

Grace Dental Care Partnership

Grace Dental Care

Inspection Report

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Date of inspection visit: 16 January 2020
Date of publication: 24/03/2020

Overall summary

We carried out this announced inspection on 16 January 2020 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 Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser and the CQC clinical fellow for dentistry.

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 this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found this service was providing effective care in accordance with the relevant regulations.

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Grace Dental Care is in Stockton on Tees and provides a specialist referral service for patients between the age of three and 80 who require conscious sedation. The majority of treatment is provided by the NHS, private treatment is available upon request. The service is located within the outpatient department of North Tees Hospital.

Summary of findings

There is level access to the service for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available in the hospital care park.

The team includes eight dentists, nine consultant anaesthetists, seven dental nurses, three receptionists and a practice manager. The service has two treatment rooms and dedicated recovery areas.

The service is owned by a partnership and as a condition of registration must have a person registered with the CQC 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 service is run. The registered manager at Grace Dental Care is one of the consultant anaesthetists.

On the day of inspection, we collected 50 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, two dental nurses, two consultant anaesthetists, two receptionists and the practice manager. We looked at policies and procedures and other records about how the service is managed.

The service is open:

Monday to Friday from 8:30am to 5:30pm

Saturday from 8:30am to 1:00pm

Our key findings were:

- The premises appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- 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.
- The staff knew their responsibilities for safeguarding vulnerable adults and children. There was no vulnerable adult safeguarding policy in place.

- The provider had staff recruitment procedures which reflected current legislation. Improvements could be made to the process for recording verbal references.
- The clinical staff provided patients' care and treatment in line with current guidelines. Improvements could be made to the sedation process to bring in line with nationally recognised guidance.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had information governance arrangements.

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

- Improve the practice's safeguarding policy and ensure it takes into account both vulnerable adults and children.
- Implement an effective recruitment procedure to ensure that references are completed prior to new staff commencing employment at the practice.
- Improve the practice's complaint handling procedures and establish a system for recording verbal complaints made by service users.
- Implement protocols for conscious sedation, taking into account the guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'. In particular, the recording of patients' blood pressure before and after treatment.

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 service 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 a safeguarding children policy and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We noted there was no vulnerable adult safeguarding policy in place. We were assured this would be addressed. However, staff had the knowledge and awareness of the signs and symptoms of abuse relating to vulnerable adults.

We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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.

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.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. We noted one of the recommended tests (the foil test) was not carried out on the ultrasonic bath. We were told this would be implemented.

The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The provider had a service level agreement, (SLA), with the hospital trust which included domestic cleaning and the management of the risks associated with Legionella. Staff told us they flushed dental unit water lines and carried out local procedures to help reduce the likelihood of Legionella developing in the dental unit water lines.

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

Staff carried out infection prevention and control audits twice a year. The latest audit showed the service was meeting the required standards.

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

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at six staff recruitment records. These showed the provider followed their recruitment procedure with the exception of obtaining written references. We were told that verbal references were obtained but these were not recorded. We were told that verbal references would be documented in future.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

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

We saw evidence 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 in respect of dental radiography.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

Are services safe?

The service'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 service's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken.

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

Staff had a good awareness of the risks associated with sepsis. This helped ensure staff made appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and immediate life support every year. The consultant anaesthetists had completed advanced life support training.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. There were also emergency trollies available within the hospital and this formed part of the SLA the service had with the hospital. Emergency protocols were available and the service had immediate access to the hospital's Accident and Emergency department if required.

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

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

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 dental care records with clinicians to confirm our findings and observed that individual records were written or typed and managed in a way that kept patients safe. Dental care records we saw were legible, were kept securely and complied with General Data Protection Regulation requirements.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a 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. Medicines used in the provision of intravenous sedation were stored securely and a records maintained.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

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

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the service as well as safety improvements.

Where there had been a safety incidents we saw these were investigated, documented and discussed with the rest of the team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff 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 this service was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The service provided conscious sedation for patients. This included for patients who were very anxious about dental treatment or unable to cooperate for treatment to be carried out under local anaesthetic alone.

The dentists initially assessed patient's suitability for the type of sedation which was to be used. It was not clear whether the dentists who were carrying out this assessment had received training in the use of the advanced techniques employed by the consultant anaesthetists. However, if on the day of treatment, the consultant anaesthetist considered the type of sedation to be inappropriate we were told they would change it to a more appropriate method. The majority of cases adopted an advanced sedation technique utilising more than one drug.

We discussed with staff and reviewed dental care records to corroborate our findings about how patients were monitored before, during and after treatment. We saw evidence that checks on the patient's oxygen saturation were recorded at regular intervals. The records we reviewed showed a lack of blood pressure measurements being recorded before and after the treatment. In addition, some discharge records were missing from cases which we looked at. We discussed this with the registered manager who assured us these would be documented.

There were sufficient amounts of suitably qualified staff present during the treatment sessions including a consultant anaesthetist, qualified dental nurse and a dentist.

Helping patients to live healthier lives

The service provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

We saw evidence the dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

Consent to care and treatment

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

The team understood the importance of obtaining and recording patients' consent to treatment. During the inspection we noted a consent form which stated the type of sedation to be used would be inhalation. The dental care records indicated that the patient received intravenous sedation. We discussed this with the registered manager who assured us they would discuss with the clinicians to ensure consent forms were appropriately completed.

The consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might 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 may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 service kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. We saw one case where a clinician had not amended the template according to the patient's individual case. This then contradicted the sedation record. We were told the use of templates would be discussed with the dentists.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

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

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

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The service was a referral clinic for procedures under sedation and we saw staff monitored all incoming referrals daily. Staff monitored referrals to ensure they were responded to promptly.

Are services caring?

Our findings

We found this service 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 excellent, caring and friendly. We saw staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Privacy and dignity

Staff 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. If a patient asked for more privacy, the service

would respond appropriately. 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

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English.
- Staff communicated with patients in a way they could understand and communication aids were available.

The service's website provided patients with information about what the service provided.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society.

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

Two weeks before our inspection, CQC sent the service 50 feedback comment cards, along with posters for the service to display, encouraging patients to share their views of the service.

50 cards were completed, giving a patient response rate of 100%.

100% of views expressed by patients were positive.

Common themes within the positive feedback were how good the staff were at helping anxious children, the speed of the appointment and the professional staff.

We shared this with the provider in our feedback.

The service was fully accessible for patients with disabilities. This included step free access, a hearing loop, and accessible toilet facilities.

Patients were called the day before their appointment to ensure they could still attend and to reinforce any fasting arrangements.

Timely access to services

The service displayed its opening hours in the premises and included it on their website.

Due to the high volume of referrals which the service received, the waiting times for non-urgent treatment were long. The service had systems in place to prioritise urgent cases which would be seen more quickly. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Patients requiring emergency dental care outside normal working hours were signposted to the NHS 111 out of hour's service.

The post-operative information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the service was not open.

Listening and learning from concerns and complaints

Staff told us the provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. We noted there was no complaints policy or procedure displayed. We were told this would be addressed to ensure it was accessible for patients.

The practice manager was responsible for dealing with complaints. 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 practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

In the past 12 months, no formal complaints had been received. We asked if verbal complaints were formally recorded and we were told they were not. We were told a record of these would be maintained.

Are services well-led?

Our findings

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

Leadership capacity and capability

Service leaders had the capacity, values and skills to deliver high-quality, sustainable care.

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

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Culture

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

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

Staff discussed their training needs at an annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

The staff focused on the needs of patients.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents. Staff were aware of and there were systems in place to ensure compliance with the requirements of the Duty of Candour.

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

Governance and management

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

The registered manager had overall responsibility for the management and clinical leadership of the service. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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.

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.

Quality and operational information, for example NHS Business Services Authority performance information and external body reviews were used to ensure and improve performance.

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

Staff involved patients, the public, staff and external partners to support the service.

The provider used patient surveys to obtain patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider 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.

The service was involved in the local sedation network. They helped provide training and support to local dentists in the provision of conscious sedation. They used facilities within the hospital for this.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

Are services well-led?

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. We noted the consultant anaesthetists' records were not audited and therefore there was no oversight of what checks were being recorded. We were told this would be addressed to ensure they were following current best practice guidance.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.