

Rodericks Dental Limited

Mackworth Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 22 November 2022 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 adviser.

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 was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance. Infection prevention and control update training was overdue for 2 staff, this was completed within 24 hours of this inspection.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.

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.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and 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 dental clinic had information governance arrangements.

Background

The provider has 155 practices and this report is about Mackworth dental practice.

Mackworth dental practice is in Derby and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. The practice is located on a residential road and patients are able to park unrestricted on the road at the front of the practice. The practice has made reasonable adjustments to support patients with additional needs.

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

During the inspection we spoke with 2 dentists, 1 dental nurse, 1 receptionist, the practice manager and a compliance manager from Rodericks. 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.

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

- Develop systems to ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff. Including the training, learning and development needs of individual staff members at appropriate intervals.

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. Information relating to safeguarding and the contact numbers for the local safeguarding agencies were on display for staff. Safeguarding was regularly discussed during practice meetings to *promote good practice and provide* advice and support for staff. Staff had completed training to the required level and the practice manager, and a trainee dental nurse had completed training to a higher level.

The practice had infection control procedures which reflected published guidance. Staff had completed training in infection prevention and control, although 2 staff required update training. We discussed this with the practice manager and were sent evidence to demonstrate that this training had been completed within 24 hours of this inspection. The head nurse had completed infection control lead training. The practice had introduced additional procedures in relation to COVID-19 in accordance with 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. Hot and cold water temperatures were monitored and logged on a monthly basis. Records seen demonstrated that temperatures were within the required temperature range.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. The clinical waste bin, which was kept in a secured area, was locked and secured to the wall. Waste audits had been completed and any issues identified in the audits seen had been actioned.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean. An external cleaning company provided cleaning services to communal areas at the practice. Cleaning logs were seen which recorded cleaning tasks completed.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. The practice did not use agency or locum staff to cover vacancies. Staff from other practices within the group would meet short term cover requirements.

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

The practice ensured equipment was safe to use. Documentation seen demonstrated that equipment was maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. Gas and electrical safety checks had been completed as required.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective. Safety checks were completed for the fire fighting and fire detection systems. Three staff had recently completed fire marshal training and all other staff had completed fire safety training. Fire drills were completed on a regular basis. The form used to record the fire drill did not include the names of all staff who were present during the fire drill. We were assured that the form would be amended to include this information in future. This would help to ensure that all staff have been involved in a fire drill at the practice on a regular basis.

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

Risks to patients

Are services safe?

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. One emergency medicine was kept in the fridge, the fridge temperature was monitored and logged to ensure this medicine was stored in line with manufacturers 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. Risk assessments and safety data sheets were available for each product in use. Staff checked the list of products ordered throughout the year; this was cross checked with information in the control of substances hazardous to health (COSHH) folder to ensure information was up to date. COSHH product information was kept separately for the cleaning products in use.

Information to deliver safe care and treatment

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

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 practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. The last audit was completed in August 2022.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice had a system for receiving and acting on safety alerts. Copies of safety alerts were kept on file, staff signed to demonstrate that they had read alerts that were applicable to the practice.

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. This included providing information in regular bulletins, meetings and email updates. We saw clinicians assessed patients' needs in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. A dental hygienist and dental therapist were employed to assist patients in the management of their oral health.

Staff were aware of and involved with national oral health campaigns for example national smile month and oral cancer awareness month. The practice organised children's days during half term holidays where children were given packs including stickers, colouring paper and crayons. Staff told us that these were fun events aimed to encourage children not to be anxious when attending the dentist. Staff were aware of local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate. Leaflets regarding the effects of smoking on oral health were available for patients.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the requirements of Gillick competency in relation to younger patients. Policies seen contained information regarding capacity and Gillick competency. Staff had completed training regarding Mental Capacity.

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 in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. Patients were offered appointments at quieter times of the day such as the first appointment of the morning or the last appointment of the day.

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 and legislation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff told us they had enough time for their role and did not feel rushed in their work.

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 effective?

(for example, treatment is effective)

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. Staff had completed training regarding equality and diversity.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. Staff told us how they ensured that confidentiality was maintained at all times. Confidential discussions with patients could be held if required, in a private area away from the reception and waiting room.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely. Information was scanned on to computerised records and the paper copy appropriately destroyed.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

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

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, 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. It took account of patient needs and preferences. Patients were offered an appointment with either a male or female dentist.

Staff were clear about the importance of emotional support needed by patients when delivering care. We were told that extra time was taken with anxious patients to try and make them feel at ease and explain in detail the treatment being completed.

The practice had made reasonable adjustments for patients with disabilities. This included an accessible toilet, ground floor waiting and treatment room. There was a hearing induction loop to assist those patients with hearing aids. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The waiting time for a routine appointment was up to 1 week. Appointment slots were kept available each day for patients in dental pain. Once these slots were full, we were told that patients were offered sit and wait appointments. Patients requiring urgent dental care would be seen within 24 hours of contacting the practice.

The practice had an appointment system to respond to patients' needs.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service. Information about how patients could raise their concerns was available in the waiting area. The practice manager was the complaint lead with support provided by staff at head office if required. We reviewed the management of the most recent complaint and noted this had been dealt with in a timely and professional way.

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 demonstrated a transparent and open culture in relation to people's safety. Staff demonstrated an understanding of the Duty of Candour and their obligations under it.

There was strong leadership and emphasis on continually striving to improve. Learning was shared between all practices within the group.

Systems and processes were embedded, and staff worked well together so that where the inspection identified areas for improvement these were acted on immediately.

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. The practice had a head nurse and head receptionist. Both staff confirmed that they were supported to complete additional roles and responsibilities.

Culture

The practice 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 this was a good place to work as everyone worked well as a team and communication systems were good. We were told that the practice manager and area managers were supportive and that everyone in the practice was approachable and helpful.

Staff said that they discussed their training needs during annual appraisals but confirmed that these had not taken place recently. They also discussed learning needs, general wellbeing and aims for future professional development. A new appraisal system had been launched companywide. The newly employed practice manager was aware that appraisal meetings were overdue for completion and confirmed that these had been scheduled within the near future. We were told that the manager could be approached at any time to discuss training or any other issues, concerns or suggestions.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. Staff training was also monitored by staff at head office.

Governance and management

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

The practice had a system of clinical governance in place which included policies, protocols and procedures which were reviewed on a regular basis. Both paper and on-line copies of policies, procedures and other documentation were available for staff. Staff were able to log on to the company portal and access policies and procedures at any time. Staff had individual log in details to access this information.

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 these in 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 a demonstrated commitment to acting on feedback. Actions taken or learning from patient feedback was discussed with staff during practice meetings, along with the results of patient satisfaction surveys.

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

The practice had systems and processes for learning, continuous improvement and innovation. This included regular meetings and updates. Learning was shared across all practices within the group. Staff had access to learning provided by the company to help ensure that their continuing professional development was kept up to date.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.