

Rodericks Dental Limited

Derby House Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 5 September 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a 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 not providing well-led care in accordance with the relevant regulations.

Background

Derby House Dental Practice is in Derby city centre and provides NHS and private dental treatment to adults and children.

The dental team includes three dentists, four dental nurses including four trainees, one receptionist and a practice manager. The practice has three treatment rooms and an instrument decontamination room. One of the treatment rooms is located on the ground floor. There is level access into the practice for people who use

Summary of findings

wheelchairs and those with pushchairs. Car parking spaces are available near the practice on local roads and car parks. There is parking space opposite the practice for blue badge holders and those with restricted mobility.

The practice is owned by an organisation 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 Derby House Dental Practice is the practice manager.

On the day of inspection, we collected 14 CQC comment cards filled in by patients.

During the inspection we spoke with one dentist, one dental nurse, one receptionist, the practice manager and a manager from the provider's organisation. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday: from 8.30am to 5.30pm.

Our key findings were:

- The practice appeared clean and well maintained.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- Improvements could be made to the practice's systems for managing sharp instruments.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Improvements were needed to the system for assessing materials and substances that are hazardous to health.

- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Improvements were needed to the systems for ensuring the security of NHS prescription pads.
- Improvements to the way manual cleaning was completed at the practice could be made.
- The audit of infection prevention and control in the practice was not robust.
- Staff provided preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider was not meeting are at the end of this report.

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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?	Requirements notice ✗

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. There was a designated lead person for safeguarding alerts within the practice. They had completed safeguarding training to the required level.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records. We saw examples of how this information was recorded within dental care records.

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

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

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

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the provider followed their recruitment procedure.

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

Staff 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 and firefighting equipment were regularly tested and serviced.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file. A fire risk assessment had been completed externally and last reviewed in March 2019. We saw evidence that all actions identified in the risk assessment had been completed.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography. The provider had registered with the Health and Safety Executive in line with changes to legislation relating to radiography. Local rules for the X-ray units were available in line with the current regulations. The provider used digital X-rays to enhance patient safety.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits annually following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The practice did not have a robust system for the management of safer sharps that was in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Staff told us they did not have confidence in the system for managing sharps at the practice.

Are services safe?

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.

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

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

There were suitable numbers of dental instruments available for the clinical staff.

The provider did not have suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. There were product safety data sheets available but no risk assessments. The practice manager assured us they were working towards achieving this.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. We noted that some instruments which had been sterilised and that were ready for use showed signs of, rust and cement which had not been removed during the cleaning process. We further noted that the system for manual cleaning was not robust. We saw that the amount of cleaning solution in the scrubbing sink was not accurately measured, and that the temperature of the water was not always checked. So that staff could not be sure of the water temperature. There was no log to record water temperatures during the process. The guidance HTM 01-05 identifies that during manual cleaning the water temperature should not be above 45 degrees centigrade.

There was a lead for infection control as recommended by the published guidance. The lead had undertaken infection control training in line with their continuing professional development.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place. The risk assessment had been completed by an external company in March 2019. The risk assessment had highlighted various action to be taken and the practice manager demonstrated all actions had been addressed.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

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

The practice carried out infection prevention and control audits twice a year. When necessary an action plan had been produced. We identified some areas where the infection prevention and control systems were not robust, however these had not been identified in the most recent audit.

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 complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

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

Are services safe?

Patients updated their medical histories at each visit and they were then uploaded directly into the dental care records and were checked by the dentist.

Safe and appropriate use of medicines

The provider 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.

We saw records of NHS prescriptions did not provide a clear audit trail, and the system for ensuring the security of prescriptions needed review.

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

Antimicrobial prescribing audits had been completed in line with recognised guidance. The most recent audit was completed in June 2019.

Track record on safety and lessons learned and improvements

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the 12 months up to this inspection there had been two accidents recorded. There was a system for recording and analysing accidents which were also recorded as significant events. The records showed four significant events had occurred in the year up to this inspection including the two accidents.

There were adequate systems for reviewing and investigating when things went wrong. The practice learnt, and shared lessons identified themes and acted to improve safety in the practice.

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. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

We found that 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 practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice had access to equipment such as digital X-rays which were used to enhance the delivery of care.

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 dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets to help patients with their oral health. We saw evidence of these discussions in dental care records.

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

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. Patients with more severe gum disease were recalled at more frequent intervals for review 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 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 MCA. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy contained information on Gillick competence, by which a child under the age of 16 years of age may give consent for themselves.

The consent policy outlined the principles which underpinned the MCA and defined best interest decisions.

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance. The relevant information was recorded in a detailed and clear manner and was easily accessible for clinical staff.

We saw that dental care records had last been audited for each dentist in June 2019 and improvements had been identified and actioned where necessary.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles, for example all staff had completed basic life support training, and this was updated annually.

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

Staff discussed their training needs at annual appraisals. Records showed all staff had received an annual appraisal and completed personal development plans where appropriate.

Are services effective?

(for example, treatment is effective)

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 if they needed treatment the practice did not provide.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems 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.

The practice monitored referrals through an electronic referral and tracking system to make sure they were dealt with promptly.

Staff were aware of the risks associated with sepsis. The practice had raised awareness with staff and there were posters displayed within the practice.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

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

Patients commented positively that staff were friendly, attentive and welcoming. We saw that staff treated patients with professionalism, gave good advice and support. Staff were friendly towards patients at the reception desk and over the telephone.

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

The costs for both NHS and private dental treatments were on display in the practice.

Patients said staff were compassionate and understanding.

Information folders and patient survey results 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 a private room near the reception desk. 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.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the requirements under the Equality Act.

- The practice had access to an Interpreting service, who could provide both face to face and telephone translations. There were staff at the practice who could speak and understand Punjabi and Greek.
- Staff communicated with patients in a way that they could understand, for example, communication aids were available.

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 information leaflets 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

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

Responding to and meeting people's needs

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

Staff were clear on the importance of emotional support needed by patients when delivering care.

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

The practice had some patients for whom they needed to make some adjustments to enable them to receive treatment. These included having level access through the front door, a ground floor treatment room available, an induction hearing loop and an adapted ground floor toilet.

Staff sent e-mail and text messages to remind patients who had agreed to receive them when they had an appointment.

Timely access to services

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

The practice displayed its opening hours in the premises and included it in their practice information leaflet.

The practice had an efficient appointment system to respond to patients' needs. The practice used a sit and wait system for patients who were in pain or who telephoned in

an emergency. 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.

If patients required emergency out-of-hours treatment, they could ring the NHS 111 emergency telephone line.

Patients confirmed patients 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 and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. This was displayed within the practice for the benefit of patients. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response. The complaints policy identified the time scale in which the practice would respond to any complaints received.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with the practice manager in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

The practice had received four complaints in the year up to this inspection. The records showed the practice had followed their complaints policy when dealing with complaints.

Are services well-led?

Our findings

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The practice was part of a larger corporate organisation and had a management structure to support the practice and the manager. Leaders and managers had the capacity and skills to deliver high-quality, sustainable care. They also had the experience, capacity and skills to deliver the practice strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy If applicable

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

The practice vision, mission and values statement were displayed in the waiting room together with the General Dental Council's nine principles for meeting standards.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. Staff were proud to work in the practice. The practice focused on the needs of patients. Managers had systems to identify and act on behaviour and performance that was not consistent with the vision and values of the practice.

The practice held regular staff meetings to share information and support staff.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. The practice had a duty of candour policy, and the practice manager showed a clear understanding of the principles that underpinned it.

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

Staff knew the management arrangements and their roles and responsibilities within the practice.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Systems to identify and manage risks were not effective. We identified risks in relation to:

- The practice did not have a robust system for the management of safer sharps that was in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Infection control procedures were not in line with the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care.
- Infection prevention and control audits had failed to identify the concerns identified with regard to manual cleaning of dental instruments.
- There were limited risk assessments in place contrary to the Control of Substances Hazardous to Health Regulations (2002).
- The system for the security of NHS prescriptions was not robust as it did not provide a clear audit trail, and individual prescriptions could not be tracked.

Appropriate and accurate information

Staff acted on appropriate and accurate information. There were regular staff meetings and systems and processes to share information.

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

Are services well-led?

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

Engagement with patients, the public, staff and external partners

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

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 used patient surveys and verbal comments to obtain staff and patients' views about the service. The patient survey had been redesigned and was due to be rolled out to patients from 1 October 2019.

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.

There had been 17 reviews on the NHS Choices website which had provided mostly positive feedback. There had been four reviews on line in the year up to this inspection and six overall. Feedback about the practice was mixed.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. Learning points were identified and an action plan was produced when applicable. We noted that no hand hygiene audits had been completed. The practice manager assured us this would be addressed.

We noted the audit of infection prevention and control had not identified that the procedure for manually cleaning dental instruments was not robust.

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 completed 'highly recommended' training as per the General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete their continuing professional development to meet the professional standards.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">· The registered person's systems for monitoring quality and safety at the practice were ineffective. The provider's six-monthly infection prevention and control audits were not robust as they had failed to identify concerns with the manual cleaning of dental instruments noted at the inspection.· The system for the security of NHS prescriptions was not robust as it did not provide a clear audit trail, and individual prescriptions could not be tracked· The registered person did not have a robust system for the management of safer sharps that was in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

This section is primarily information for the provider

Requirement notices

- The registered person's system for assessing the risks associated with the Control of Substances Hazardous to Health (COSHH) was not effective. Not every substance had a risk assessment in place contrary to the Control of Substances Hazardous to Health Regulations (2002).

Regulation 17(1)