

Kreate Dental Rugby

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Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 18 March 2024 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 questions:

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

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

Our findings were:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance, although some items were not stored appropriately in dental treatment rooms.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- 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.

Summary of findings

- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

Kreate Dental Practice is in Rugby and provides NHS and private dental care and treatment for adults and children.

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

The dental team includes 5 dentists, including the provider who is also a specialist orthodontist, 7 dental nurses, including 3 trainee nurses, 2 dental hygienists, 1 practice manager, 3 receptionists and a cleaner. The practice has 3 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 1 receptionist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday and Wednesday from 8.30am to 5pm, Tuesday from 8.30am to 7pm, Thursday from 8.30am to 6.30pm and Friday from 8.30am to 3pm.

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

- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. (In particular ensure that correct validation takes place for autoclaves on each cycle.
- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

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 and guidance regarding safeguarding was available throughout the practice, including in the patient information folder available in the waiting room.

The practice had infection control procedures which reflected published guidance. Although we identified some issues for action. Some items in dental surgeries were not stored in accordance with infection control guidelines. Local anaesthetic was not being stored in the sterile blister packs, cotton wool rolls were not stored in closed dispensers but were loose in drawers and X-ray holders were not pouched. We were assured that these items would be stored appropriately going forward.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment completed in August 2022.

The practice had policies and procedures in place regarding the segregation and storage of clinical waste. We saw that although the clinical waste bin was locked, the bin was not secured appropriately in line with guidance. We were assured that this would be addressed immediately.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean. Logs were available to demonstrate cleaning tasks completed.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

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

There was scope for improvement regarding the practice's systems in place to ensure that equipment was safe to use, maintained and serviced according to manufacturers' instructions. Staff were not completing time, steam and temperature checks on each occasion that the autoclave was used. We were told that staff would be reminded to complete these checks and log the results for each autoclave cycle.

The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. The practice had local rules available, these had not been adapted to include the name and address of the dental practice. We were assured that this would be addressed immediately. Local rules are a requirement of the Ionising Radiations Regulations and are the key working instructions to minimise the risks from the use of X-ray radiation during radiography. Rectangular collimators were not available in 2 of the dental surgeries. We were told that a collimator was available and assured that this would be used.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working. We viewed risk assessments which covered a range of potential hazards in the practice and detailed control measures that had been put in place to reduce any risks.

Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Where staff were not able to attend 'practical' training, they attended on-line training and then attended the next available practical training session.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Safety data sheets were also available for each product in use. A separate file of information was kept for the cleaning products in use for ease of access by the cleaner.

Information to deliver safe care and treatment

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

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

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts which were shared with staff as appropriate.

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 regular information updates from the Chief Dental Officer, NHS England, and from the Local Dental Committee. In addition, the practice held regular formalised practice meetings.

The specialist orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society. We reviewed clinical records and found there was no evidence that the quality of orthodontic outcomes was assessed. Peer Assessment Rating (PAR) is used to measure orthodontic treatment outcomes. We were assured that PAR scores would be completed going forward.

We saw that systems were in place to ensure the provision of dental implants was in accordance with national guidance. We were told that all staff would be attending an implant training course in June 2023 and that the practice would provide dental implant treatments in the near future.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Oral health care products were on sale for patients such as dental floss, interdental brushes and mouthwash. The dentists and hygienists provided oral health advice and preventative care.

Patient records included details of advice given in relation to diet, oral hygiene instructions and guidance on the effects of alcohol consumption on oral health. Dentists discussed the effects of smoking on oral health with patients as necessary and directed patients to local stop smoking services when appropriate.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. Clinicians spoken with understood their responsibilities under the Mental Capacity Act 2005. Staff had completed training regarding the Mental Capacity Act.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability. Staff had undertaken training in autism and learning disability awareness to improve their understanding of patients living with these conditions.

Reception staff discussed the ways in which children with autism were supported, including giving longer appointment times, giving appointments at less busy times of the day if this was required and chatting to the parents of children with autism to find out their child's specific needs relating to their appointment. Pop up notes would be put on patient's records to alert the dentist if a patient had a specific need.

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

Are services effective?

(for example, treatment is effective)

Effective staffing

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

Newly appointed staff had a structured induction which included shadowing another member of staff, training and familiarising themselves with the practice's policies and procedures. We were told that staff received guidance and support whenever needed.

Clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

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

The practice was a referral clinic for dental implants, procedures under orthodontics and endodontics and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

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.

On the day of inspection, we reviewed a range of patient feedback. We looked at practice surveys and online reviews. We observed numerous positive interactions, in person and on the telephone, between staff and patients. All feedback indicated a very high level of satisfaction with the treatment and service received at Kreate Dental Practice. Patients specifically mentioned the friendly staff, professionalism and care. Examples of feedback included, 'Very friendly service, excellent dentist and hygienist' and 'very professional and welcoming and good recommendations for treatment'.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The computer screens were not overlooked, and staff password protected patients' electronic care records and backed these up to secure storage. Paper records were stored in a room that was locked when not in use. These were in the process of being scanned onto the computer system.

A treatment room or office area was always available for people to hold private conversations when required.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

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

The dentists explained the methods they used to help patients understand their treatment options. These included photographs, study models, X-ray images and an intra-oral camera.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences. Extended opening hours were provided with an earlier morning opening time on Monday to Friday from 8.30am, and later closing on Tuesday until 7pm and Thursday until 6.30pm.

Staff were clear about the importance of providing emotional support to patients when delivering care. We were told that patients who were nervous could be offered appointments at quieter times of the day. Reception staff would chat to patients to make them feel at ease and we were told that clinicians ensured that they discussed everything in detail with patients to make them aware of what their treatment entailed which often helped to reduce any anxiety.

The practice had made reasonable adjustments, including a portable ramp is used to gain access to the premises, for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website, patient information leaflet and social media page.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner; appointment slots were available each day to see patients with a dental emergency. When these were full staff would speak with a dentist to identify the urgency of the appointment. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Information for patients on how to make a complaint was available in the patient information folder in the waiting room. Staff discussed outcomes to share learning and improve the service.

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 provider and practice manager demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on people's safety and continually striving to improve.

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

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 with additional roles and responsibilities. Staff told us that they were encouraged and supported to complete further training.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected and supported and were proud to work in the practice. Staff spoke positively about the supportive management, effective teamworking and said that they felt valued and happy in their work.

Staff discussed their training needs during annual appraisals and informal 1 to 1 meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

Annual training requirements and courses for staff were set by the practice manager and effective process were in place to monitor completion of required training. Staff told us that they could request and undertake further training to help enhance their skills.

Governance and management

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

The practice compliance system was used to assist with compliance activities, including policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Staff training information, including a matrix to store details of training undertaken was also included in the compliance system.

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 protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback. The results of the most recent patient satisfaction survey recorded positive comments. Patients were able to complete the Friends and Family Test, patient feedback forms and there was a suggestions box in the waiting room.

Feedback from staff was obtained through meetings, surveys and informal discussions. Staff were able to leave feedback in a suggestions box in the staff room, anonymously if preferred. The results of the last feedback in August 2023, showed

Are services well-led?

that positive responses regarding their role, working relationship, feedback from manager, access to equipment, opportunities for professional development and work life balance. Staff were able to record requests for change. We discussed some of the recent requests made by staff and were told that all of these had been actioned. The results of the staff survey were discussed at the following month's practice meeting.

Continuous improvement and innovation

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