

Diplomat Devon Ltd

# Diplomat Devon Limited – Dawlish

## Inspection Report

Dawlish Business Park  
Western House  
Dawlish  
Devon  
EX7 0NH

Tel: 01626 863499

Website: [www.diplomatdental.co.uk](http://www.diplomatdental.co.uk)

Date of inspection visit: 12 July 2018

Date of publication: 13/08/2018

### Overall summary

We carried out this announced inspection on 12 July 2018 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**

Diplomat Devon Limited - Dawlish is situated in an industrial estate in Dawlish and provides NHS treatment to adults and children.

# Summary of findings

There is level access for people who use wheelchairs and those with pushchairs (although facilities are not fully wheelchair accessible). Car parking spaces are available at the practice.

The dental team includes two dentists, one dental hygienist and two dental nurses. The practice has two treatment rooms.

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 Diplomat Devon Limited - Dawlish was the principal dentist.

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

During the inspection we spoke with two dentists, two dental nurses and another of the practice owners. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Mon to Thu 9am – 1pm. 2pm – 5pm. Fri 9am – 2pm.

## Our key findings were:

- The practice staff had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk but improvements could be made to assess and manage risk.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints in a timely manner.
- The practice staff had suitable information governance arrangements.
- The practice provided a valuable dental service to a local mental health hospital.

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

- Review its responsibilities to respond to meet the needs of patients with disability and the requirements of the Equality Act 2010.
- Review the practice risk assessments to ensure all identified risks are monitored and mitigated and all actions are completed promptly. In particular with regard to use of rubber dam, risk of sharps injury, access to dental treatment rooms during X-rays being taken and fire.
- Review the suitability of worktop and flooring/skirting board condition in the decontamination room taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established.

# 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, although improvements could be made.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents to help them improve. Some risk assessments would benefit from review.

Staff knew how to recognise the signs of abuse and how to report concerns. However, some staff had not received regular safeguarding training updates.

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

Improvements could be made to ensure the decontamination room surfaces and flooring is suitably repaired.

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 told us that they were pleased with the treatment received. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles. Improvements could be made to provide some staff training updates.

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 20 people. Patients were positive about all aspects of the service the practice provided. They told us staff were polite and understanding.

They said that they were given explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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



# Summary of findings

## Are services responsive to people's needs?

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

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. The practice had access to telephone/face to face interpreter services. All treatment rooms were on the ground floor and there was level access to the practice. The premises would benefit from being assessed giving regard to making further improvements under the Equalities Act.

The practice valued compliments from patients and responded to complaints constructively.

No action



## Are services well-led?

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

The practice had systems to discuss the quality and safety of the care and treatment provided. There was a defined management structure and staff felt supported and appreciated.

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

The practice had some systems in place to monitor clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



# Are services safe?

## Our findings

### **Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))**

The practice had 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 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, although improvements could be made as some staff had not received training updates since their induction several years previously. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

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

One of the dentists told us they did not use rubber dams, in line with guidance from the British Endodontic Society when providing root canal treatment. Instead they used other methods to protect the airway and recorded this in the dental care record. However, improvements could be made to ensure this decision was supported by a documented risk assessment.

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at two staff recruitment records. These showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. We noted the premises fire risk assessment was dated 2011 and had not been reviewed.

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 noted there was access into surgeries from two doors and no signage regarding X-rays. Staff told us they had an informal protocol for ensuring staff/patients could not enter the surgeries whilst an X-ray was taking place. However, there was no written protocol or risk assessment in place. Improvements could be made to formalise this process.

We saw evidence that the dentists justified, graded and reported on the radiographs they took, although this was not recorded consistently. The practice carried out radiography audits every year following current guidance and legislation.

One of the dentists was overdue in completing a training update in respect of dental radiography. They told us they would make arrangements to register for a suitable update.

### **Risks to patients**

Improvements could be made to assess, monitor and manage risks to patient safety.

Some policies, procedures and risk assessments would benefit from review to help manage potential risk.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually, although this would benefit from review to consider the process for dismantling matrix bands and choice of syringe and needle types used at the practice.

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

# Are services safe?

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

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with GDC Standards for the Dental Team.

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

The practice had an infection prevention and control policy and procedures. Improvements could be made to ensure guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care is fully followed.

Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

The practice was clean when we inspected, with the exception of a large cobweb on the decontamination room skirting board. There were also cracked areas in the decontamination room worktop and skirting. There was

also a damaged floor in one of the treatment rooms. We raised these areas with the providers. They told us arrangements had been made to repair the floor in the treatment room.

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

The practice had carried out an infection prevention and control audit.

The practice 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 a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with General Data Protection Regulation (GDPR) protection requirements, (formerly known as the Data Protection Act).

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

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

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable 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.

The practice stored and kept records of NHS prescriptions as described in current guidance.

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

## **Lessons learned and improvements**

## Are services safe?

The practice monitored and reviewed incidents by use of a daily communication book between staff, where any issues affecting the practice were shared and discussed. Staff told us this system worked well in a small staff team.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed 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 one of the dentists at the practice who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

### **Helping patients to live healthier lives**

The practice was providing preventive 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 children based on an assessment of the risk of tooth decay.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

### **Consent to care and treatment**

The practice 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 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, by which a child under the age of 16 years of age can consent for themselves. Staff spoken with were unclear regarding the working of Gillick competences and improvements could be made regarding awareness via staff training.

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 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. However, we noted that soft tissue examinations were not consistently recorded as completed in dental care records and the practice had not undertaken a dental records audit. We raised this with the principal dentist.

### **Effective staffing**

Staff new to the practice had a period of induction based on a structured induction programme.

Staff told us they discussed training needs at annual appraisals.

### **Co-ordinating care and treatment**

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes to identify, manage where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes for 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. There was not a formal system in place to monitor all referrals to make sure they were dealt with promptly. We discussed this with the principal dentist.

The practice was contracted by NHS England to provide up to 18 sessions per annum for patients in a nearby mental



# Are services effective?

(for example, treatment is effective)

health unit. This was a valuable service to patients who otherwise may have difficulty accessing dental services. The practice had a range of joint protocols with the hospital providing the in-patient care to coordinate dental services with the practice. These protocols were regularly reviewed.

# Are services caring?

## Our findings

### **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 polite and understanding. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist.

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

Patient survey results and thank you cards were available for patients to read.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with

patients. 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 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**

Improvements could be made as the practice did not have a policy on Accessible Information Standards and the requirements under the Equality Act. However, interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff that might be able to support them.

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.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

Staff were clear on the importance of emotional support needed by patients when delivering care and patients described high levels of satisfaction with the responsive service provided by the practice.

The practice treatment rooms were all on the ground floor and there was a large patient toilet (although not fully accessible). Improvements could be made as a Disability Access audit had not been completed with an action plan formulated in order to continually improve access for patients.

All patients received reminders for their appointments.

### Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

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

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. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

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

The practice took complaints seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint.

We looked at comments, compliments and complaints the practice received in the last 12 months. There had been one complaint, which was responded to appropriately and resolved.

# Are services well-led?

## Our findings

### **Leadership capacity and capability**

The practice owners (which included the principal dentist) were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

They were visible and worked closely with staff. Staff told us the practice owners were approachable.

### **Culture**

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

The providers were aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### **Governance and management**

There was a small staff team which enabled clear roles and systems of accountability to support good governance and management.

The principal dentist/registered manager had overall responsibility for the management and clinical leadership of the practice. The providers 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.

Some improvements actions have been identified to help manage risks, issues and performance.

### **Appropriate and accurate information**

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice 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**

The practice involved patients and staff and external partners to support high-quality sustainable services.

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, a TV screen was provided in the patient waiting areas as a result of patient feedback.

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.

The practice 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**

There were systems and processes for learning and improvement.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs and infection prevention and control.

The whole staff 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.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

Some training for staff as part of continuing professional development was overdue. However, staff told us the practice provided support and encouragement for them to update their training.