

Devonshire House

Devonshire House Copley

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 22 February 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

Devonshire House Copley is part of the Devonshire House Dental Practice in Cambridge City, offering private dental treatment to adults and children and is located on a business park, in the village of Babraham, three miles from the main practice. One dentist, accompanied by a dental nurse holds a clinic once a week at the practice for their patients. Appointments are available from 8am to 2pm.

The majority of the managerial and organisational functions are held within the main practice (Devonshire House Dental Practice) building. The practice consists of one treatment room, patient waiting area, staff kitchen and an office for the financial team (which supports both practices). It also has a purpose built laboratory; this enables the laboratory technicians to assist the dentists for emergency repairs to dentures.

There are six dentists that are partners and they hold the managerial and financial responsibility for the practice. To staff both the main practice and this location they employ six associate dentists, six hygienists, nine laboratory technicians, and one laboratory assistant. There are twenty-two trained dental nurses, one treatment co-ordinator, and one marketing manager. There is a practice manager, a reception and a financial manager. A team of ten receptionists and administrators

Summary of findings

including a care co-ordinator supports the clinical and management teams. Three members of staff form the financial team for both practices and with eight of the nine laboratory staff are based within the building.

The practice operates over two floors. The ground floor of the practice has one treatment room, reception and waiting area, office space for three team members, storage for plaster dental models and staff kitchen facilities. There is a toilet suitable for patients with disabilities.

On the first floor, which is not accessible to patients, there is a large laboratory, plaster room; compressor room and an office where the staff are able to manage administrative work.

There is a car park with disabled spaces available.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings were:

- Staff had awareness and knew the processes to follow in order to raise any concerns regarding safeguarding of children and vulnerable adults.
- Staff had been trained to deal with medical emergencies and appropriate medicines and life-saving equipment were readily available and accessible.
- Infection control procedures were in place and staff had access to personal protective equipment.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits, and risks and were involved in making decisions about them.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice staff felt involved and worked as a team.
- Services were limited at the practice, however, the practice was part of a large specialist practice within three miles.

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

- Review fire procedures to incorporate regular fire evacuation drills to ensure that patients and staff are kept safe.

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 robust systems in place for the management of infection control, clinical waste segregation, and disposal, management of medical emergencies. We found the equipment used in the practice was well maintained and in line with current guidelines.

There were systems in place for identifying, investigating, and learning from incidents relating to the safety of patients and staff members. The staffing levels were suitable for the provision of care and treatment.

Are services effective?

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

The practice provided evidence based dental care which was focussed on the needs of the patients. Services were limited at this location therefore patients that needed treatment from dental specialists, including X-rays were referred to the main practice.

We saw examples of effective collaborative team working. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) training and were meeting the requirements of their professional registration.

Are services caring?

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

Patients were treated with dignity and respect and their privacy was maintained. Patient information and data was handled confidentially. We saw that treatment was clearly explained and patients were provided with treatment plans. Services were limited at this location however; patients could be seen at the main location which was three miles away.

Are services responsive to people's needs?

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

Appointments were easy to book, and some patients found the location preferable to the Cambridge City location. Services at Devonshire House Copley were limited, however, extended opening hours to meet the needs of those who could not attend during normal opening hours were provided at the main practice.

There was a clear complaints procedure and information about how to make a complaint was displayed in the waiting area.

Are services well-led?

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

The dental practice had a strong culture of education and learning. There were effective clinical governance and risk management structures in place. Staff told us the partners and management were always approachable and the culture within the practice was open and transparent. All staff were aware of the practice ethos and philosophy and told us they felt well supported and could raise any concerns with the partners and management.

Devonshire House Copley

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 22 February 2016 and was conducted by a CQC inspector with remote access to a dental specialist advisor.

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 therefore formed the framework for the areas we looked at during the inspection.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications, and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with dentists, the practice manager, dental nurses, care co-ordinator, members of the financial team, and one laboratory technician. We reviewed policies, procedures and other documents. At the time of the inspection, there were no patients available to speak with. We conducted telephone interviews with two patients on 9 March 2016.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to, and learn from significant events and complaints. Staff were aware of the reporting procedures and were encouraged to bring safety issues to the attention of the practice manager. Over the past 12 months, there had been no complaints recorded in respect of the dental care given at the practice, however, staff shared learning from complaints that had been compiled at the main practice (Devonshire House Dental Practice).

The practice received national and local alerts relating to patient safety and safety of medicines. The practice manager, who received the alerts by email, noted if any actions were required and cascaded information as appropriate to the staff.

Staff understood the process for accident and incident reporting including the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR).

Reliable safety systems and processes (including safeguarding)

The practice had satisfactory child protection and safeguarding vulnerable adults policies and procedures in place. These provided staff with information about identifying, reporting, and dealing with suspected abuse.

There was a training programme however, recognised certificated training in the Mental Capacity Act 2005 and safeguarding children (all clinical staff should be trained to level two) had not been provided. As an education centre, In house training using scenarios had been held. Staff provided assurance of their competencies in mental capacity assessment and child protection through case examples; the practice told us that they would arrange recognised certificated training.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small

instruments used during root canal work. The practice showed us that they had rubber dam kits available and confirmed that the dentists used these when carrying out root canal treatment.

We noted that there was good signage throughout the premises clearly indicating fire exits, the location of first aid kits, and medical emergency equipment to ensure that patients and staff were protected.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. All staff had received basic life support training; the practice regularly undertook practical training through scenarios. An automated external defibrillator (a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm) was available. Staff we spoke with were able to describe how they would deal with a number of medical emergencies including anaphylaxis (allergic reaction) and cardiac arrest.

There was an emergency kit available. We checked the emergency medicines, equipment and oxygen, and found that they were readily available and were within their expiry dates. This was in line with the Resuscitation Council UK and British National Formulary Guidelines.

Staff recruitment

The practice had a recruitment policy which described the process when employing new staff. This included obtaining proof of identity, checking skills, and qualifications, registration with professional bodies where relevant, and deciding whether a Disclosure and Barring Service check was necessary. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We reviewed the recruitment files of four employed staff and found that all the necessary checks had been undertaken and recorded.

The practice had a formal induction system for new staff, this included staff signing to say they had read and understood practice policies.

The staff told us that there were always sufficient numbers of suitably qualified and skilled staff working at the

Are services safe?

practice. Staff told us a system was in place to ensure that where absences occurred, they would cover for their colleague. The practice had access to a locum agency should the need arise.

Monitoring health & safety and responding to risks

A comprehensive health and safety policy and risk assessment, undertaken in October 2015 was in place at the practice. This identified risks to staff and patients who attended the practice.

There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control, a Legionella risk assessment and fire evacuation procedures. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water systems in the work place. Legionella is a bacterium found in the environment which can contaminate water systems in buildings and cause harm to patients.

Staff had received annual fire safety refresher training in October 2015. Staff were able to describe the actions they would take in the event of a fire. There were sufficient fire extinguishers and they had been serviced October 2015. Staff told us that they tested the alarms weekly but did not record this. The practice had not conducted an emergency evacuation but had planned to do this in March 2016.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. An additional copy was held at the main location (Devonshire House Dental Practice) three miles away.

Infection control

The practice was visibly clean, tidy, and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the treatment room and the general areas of the practice. A dental nurse was the lead for infection prevention and shared responsibility with all the dental nurses. The nurses were responsible for the cleaning of the equipment and treatment room; an outside contract cleaner was responsible for all other areas. Equipment was transported in designated secure boxes to the main site for decontamination. There were separate boxes for the transportation of clean equipment.

A six monthly audit of the infection control procedures was completed in February 2016, with identified improvements and actions taken.

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the essential processes and practices to prevent the transmission of infections. Decontamination of dental instruments took place in the dedicated room in the main practice (Devonshire House Dental practice). We visited the main practice, observed the practice's processes for the cleaning, sterilising and storage of dental instruments, and reviewed their policies and procedures.

We found that the practice was meeting the HTM01- 05 essential requirements for decontamination in dental practices.

The equipment used for cleaning and sterilising was checked, maintained, and serviced in line with the manufacturers' instructions. The practice kept daily, weekly, and monthly records of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

Sharps bins were transported to the practice for each clinic, they were signed dated and not overfilled. There was a clinical waste contract in place and waste matter was securely stored within a designated, locked area within the building.

The practice had a sharps management policy which was clearly displayed and understood by all staff. Safer syringe systems were being used in the practice and single use items were used, where practical, to reduce the risks associated with cleaning sharp items such as matrix bands. Safer syringe systems are medical sharps that incorporate features or mechanisms to prevent or minimise the risk of accidental injury. Dentists were responsible for safely disposing of the sharps that they generated which also reduced the risk of injury to other staff.

The practice had a record of staff immunisation status in respect of Hepatitis B, and there were clear instructions for staff about what they should do if they injured themselves with a needle or other sharp dental instrument.

Equipment and medicines

Are services safe?

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturers' guidelines. Portable appliance testing took place on all electrical equipment in October 2015.

Medicines in use at the practice were in date, stored and disposed of in line with published guidance.

There were sufficient stocks of equipment available for use and these were rotated regularly to ensure equipment remained in date.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had various policies and procedures in place for assessing and treating patients. The dental care records contained all the relevant details including patients' medical histories and followed the guidance provided by the Faculty of General Dental Practice.

We looked at dental records which showed us that each person's diagnosis was discussed with them and treatment options were explained.

Health promotion & prevention

Fluoride varnish and higher concentration fluoride toothpaste were prescribed for high risk patients. The dentists actively advised patients on preventative dental information in order to improve the outcome for the patient. This included dietary and smoking cessation advice, oral cancer awareness, and detailed dental hygiene procedures.

The waiting room contained a range of literature that explained the services offered at the practice. Staff told us that they advised patients on how to maintain good oral hygiene both for children and adults and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health. Patients we spoke with confirmed that they had received health promotion advice.

Staffing

Dental staff were appropriately trained and registered with their professional body. Staff reported that they were encouraged and supported to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration

with the General Dental Council as a general dental professional and its activity contributes to their professional development. Staff records reviewed confirmed this.

Staff told us that they regularly met with their line managers to discuss training, and their needs. We viewed minutes of staff meetings that had been held. Staff we spoke with said they received regular communication emails and felt supported and involved in discussions about their personal development. They told us that the practice manager and dentists were supportive, approachable, and always available for advice and guidance.

Working with other services

The practice had a system in place for referring, recording, and monitoring patients for dental treatment and specialist procedures for example patients requiring X-rays were referred and seen at the main practice. The practice kept a log of referrals made to other specialists for example hospital consultants to ensure that patients received timely treatment.

Consent to care and treatment

We discussed the practice's policy on consent to care and treatment with staff. We saw evidence that patients were presented with treatment options and consent forms which were signed by the patient.

Staff were aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions. Staff had not received Mental Capacity Act 2005 (MCA) training but were fully conversant with the relevance to the dental practice.

The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity, respect, and maintained their privacy. The reception area and waiting room were well designed and confidentiality was well managed.

A data protection and confidentiality policy was in place. We observed the interaction between staff and patients on the telephone and found that confidentiality was being maintained. We saw that dental care records were held securely.

Patients reported that they felt that practice staff were friendly, helpful, and caring and that they were treated with dignity and respect. Patients said that staff were always very friendly and professional.

Involvement in decisions about care and treatment

Feedback from patients included comments about how professional the staff were and treatments were always explained in a way they could understand. A patient who had attended for emergency treatment told us that staff were sensitive to their anxieties and needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided a range of services to meet patients' needs. It offered private treatment to children and adults.

There was good information for patients about the practice; this was available in the waiting area, website and in the practice leaflet. This included details about the dental team, the services on offer, how to raise a complaint, and information for contacting the dentist in an emergency. There was clear information about costs on display in the waiting room.

Tackling inequity and promoting equality

The practice was accessible to patients who used wheelchairs or for families with children in push chairs. Toilets suitable for patients with disabilities were available.

The practice did have some patients whose first language was not English and had access to translation services if required.

The staff were able to obtain information, usually without delay, in other formats or languages if required.

Access to the service

Access to the practice laboratories was available Monday to Friday 8am to 5pm; at the time of the inspection the dental clinic for treating patients was open on Friday 8am to 2pm.

The main practice (Devonshire House Dental Practice), offered appointments on other days, including Saturdays, and evenings. These extended hours met the needs of patients unable to attend during the working day.

Appointments could be booked by phone or in person. Patients requiring emergency treatment were seen as soon as possible and this was normally on the same day at the main practice. Patients we spoke with and comment cards completed said that the practice had responded quickly when they had a need for urgent treatment.

The practice's answer phone message detailed how to access out of hours emergency care if needed.

The patients we spoke with were satisfied with the appointments system and said it was easy to use.

Laboratory staff that we spoke with explained how they assisted the dentists, whilst the patient was in the practice with emergency repairs to dentures. This saved the patient having to book and attend second appointments.

Concerns & complaints

There was information available for patients giving them details of how to complain. We saw minutes of minutes that staff had attended which demonstrate shared learning from complaints.

Patients we spoke with told us they felt confident that staff would respond appropriately to any concerns they had. The staff were aware of how to deal with a complaint should they need to.

Are services well-led?

Our findings

Governance arrangements

There was a range of policies and procedures in use at the practice. These included health and safety, infection prevention control, needle stick injury and safeguarding people.

Audits for quality assurance within the practice were undertaken and were discussed at practice meetings to share learning and to drive forward improvements.

The practice held a range of meetings, for example meetings where all staff attended, meetings for the heads of departments and business meetings. We saw evidence that the practice discussed issues such as policies and protocols, complaints, and training. Minutes of the meetings were taken for those who could not attend. The staff told us that they found these useful and they were able to share the information and learning in the practice.

Staff received an annual appraisal of their performance. Staff reported that their appraisal was useful, and helped them identify any further training needs.

Staff reported they felt supported by the management team and enjoyed their work.

Leadership, openness and transparency

We found there was robust clinical oversight in the practice to ensure the quality of services was managed. The practice ethos and philosophy to work as a team, offer the best treatment and service they were able to, was clearly demonstrated by all staff. The partners held weekly meetings designed to promote and manage the business effectively and safely. Monthly meeting where all heads of departments reported any concerns, complaints, or significant events to the management team. Managers subsequently cascaded the information back to their teams. Meetings for all staff to attend were held quarterly.

The management team were responsible for their staff and managed performance through appraisal and review system.

Staff told us they felt able to raise concerns at any time and did not wait for the regular meeting if they had something they needed to raise. They were aware of the whistle blowing policy and understood when it was appropriate to use it.

Learning and improvement

There was a robust culture of education, mentoring and learning through the practice. This applied to the staff working at the practice as well as the comprehensive post graduate training offered to other dental professionals. The practice regularly attended a local school to teach school children the important of good oral health care and offer health promotion for example dietary advice.

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. Staff told us they had good access to training and the practice monitored this to ensure essential training was completed each year.

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

Patients were given the opportunity to give feedback and influence how the service was run at each appointment. The practice advertised on the website, and offered comment cards.

Staff surveys were undertaken to seek the views of staff working at the practice. Staff told us that the managers and dentists were approachable and they felt they could give their views about how things were done at the practice. Staff confirmed that they had regular communication emails and meetings where they could suggest improvements to how the practice ran. For example, the team had identified that the details of treatment and associated costs were not explained with enough detail to ensure clear understanding. The partners approved the new format and wording that the staff had proposed.