

Denora Healthcare Ltd

Denora Kidderminster

Inspection Report

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Overall summary

We carried out this announced inspection on 7 December 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.

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

Denora Kidderminster is situated in a converted residential building in Kidderminster, Worcestershire. It provides predominantly NHS treatments to patients of all ages with private treatment options available.

There is level access for people who use wheelchairs and pushchairs. The ground floor of the practice consists of a reception area, a waiting room, an accessible patient toilet, one dental treatment room, a pan oral X-ray room and a practice management office. On the first floor there is a staff room / kitchen, staff toilet, three dental treatment rooms and a decontamination room for the

Summary of findings

cleaning, sterilising and packing of dental instruments and room used for storing stock and cleaning materials. There are car parking spaces for blue badge holders directly outside the practice in their dedicated car park.

The dental team includes five dentists, five dental nurses (including one trainee dental nurse), one dental hygienist, four receptionists (two of which are also dental nurses) and a practice manager. The practice has four dental treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 35 CQC comment cards filled in by patients and looked at results from recent friends and family test and practice patient satisfaction surveys. This information gave us a positive view of the practice.

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

The practice is open:

Monday to Friday: 8.30am – 6.30pm

Our key findings were:

- Strong and effective leadership was provided by the principal dentist and an empowered practice manager.
- 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 took safety seriously and had systems to help them manage this. The practice had received certification from an external health and safety company for demonstrating a 'commitment to improved health and safety'.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- 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 offered extended opening hours Monday to Friday to help working age patients access dental care.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- Staff we spoke with felt well supported by the principal dentist and practice manager and were committed to providing a quality service to their patients.

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 took safety seriously and had systems to help them manage this. The practice had received certification from an external health and safety company for demonstrating a 'commitment to improved health and safety'.

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. There were sufficient numbers of suitably qualified staff working at the practice.

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 thorough, professional and excellent. 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 routinely referred patients to their dental hygienist through a clear care pathway.

Clinical staff were registered with the General Dental Council and completed continuing professional development to meet the requirements of their professional registration. 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 35 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, helpful and caring. They said that they were given clear explanations about dental treatment and said their dentist listened to them and their concerns. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

No action



Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. The waiting room was co-located with the reception area and we were informed that patients could discuss any confidential or sensitive issues in a private room.

Patients said staff treated them with dignity and respect. During the inspection we saw staff showed a caring and respectful attitude towards patients.

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. The practice offered extended opening hours Monday to Friday to help working age patients access dental care.

The practice was aware of the needs of the local population and took those these into account in how it operated. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss. Some of the practice team members were multi-lingual and could therefore converse with patients in different languages.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. The practice displayed their complaints policy in the patient waiting room and on their website.

No action



Are services well-led?

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

Strong and effective leadership was provided by the principal dentist and empowered practice manager. The principal dentist, practice manager and other staff had an open approach to their work and shared a commitment to continually improving the service they provided. There was a no blame culture in the practice. Staff told us that they felt well supported and could raise any concerns with the principal dentist and practice manager. All the staff we spoke with said that they were happy in their work and the practice was a good place to work.

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.

The practice team kept complete patient dental care records which were, clearly 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. We saw that of the seven patients who responded to the friends and family test survey in August 2017, 100% were likely to recommend the practice to a friend or family member. The results from the practice satisfaction survey and suggestions box were also extremely positive.

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.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice had recorded two incidents and one accident in the past 12 months and these were discussed at subsequent staff meetings to share learning and improve.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts 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. A safeguarding flow chart detailing the relevant contact details of the local authority was displayed in the practice management office. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

There was a whistleblowing policy which included contact details for Public Concern at Work, a charity which supports staff who have concerns they need to report about their workplace. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which an external health and safety company and staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice. Copies of this were held off site by the principal dentist and practice manager.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year, this was last completed in June 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.

Staff recruitment

We saw evidence that the practice obtained Disclosure and Barring Service (DBS) checks when appointing any new staff. We saw evidence of DBS checks for all members of staff.

The practice had a recruitment policy and procedure in place which was used alongside a comprehensive induction training plan for new starters. We looked at the recruitment records for six staff members which showed the practice had completed appropriate checks for these staff. For example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references. The systems and processes we saw were in accordance with the information required by Regulation 19, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Monitoring health & safety and responding to risks

The practice took safety seriously and had organised systems to help them manage this. The practice had received certification from an external health and safety company for demonstrating a 'commitment to improved health and safety'.

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and

Are services safe?

specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental hygienist when they treated patients.

The practice had carried out a fire risk assessment in March 2017. Fire procedures were displayed throughout the building and we observed weekly emergency lighting, fire alarm and smoke detector checks were carried out routinely by practice staff. The practice carried out monthly fire drills which were discussed at practice meetings; the last fire drill was completed in November 2017. External specialist companies were contracted to service and maintain the smoke detectors, fire alarm and fire extinguishers. We saw annual servicing records for these which were all within the last year. The team had received fire safety training in October 2017.

The practice had detailed information about the control of substances hazardous to health. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed. These were well organised and easy for staff to access when needed.

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. Staff completed infection prevention and control training every year.

There was a dedicated decontamination room which served all four treatment rooms and was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in all treatment rooms and the decontamination room with signage to reinforce this. These arrangements met the HTM01-05 essential requirements for decontamination in dental practices. We saw records which 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 completed in October 2017 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 completed in February 2015.

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.

The practice did not prescribe, dispense or store medicines. for this purpose.

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 four intraoral X-ray machines which were all fitted with rectangular collimation to reduce the dose of radiation to patients. There was also one pan oral X-ray machine (OPG) to take X-rays of the entire jaw. The practice used digital X-rays to further reduce the dose of radiation received by patients.

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 legislation; this was last completed in March 2017. An action plan had been produced which identified learning points.

Clinical staff completed continuous professional development in respect of dental radiography.

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. The dentists assessed patients' treatment needs in line with recognised guidance.

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

Health promotion & prevention

The dentists were aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. The dentists provided verbal advice and information to patients about oral health, smoking cessation and sensible alcohol consumption. This was further enhanced by promotion through monthly oral health displays in the reception area and appointments with the dental hygienist.

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 children based on an assessment of the risk of tooth decay for each child.

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

The practice team consisted of five dentists, five dental nurses (including one trainee dental nurse), one dental hygienist, four receptionists (two of which were also dental nurses) and a practice manager.

Staff new to the practice had a period of induction based on a structured induction programme. At the time of our

inspection the practice were supporting a trainee dental nurse to become qualified. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

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

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. This included 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 reception team monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists 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.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to consent for patients under 16 years of age 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 were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly, helpful and caring. We saw that staff treated patients kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas did not provide complete privacy when reception staff were dealing with patients as the waiting room was co-located with the reception area. 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.

Music was played in the treatment rooms and there were magazines and a television in the waiting room.

Information leaflets, a patient information board and thank you cards were available for patients to read.

Involvement in decisions about care and treatment

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.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease provided by this practice.

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options.

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.

The practice offered extended opening hours Monday to Friday to help working age patients access dental care. Appointments ran smoothly on the day of the inspection and patients were not kept waiting. Christmas opening times were detailed in the waiting room advising patients that the practice was only closed on the Bank Holidays.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, the practice advised patients and included information on their website that parking for blue badge holders was available in the practice car park.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop, a magnifying glass and accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter services which included British Sign Language and braille. Some of the practice team members were multi-lingual and could therefore converse with patients in different languages.

There was a baby change unit located in the patient toilet with braille signage.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

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 several appointments free for same day appointments. The 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 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 and complaints policy which was displayed in reception explained how to make a complaint. 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 over the past eight months since the practice manager had been in post. These 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 had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The 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.

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.

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 staff meetings where staff could raise any concerns and discuss clinical and non-clinical updates. 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 principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The employed staff members had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of three 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.

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

The practice used patient surveys, comment cards, verbal comments, feedback from online reviews, appraisals and staff meetings to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, following patient feedback, the principal dentist contracted a company to level a small step from the car park into the reception area. The waiting room had also been extended as a result of patient feedback.

The practice manager had implemented a new patient satisfaction survey and was in the process of collating the results for further analysis and potential 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. The results for November 2017 showed that 100% of the seven respondents would recommend this practice to friends and family. Comments detailed on these cards included 'very gentle treatment', 'easy to get an appointment', 'the practice is brilliant' and 'the dentist always explains things perfectly'.