

Darwenside Limited

Darwenside Dental Practice

Inspection report

Union Street
Darwen
BB3 0DA
Tel: 01254703020

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Overall summary

We carried out this announced comprehensive inspection on 27 June 2023 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 practice 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures in place however some areas needed review.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Governance in the issuing of medicines to patients required greater oversight and management.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had robust information governance arrangements.

Background

The provider is part of a group of 9 practices, and this report is about Darwenside Dental Practice.

Darwenside Dental Practice is in Darwen near Blackburn and provides NHS and private dental care for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the practice and local transport links are nearby.

The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 6 dentists, 10 dental nurses (8 of whom are trainees), 4 dental therapists and 2 receptionists and a practice manager. The practice has 8 treatment rooms.

During the inspection we spoke with the 2 dentists, 2 dental nurses, the compliance manager, and the practice manager. We looked at practice policies, procedures, and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 9 am to 5.00 pm.

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

- Improve the practice's infection control procedures and protocols, in particular the staff use of the correct hand wash sinks and providing pedal operated clinical waste bins.
- Improve the process for ensuring all clinical staff have evidence of immunity to the Hepatitis B virus.
- Improve the practice's protocols for medicines management and ensure all medicines are stored and dispensed of safely and securely.

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)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures in place and completed regular infection control audits, which include areas for action and follow up. We noted that in some surgeries the staff were using the 'dirty area' sink to wash their hands and the clinical waste bin was not foot operated. The registered manager told us that these would be reviewed with immediate effect.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

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

The practice appeared clean and there was an effective cleaning schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. We noted that not all clinical staff records had evidence of immunity to the Hepatitis B virus. The provider assured us they would take action to ensure that safe levels were assured.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

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

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were available and checked in accordance with national guidance.

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

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

Information to deliver safe care and treatment.

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

Are services safe?

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The dentists dispensed antibiotics. We noted that when antibiotics were dispensed to the patient the medicines were not labelled with the name, drug, dosage and details of the dispensing body, the dentist. There was no effective record of the stock held or the medicines dispensed. The provider informed us after our visit that they would no longer dispense medicines and would from now on issue prescriptions only.

Antimicrobial prescribing audits were carried out and any action and learning points were recorded.

Track record on safety, and lessons learned and improvements.

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

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

The practice had systems to keep dental professionals up to date with current evidence-based practice.

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.

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. They directed patients to these schemes when appropriate. The practice held a themed 'open day' for children in the area. This was a Marvel, superhero's day and included oral health information, games and face painting. The day had been a great success and well received and a new date was being planned.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

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 patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as nervous and anxious patients. They gave good examples of how they worked with patients over an extended period of time, encouraging non-treatment visits, to reduce their fears and anxieties.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

Effective staffing

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

Newly appointed staff had a structured induction and clinical staff completed 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.

Are services caring?

Our findings

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

Kindness, respect and compassion

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

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

Staff password protected records and backed these up to secure storage.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The dentists explained the methods they used to help patients understand their treatment options. These included for example photographs, digital imagery, study models and X-ray images.

Are services responsive to people's needs?

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 and preferences.

Staff were multilingual and could access interpretation services and had resources to support the language spoken. The practice provided 'flash cards' in several different languages for patients to use to help their diagnosis or describe their treatment.

Information leaflets were provided in different languages.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments to the premises, including, level access to treatment rooms and a disabled bathroom for patients who may have restricted mobility.

The practice manager was familiar with the requirements of the Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The team had recently completed dementia and disability awareness training. Staff told us this helped them understand and meet the needs of these patients.

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

Timely access to services

The practice displayed its opening hours and provided information on their website.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. Time was set aside daily for emergency appointments. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes 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.

Leadership capacity and capability

The practice staff demonstrated a transparent and open culture in relation to people's safety.

During the inspection, staff were open to discussion and feedback. Systems and processes were embedded.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt supported and told us they were comfortable taking any concerns to the managers at the practice.

Staff discussed their training needs during annual appraisals and 1 to 1 meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system 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.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback. A comments box was based in the waiting area and patient surveys were completed. The practice had many positive reviews on social media.

Feedback from staff was obtained 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 where appropriate.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, infection control, radiographs and antimicrobial prescribing. Staff kept records of the results of these audits and the resulting action plans and improvements.