

Harlestone Dental Partnership

Harlestone Road Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 22 August 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 which reflected published guidance.
- 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.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- 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 information governance arrangements.

Background

The provider is part of a corporate group Rodericks Dental Limited who have multiple practices, and this report is about Harlestone Road Dental Practice. This practice is in Northampton and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 5 dentists, 4 dental nurses, (3 qualified and 1 trainee), 1 dental hygienist, 1 practice manager and 2 receptionists. The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental nurse, 1 receptionist and the practice manager. The Head of Clinical Compliance was also in attendance to provide support during this inspection. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday to Thursday from 8.30am to 5.30pm and Friday from 8.30am to 1pm. The practice is closed for lunch each day from 1pm to 2pm.

The practice had taken steps to improve environmental sustainability. For example, staff are encouraged to recycle wherever possible. The practice website states that "environmental strategies have been instigated to help improve operating procedures, directors receive scheduled reports of all non-clinical waste streams and periodic reviews encourage the ongoing recycling habits of employees".

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. All staff had completed safeguarding training with 4 staff completing higher level training for safeguarding vulnerable adults and children. Information regarding safeguarding was available for staff throughout the practice.

The practice had infection control procedures which reflected published guidance.

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. A waste contract was in place and waste consignment notices were available for each waste collection.

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

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. Appropriate pre-employment checks were completed such as obtaining evidence of conduct in previous employment, proof of identity and Disclosure and Barring Service checks.

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 had systems to ensure that facilities were maintained in accordance with regulations. Where issues were identified, these were reported to the facilities department.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective. Daily, weekly and monthly checks were completed of fire safety equipment. External professionals completed the required routine servicing. Records were kept demonstrating that staff completed fire drills every 6 months.

The practice had arrangements to ensure the safety of the X-ray equipment and all 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. The practice had completed various other risk assessments including, DSEAR (Dangerous Substances and Explosive Atmospheres Regulations 2002), manual handling, first aid and display screen equipment. In addition to an annual health and safety risk assessment completed by an external profession, the practice manager completed a monthly health and safety inspection.

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. Additional medical emergency scenario training was completed at least twice a year during practice meetings.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Safety data sheets were also available for each product in use. Substances hazardous to health were appropriately stored.

Are services safe?

Information to deliver safe care and treatment

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

The practice had systems for referring patients with suspected oral cancer under the national 2-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. NHS prescription pads were kept secure, and a log was in place to monitor and track their use.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. These were also reported to head office who monitored for trends and gave support to the practice as required. The practice had a system for receiving and acting on safety alerts. Staff signed alerts received at the practice to demonstrate that they had been reviewed and acted upon as necessary.

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 including regular practice meetings, management meetings and regular update bulletins. A separate clinical bulletin was sent to dentists. Urgent information was shared with staff by email.

The practice undertook suitable risk assessments before providing dental care in domiciliary settings such as care homes or in people's residence.

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. Patient records included details of advice given in relation to diet, oral hygiene instructions, guidance on the effects of tobacco and alcohol consumption. Written patient information leaflets were available.

Staff were aware of 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 provided regular "children's days" where one of the dentists mainly saw children. Staff provided colouring and a prize for the winner of a competition. Staff also wore fancy dress, for example tooth fairy or Halloween costumes to help put children at ease and make a visit to the dentist a fun experience.

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 spoken with were aware of Gillick competency (Gillick competence is the principle used to judge capacity in children to consent to medical treatment) and had completed training regarding the Mental Capacity Act.

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 patients living with dementia or adults and children with a learning disability. A "social story" book regarding a visit to the dental practice was available in the waiting room. A Social Story is a story that shares social information with an autistic child or adult in an accessible way explaining social situations to help them learn ways of behaving in these situations. Rainbow signs were also available and would be put on the door to identify when someone was being seen by the dentist and could not be disturbed. Patients with autism, a learning disability or dementia could be booked in at less busy times of the day, if this was their preference, so that there were fewer people in the waiting room. A sensory relaxation aid was available for patients to hold whilst having dental treatment.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits 6-monthly following current guidance.

Are services effective?

(for example, treatment is effective)

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.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights. The receptionist was observed to be kind, friendly and helpful to patients over the telephone and in person at the practice.

We reviewed patient feedback and saw that positive comments had been received. Patients commented that dentists were professional and reception staff were friendly and helpful.

We discussed an occasion where staff had been extremely helpful and caring to a patient who required urgent dental care prior to commencement of medical treatment.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. Staff gave examples of how they maintained patient's privacy and confidentiality such as use of private areas for confidential discussions.

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 and gave patients clear information to help them make informed choices about their treatment.

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

The dentist explained the methods they used to help patients understand their treatment options. These included for example, photographs, study models, videos 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 clear about the importance of providing emotional support to patients when delivering care. Where staff were made aware that a patient was anxious, they identify if there was anything they could do to reduce their anxiety. A note could be put on patient records to alert the dentist if a patient were anxious so they could be seen as soon as possible upon entering the practice. Patients would be offered a drink and staff would offer reassurance and chat to patients to put them at ease.

The practice had made reasonable adjustments, including step free access to the building, all services were located on the ground floor. Interpretation services which included British Sign Language were available. Staff at the practice also spoken Romanian and Russian and could assist patients who spoke these languages. Reading glasses for patients who had visual impairments and a hearing induction loop for use by patients who wore a hearing aid were available. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. The most recent audit was completed in January 2023.

Timely access to services

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

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. Patients had enough time during their appointment and did not feel rushed.

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 not open.

Patients who needed an urgent appointment were offered one in a timely manner. Slots were kept free every day to see patients who required urgent appointments. When these were full patients would be offered a sit and wait appointment. The practice also worked with sister practices to support urgent access for patients. 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. A complaint tracking log was used to record details of correspondence and action taken. All complaint information was kept on file and was also sent to the complaint manager at head office who provided support as required. Staff discussed outcomes to share learning and improve the service. Staff completed complaint handling training.

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.

There was strong leadership with emphasis on people's safety and continually striving to improve. The practice manager received support as necessary from the area manager; other head office support structures were also in place. Learning was shared company wide through regular bulletins, management and practice staff meetings.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions.

Records required by regulation for the effective running of the service were maintained, up to date and accurate. Evidence presented 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 respected and valued. We were told that staff worked well together and were caring and supportive of each other. Staff told us that they enjoyed their job and were proud to work in 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. The practice manager allocated training to staff using the compliance system, staff received an email alert to notify them that training had been allocated. A timescale could be set for completion of the training, the practice manager was able to monitor and review to ensure training had been completed.

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. These had been uploaded onto the practice's compliance system and were accessible to all members of staff on computer desktop and in paper format. Staff received emails informing them of any changes to policies and were required to sign confirmation when they had read updates.

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. Staff said that communication systems were good with regular weekly updates and monthly meetings. Urgent information was sent to staff by email or using the practice's social media group.

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

Are services well-led?

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback. We discussed actions taken by the practice where patients had made comments or suggestions. We reviewed patient feedback. The “working feedback” system had been implemented in May 2023. Patients received a text or email message within 30 minutes of attending the practice asking them to leave feedback on either NHS Choices, the Friends and Family Test or an online review site. The practice manager had access to all feedback received and was able to respond as necessary. We saw that positive feedback had been received, online reviews showed a rating of 4.5 out of 5 stars from 121 reviews.

Feedback from staff was obtained 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 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, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.