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The Ropewalk Dental and Implant Suite

Inspection Report

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Overall summary

We carried out this announced inspection on 25 September 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The Ropewalk Dental and Implant Suite is located in the centre of Nottingham. The practice is well served by public transport including buses and trams. The practice provides mainly private dental treatment to mostly adults.

The practice is located on the ground floor of a building with level access from the street. There is time limited car parking available in the area around the practice.

Summary of findings

The dental team includes two dentists, two dental nurses and a receptionist/ office manager. The practice has two treatment rooms.

The practice is owned by a partnership 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 principal dentist is the registered manager.

On the day of inspection, we received feedback from six patients.

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

The practice is open: Monday 9am to 5.30pm, Tuesday 9am to 5.30pm, Wednesday 9am to 1pm,

Thursday 9am to 5.30pm and Friday 9am to 1pm. The practice is closed for lunch between 1pm and 2pm. Extra clinics are held once a month Intermediate Minor Oral Surgery: Wednesday 9am to 4pm, Friday 2pm to 7pm and Saturday 8.30am to 2pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice staff 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 staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The practice did not have all of the medical emergencies equipment identified in the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- 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 decontamination room did not have any natural or artificial ventilation.
- The cleaning schedules completed by the contract cleaner did not adequately ensure the cleanliness of the premises.
- The practice did not have an induction hearing loop to assist patients with hearing loss who used a hearing aid.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.

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

- Review the suitability of the premises and ensure all areas are fit for the purpose for which they are being used. In particular the ventilation of the decontamination room and creating a positive air flow through the room.
- Review the availability of equipment in the practice to manage medical emergencies, taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular review the cleaning schedules completed by the contract cleaner.
- Review its responsibilities to the needs of people with a disability, including those with hearing impairments 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.

We asked the following question(s).

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 decontamination room did not have any natural or artificial ventilation.

The practice did not have all of the medical emergencies equipment identified in the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

The cleaning schedules completed by the contract cleaner did not adequately ensure the cleanliness of the premises.

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 informative, therapeutic and professional. 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 six people. Patients were positive about all aspects of the service the practice provided. They told us staff were polite, friendly and caring. They said that they were given time and support. Patients said their dentist listened to them. Patients commented that they made them 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



Summary of findings

Are services responsive to people's needs?

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

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.

The practice did not have an induction hearing loop to assist patients with hearing loss who used a hearing aid.

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

No action



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

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

The practice 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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. There was a chaperone policy and protocol to further protect patients at the practice.

The practice had a system within their care records to identify adults that were in other vulnerable situations. We saw examples of how this information was recorded within care records using alerts and pop up notes.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of reprimand.

The dentist used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We saw the risks associated with root canal treatment were assessed and clearly explained to patients.

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

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

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances.

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. A fire risk assessment had been completed and was available for inspection.

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 provider had registered with the Health and Safety Executive in line with recent changes to legislation relating to radiography. Local rules for each machine were on display in line with the current regulations. The provider used digital X-rays and had rectangular collimators fitted to both X-ray machines to reduce the dose of radiation received by patients.

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

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

Risks to patients

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

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items.

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

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were mostly available as described in recognised guidance. The practice did not have a full set of airways with sizes 0 and 1 missing.

Are services safe?

The provider said these would be purchased as soon as possible after the inspection. There was only one bag valve mask, this being for adults. Guidance published by the Resuscitation Council UK identifies that bag valve masks should be available for both adults and children. The provider said the practice mainly had adult patients. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentist when they treated patients in line with GDC Standards for the Dental Team.

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

The practice 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 (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The decontamination room had no natural or artificial ventilation. There was no air flow through the room to ensure contaminated air particles did not settle on clean instruments and surfaces. The provider said they would look into the options for ventilating the decontamination room.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. The premises were cleaned by an external cleaner who visited the practice twice a week. We discussed this with the provider and identified that floors and surfaces in clinical areas should be cleaned daily as identified in the guidance HTM 01-05. The provider said they would review their cleaning schedules.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment completed by an external water specialist company. All recommendations had been actioned and records of water testing and dental

unit water line management were in place. The practice routinely used dip slides to check levels of bacterial growth in the water lines. The overall risk rating for Legionella for the practice was low.

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

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

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

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with staff how this information was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. We noted that audits of dental care records had been completed. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with General Data Protection Regulation (GDPR) requirements, (formerly known as the Data Protection Act).

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

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. Systems within the practice ensured medicines were used safely and were stored securely.

The dentists were aware of current guidance with regards to prescribing medicines. The dentist kept a log of antibiotics issued to patients, allowing this information to be audited.

Track record on safety

Are services safe?

The practice had a good safety record.

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

The practice had a policy and procedure for reporting safety incidents and serious untoward (significant) incidents. We noted there had been no recorded accidents since 2009, and no recorded significant incidents.

Lessons learned and improvements –

The practice learned and made improvements when things went wrong.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning in line with a recognised risk framework.

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

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. This information was shared with relevant staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

The practice had access to digital X-rays which was useful in enhancing the delivery of care to patients.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

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

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

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice obtained patient consent to care and treatment in line with legislation and guidance. The practice team understood the importance of obtaining and recording patients' consent to treatment. Staff told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

There was a consent policy and a policy relating to the Mental Capacity Act (2005) (MCA). The team understood

their responsibilities under the MCA when treating adults who might not be able to make informed decisions. We discussed MCA assessments with the provider. They said they would download a blank assessment form for use when required. The policy referred to the legal precedent (formerly called the Gillick competence) by which a child under the age of 16 years of age can consent for themselves. The 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 practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance. The relevant information was recorded in a detailed and clear manner and was easily accessible for clinical staff.

We saw that the practice audited patients' dental care records to check that the dentist recorded the necessary information.

The practice carried out intra-venous sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

Sedation was carried out by a qualified anaesthetist with support from an appropriately qualified dental nurse. All staff involved in the sedation process had completed immediate life support training.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a

Are services effective?

(for example, treatment is effective)

detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood

The operator-sedationist was supported by a suitably trained second individual. The name of this individual was recorded in the patients' dental care record.

Effective staffing

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

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

Staff told us that training needs would be discussed at annual appraisals with the principal dentist.

Co-ordinating care and treatment

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

The practice received referrals for both sedation and minor oral surgery. This included difficult tooth extractions and the removal of wisdom teeth. Referrals were received from other dentists who did not offer this service.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care. Referrals were made using an on-line referral system.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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 polite, helpful and caring. We saw that staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

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

The costs for private dental treatments were available to patients in the practice.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into the office located next to reception. 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 and were aware of the Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not understand or speak any English.
- Staff communicated with patients in a way that they could understand, for example, communication aids were available.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

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

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

The practice had made reasonable adjustments for patients with disabilities. The practice was located on the ground floor with level access from the street into, and throughout the practice.

The practice did not have an induction hearing loop to assist patients with hearing loss who used a hearing aid.

Staff told us that they used text messaging to remind patients they had an appointment.

Timely access to services

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

The practice 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.

If patients required emergency out-of-hours treatment, they could contact the principal dentist on their mobile telephone. These details were available on the practice answerphone.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. The principal dentist was responsible for dealing with these. We noted the complaints procedure was not on display and did not inform patients of other agencies they might contact in respect of any complaint. The principal dentist said this would be reviewed and amended. 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.

Are services well-led?

Our findings

Leadership capacity and capability

Managers had the capacity and skills to deliver high-quality, sustainable care. They also had the experience, capacity and skills to deliver the practice strategy and address risks to it.

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

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

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

Vision and strategy

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

Culture

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

Staff stated they felt respected, supported and valued. Staff said they were proud to work in the practice. The practice focused on the needs of patients. Managers acted on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. The dentist discussed the duty of candour policy, and showed a clear understanding of the principles that underpinned it. There had been no incidents that had required action in line with duty of candour.

Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

The practice was registered as a partnership and the registered manager was the principal dentist. The

registered manager had overall responsibility for the management of the service and the day to day running of the practice. 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.

There were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice acted on appropriate and accurate information. Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

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

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service.

Patients were encouraged to provide feedback including the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The practice received regular feedback and we saw completed feedback cards received by the practice since January 2018. This information showed 93 patients had responded during this period with all 93 providing positive feedback.

We saw patients' comments that had been made on an on-line forum. The comments were positive.

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

Are services well-led?

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

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

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 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.