

Kimberley Family Care Limited

Kimberley Family Care

Inspection Report

3 Nottingham Road
Kimberley
Nottingham
Nottinghamshire
NG16 2NB
Tel: 0115 9384304
Website: N/A

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Overall summary

We carried out this announced inspection on 25 May 2017 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not have any relevant information to share with us regarding this dental practice.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Kimberley Family Dental Care is located in premises in the village of Kimberley to the west of Nottingham. The practice provides mainly NHS (99%) dental treatment to patients of all ages.

Summary of findings

There is ramped access at the rear of the practice which enables patients who use a wheelchair or have large pushchairs to access the premises. The practice has a small car park to the rear of the premises or there is roadside parking available in the local area.

The dental team includes two dentists; two qualified dental nurses including the practice manager; and one trainee dental nurse. The practice has three treatment rooms, one of which is on the ground floor.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Kimberley Family Dental Care is the principal dentist.

On the day of inspection we collected 38 CQC comment cards filled in by patients and spoke with two other patients. This information gave us a positive view of the practice.

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

The practice is open: Monday: 9 am to 6 pm; Tuesday 9 am to 5 pm; Wednesday 9 am to 6 pm; Thursday: 9 am to 5 pm; and Friday: 9 am to 2 pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The records of products governed by Control of Substances Hazardous to Health (COSHH) 2002 Regulations were not complete.
- The practice 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.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice did not have an induction hearing loop.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

There were areas where the provider could make improvements and should:

- Review the practice's policy for products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure a risk assessment is undertaken and there are manufacturer's safety data sheets for each item.
- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

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

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, friendly and helpful. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

We received feedback about the practice from 40 patients. The patients were positive about all aspects of the service the practice provided. They told us staff had an excellent manner, were welcoming and attentive and said their dentist listened to them. Several patients commented that they were made to feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Are services responsive to people's needs?

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

No action



Summary of findings

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone and face to face interpreter services. However, the practice did not have an induction hearing loop to assist patients who wore a hearing aid.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

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

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. There had been no accidents recorded in the year up to this inspection. However, records showed that previous accidents had been investigated and the action taken as a result was recorded.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice investigated every significant event and recorded the outcome. There had been one significant event in the year up to this inspection.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Alerts were analysed by the practice manager and where relevant were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The policies had been reviewed in May 2017. The principal dentist was the identified lead for safeguarding in the practice. All clinical staff including the principal dentist had received safeguarding training to level two in child protection. The principal dentist said their own safeguarding training needed updating and they were looking to arrange this. We saw training certificates as evidence of staff training. The practice manager said there had been no safeguarding referrals made in the year up to this inspection.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a

whistleblowing and underperformance policy which had been reviewed in September 2016. Staff told us they felt confident they could raise concerns without fear of recrimination.

The practice protected staff and patients with a guidance for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. We saw that the COSHH data was in need of some update and the practice manager gave assurances this would be completed. Risk assessments for products and copies of manufacturers' product data sheets ensured information was available if needed.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. This included single use matrix bands and safety systems for using injection needles. The minutes of a staff meeting in December 2016 showed safe handling of sharps and single use matrix bands had been discussed. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We saw the practice had the necessary equipment to use rubber dams available for dentists.

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

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. The last such training had been completed in March 2017. Additional training relating to the practice defibrillator was booked for September 2017.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Equipment included an automated external defibrillator (AED), medical oxygen and resuscitation equipment

The practice had a first aid box and staff at the practice had completed first aid training. This was in keeping with the Health & Safety (First Aid) Regulations 1981

Staff recruitment

Are services safe?

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at five staff recruitment files. These showed the practice followed their recruitment procedure.

We saw that every member of staff had received a Disclosure and Barring Service (DBS) check.

Clinical staff were qualified and registered with the General Dental Council (GDC). All staff fell under the practice's professional indemnity cover. The practice manager had a system to monitor that relevant staff were up to date with their GDC registration.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed annually to help manage potential risk. These covered general workplace and specific dental topics. The policy identified the practice manager as the lead person with overall responsibility for health and safety at the practice. The practice had current employer's liability insurance which was due to expire on 1 November 2017. The practice manager checked each year that the clinicians' professional indemnity insurance was up to date.

We saw that regular health and safety audits were completed.

The practice had a fire risk assessment and battery operated smoke detectors.

A dental nurse worked with the dentists, dental hygienists and dental therapists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. We saw that staff had completed infection prevention and control training.

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

The practice carried out infection prevention and control audits twice a year. The latest audit was completed in April 2017. This showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which had been completed on 11 July 2016 by an external contractor.

There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received boosters when required.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. This included testing of the electrical equipment (April 2017), servicing of the fire extinguishers (December 2016) and servicing of the compressor which produced the compressed air for the dental hand pieces had been completed in September 2016. This was in accordance with the Pressure Systems Safety Regulations (2000). We saw the autoclaves in the practice had last been tested and validated in August 2016.

The practice had suitable systems for prescribing, dispensing and storing medicines.

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

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

The practice had three intraoral X-ray machines. Records showed the X-ray developing machine was serviced annually with the last service in March 2017.

The practice did not use digital X-rays.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and

Are services safe?

legislation. The last X-ray audit was dated July 2016. Minutes of a staff meeting dated 13 September 2016 showed that the findings of the X-ray audit had been discussed

Clinical staff completed continuous professional development in respect of dental radiography as required by the General Dental Council (GDC).

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. Since June 2014 the practice had used computerised dental care records. The dentists assessed patients' treatment needs in line with recognised guidance using the basic periodontal examination screening tool.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. The most recent audit had been completed between September 2016 and December 2016.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.'

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

There were health promotion posters, leaflets and displays in the waiting room. Much of the material was aimed at children and identified the sugar content in various drinks, snacks and foodstuffs.

The practice produced a quarterly newsletter to give patients information and positive oral health messages.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. We saw evidence of this in dental care records. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. Free samples of toothpaste were also available.

There were posters and leaflets in the waiting room to direct patients to agencies to support them in stopping smoking. This followed advice given by National Institute for Health and Care Excellence (NICE).

Staffing

The practice had two dentists; two qualified dental nurses including the acting practice manager and one trainee dental nurse. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Staff new to the practice had a period of induction based on a structured programme. We saw records to demonstrate the newest member of staff had followed the identified induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the GDC.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals for staff.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Care Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

The practice did not provide a sedation service or complex oral surgery. Therefore if a patient required sedation or oral surgery they were referred elsewhere through the Nottinghamshire electronic referral system (REGO). Children or patients with special needs who required more specialist dental care were referred to the community dental service. The practice made referrals for NHS orthodontic treatment mainly for children.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. We saw the practice's consent policy and identified areas where the policy was insufficient. Following this inspection we received an updated version of the consent policy which covered all of the appropriate areas. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make

Are services effective?

(for example, treatment is effective)

informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment. We saw some examples where dentists had recorded this information in dental care records.

The practice's updated consent policy included information about the Mental Capacity Act 2005. Clinical staff 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 and the dentists and dental nurses were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with reception staff who were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were attentive and offered further support if applicable. We saw that staff treated patients with respect, were polite, professional and caring at the reception desk and over the telephone.

Nervous patients said staff were kind, understanding and made patients feel comfortable and at ease. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave 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.

Magazines were available in the waiting room for those patients waiting for treatment. The practice provided drinking water on request.

Information posters and leaflets were available for patients to read.

Patients told us staff were sympathetic and ready to help when they were in pain, distress or discomfort.

Involvement in decisions about care and treatment

The practice offered mostly NHS treatments (99%). The costs for both NHS and private dental treatments were displayed in the practice.

The practice gave patients clear information to help them make informed choices about their treatment options. Patients confirmed that staff listened to them, did not feel rushed and were able to ask questions.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. This included access issues and providing an interpreter.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. This included making a ground floor treatment room available. However, the practice did not have an induction hearing loop for patients who used a hearing aid. However, the practice manager said that consideration was being given to getting one.

The practice had completed an access audit which had been reviewed in September 2016 in line with the Equality Act 2010.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to a specialist company who provided interpreter and translation services which included British Sign Language.

Access to the service

The practice displayed its opening hours outside the premises and in their information leaflet. The arrangements for urgent treatment outside the opening hours were also displayed outside the practice.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments slots free for same day appointments. The 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 confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. A detailed procedure was on display in the waiting room which identified other agencies patients could contact should they remain dissatisfied. 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 practice manager told us they aimed to settle complaints in-house and invited patients to speak with them 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.

We looked at comments, compliments and complaints the practice received in the year up to this inspection. The practice had received one complaint in the year up to this inspection. Records showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

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

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. We saw that policies and risk assessments had been reviewed at various times in the previous year.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. The practice manager gave an example of where this had been put in to practice.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Meetings were minuted and those minutes were available to all staff. The minutes showed that a wide range of topics related to dentistry had been discussed over the 12 months prior to this inspection. Immediate discussions were arranged to share urgent information.

Learning and improvement

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. They had clear records of the results of these audits and the resulting action plans and improvements. The practice was completing a range of audits to assess the quality of the service provided and to identify areas for improvement. These included audits of dental care records and patient satisfaction.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so. .

We saw evidence that staff were completing a range of training courses, and this was supported by the practice to ensure the development of staff skills.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used a range of means including patient surveys, a comments book and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on, for example waiting times in the practice were monitored. This allowed staff to audit the waiting times and make improvements.

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.

There were 21 patient reviews recorded on the NHS Choices website, seven within the 12 months before this inspection. Reviews were mostly positive. The practice had not responded to the patient comments.

The practice had carried out a patient survey in November 2016. The results had been analysed and learning points shared with staff.