouth cancer awareness campaign and spoke with members of the public about changes to look for in their mouths and the benefit of attending dental check-ups.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

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 under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly. The practice provided a specialist orthodontic service and minor surgery by referral from other dental care providers. We spoke with the specialist orthodontist and were informed that they accepted complex cases and treated patients with learning difficulties and autism.

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's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dental team were aware of the need to consider this when treating

Are services effective?

(for example, treatment is effective)

young people under 16. 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 we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were welcoming, kind and helpful. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

A nervous patient said staff were compassionate, understanding and put them at ease. Receptionists told us they could allocate a longer appointment time for these patients so they did not feel rushed.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. The practice had a television in the waiting area which helped with background noise so conversations were not so easily overheard.

Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave 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.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. 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.

Patients told us in CQC comment cards that staff were kind and helpful when they were in pain, distress or discomfort.

Patients had been able to choose whether they wanted to register with a male or female dentist.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as implants, orthodontics and minor oral surgery.

The principal dentists told us that they showed patients photographs and models when they discussed treatment options with patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. During our time spent in the reception area, we noted that appointments ran smoothly and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Receptionists told us about the additional measures taken to assist a patient with sight problems. Staff told us they would offer any help a patient required. The reception staff had full view of the glass front door which meant they could see if anyone needed assistance.

Staff told us that they sent appointment reminders by text, email or phone call two days before patient appointments were due.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and accessible toilet with hand rails. The practice had recently purchased a call bell which was due to be installed.

The practice had access to interpreter/translation services which included British Sign Language. We were informed about patients who were registered with the practice who had hearing problems. When they attended the practice, a representative who used sign language was organised to interpret on their behalf.

Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept two to three appointments free on a daily basis with each dentist. Patients could also attend the practice and sit and wait to be seen if they were experiencing pain.

The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. NHS patients were directed to the NHS 111 service.

Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. We looked at when the next routine appointment was available and found one within two days.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. One of the principal dentists was responsible for dealing with these. Staff told us they would tell the principal dentist or 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, if appropriate. 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 since October 2016. We noted five complaints. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. For example, one complaint investigated resulted in the practice strengthening its referral process. Discussions were held with all staff to ensure their awareness and unified compliance.

Are services well-led?

Our findings

Governance arrangements

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

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. Detailed documentation we reviewed supported robust governance arrangements which were embedded within the practice.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

The practice had a vision and values which were displayed in the practice. These included: celebrating its successes, pursuing growth and learning, being open and honest and being empowered to drive change. The provider held team days twice yearly where staff were asked to contribute to discussions about practice values and objectives and how they understood them.

On the day of our inspection, the principal dentists told us they were opening five new practices in December 2017 to provide general dental services for routine and urgent care at locations in Leicestershire and Rutland.

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

Staff told us there was an open, no blame culture at the practice. They said the principal dentists and practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us that management were approachable, would listen to their concerns and act appropriately. The practice management discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information as daily 'huddle' meetings took place amongst staff, prior to when the practice opened.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, an antimicrobial audit, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. The practice maintained detailed records.

The principal dentists and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. We noted that a number of staff had acquired new skills and qualifications following appraisals and personal development plans. For example, one of the nurses was currently undertaking a fluoride application course, a receptionist had completed a business and administration course and the practice manager had obtained a qualification in leadership and management.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, the practice told us they kept designated appointment slots free for each of the dentists on a weekly basis. These were created to address patients' problems which were not of an emergency nature but required the patient to be seen more quickly than waiting for a routine appointment. This was introduced following patient feedback received.

Are services well-led?

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. Results compiled over the previous two years showed that 78 patients had submitted feedback during

this time. Of these, 74 patients were likely to recommend the practice, three were unlikely to and one patient was unsure. Patient comments included that staff took pride in ensuring patients experienced the best dental care and that the service could not be improved.