Mrs. Claire Roberts

Rudheath Dental Health Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 6 March 2019 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 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

Rudheath Dental Health Centre is near the centre of Northwich. The practice provides NHS and private dental care for adults and children.

There is level access to facilitate entrance to the practice for people who use wheelchairs and for people with pushchairs. Car parking is available outside the practice.

Summary of findings

The dental team includes the principal dentist, an associate dentist, a dental hygiene therapist, and three dental nurses. The dental team is supported by a practice manager who is also a qualified dental nurse. The practice has three 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.

We received feedback from 23 people during the inspection about the services provided. The feedback provided was positive.

During the inspection we spoke to two dentists, the dental hygiene therapist, dental nurses, 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 Thursday 9.00am to 5.00pm

Friday 9.00am to 2.00pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- The provider had safeguarding procedures in place and staff knew their responsibilities for safeguarding adults and children.
- Staff knew how to deal with medical emergencies. Appropriate medicines and equipment were available.
- The provider had staff recruitment procedures in place. Recruitment checks were not always carried out at the appropriate time.
- Staff provided patients' care and treatment in line with current guidelines.
- The dental team provided preventive care and supported patients to achieve better oral health.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- The provider had a procedure in place for dealing with complaints. The practice dealt with complaints positively and efficiently.
- The practice had a leadership and management structure and a culture of continuous improvement.
- The provider had systems in place to manage risk. Some risks had not been assessed.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients for feedback about the services they provided.

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

- Review the practice's Legionella risk assessment and implement any recommended actions, 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.'
- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine-preventable infectious diseases.
- Review the practice's arrangements for responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The provider had systems and processes in place to provide safe care and treatment.

The practice used learning from incidents to help them improve.

Staff received training in safeguarding and knew how to report concerns.

Staff were qualified for their roles, where relevant.

The provider had recruitment procedures in place to help them when employing staff. Essential recruitment checks, including appropriate health checks, were not always carried out before staff started working at the practice.

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

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

The practice had systems in place for the safe use of X-rays.

The provider had carried out a Legionella risk assessment at the practice. Not all measures to reduce risk from Legionella were being carried out.

The provider had a system for receiving safety alerts, for example from the Medicines and Healthcare products Regulatory Agency. The provider could not demonstrate that relevant alerts were shared with staff, acted on, and stored for future reference.

Are services effective?

No action

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 excellent. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements for referring patients to other dental or health care professionals.

The provider supported staff to complete training relevant to their roles and had systems to monitor this.

Are services caring?

No action

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

Summary of findings

We received feedback about the practice from 23 people. Patients were positive about all aspects of the service the practice provided. They told us staff were welcoming, pleasant, and calm. Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

Patients said they were given clear explanations about dental treatment and said their dentist listened to them.

Staff protected patients' privacy and were aware of the importance of confidentiality.

Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action 

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

The practice's appointment system took account of patients' needs. Patients could book an appointment quickly if in pain.

Staff considered patients' differing needs and put measures in place to help all patients receive care and treatment. This included providing facilities for patients with disabilities and families with children. The practice had access to interpreter services and had arrangements to assist patients who had sight or hearing loss.

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

Are services well-led?

No action 

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

The provider had arrangements in place to ensure the smooth running of the service. These included systems for the practice team to monitor 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 accurate, complete patient dental care records which were stored securely.

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

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The provider had clear systems in place at the practice to keep patients safe.

The practice had safeguarding policies and procedures in place to provide staff with information about identifying and reporting suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who were at risk due to their circumstances. Staff received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a whistleblowing policy in place to guide staff should they wish to raise concerns. Staff told us they felt confident to raise concerns.

We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance.

The provider had staff recruitment procedures in place to help the practice employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records. We saw that most of the recruitment checks were carried out and the required documentation was available for these four staff, except that the provider could not demonstrate they had obtained references for all four of these staff. We saw the provider carried out Disclosure and Barring Service, (DBS), checks for staff. We observed that for two of the staff, DBS checks were not carried out until after the staff had started working at the practice. The provider had not risk assessed this.

We saw that clinical staff were qualified and registered with the General Dental Council and had professional indemnity.

The provider had arrangements in place to ensure that the practice's facilities and most of the equipment were safe and maintained according to manufacturers' instructions. We observed that the last fixed electrical installation test was carried out in 2011. The report recommended the next test to be carried out within five years of this date. The provider said the gas boiler had been commissioned in 2011 but that it had not been serviced since. The provider arranged for a safety test to be carried out after the inspection and forwarded us evidence that this had been done.

Records showed that fire detection equipment, such as smoke detectors, was regularly tested, and firefighting equipment, such as fire extinguishers, was regularly serviced.

The provider had arrangements in place to ensure X-ray procedures were carried out safely and had the required radiation protection information available.

Information was displayed for each X-ray machine to ensure the operator was aware of instructions specific to each machine and room.

We saw that the dentists justified, graded, and reported on the X-rays they took. Staff carried out radiography audits regularly following current guidance and legislation.

Where appropriate, clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The provider monitored and acted on risks to patients.

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace risks, for example, fire and control of hazardous substances, and specific dental practice risks. Staff reviewed risk assessments regularly.

The provider had current employer's liability insurance.

Staff followed relevant safety regulations when using needles and other sharp dental items. A sharps risk assessment had been undertaken and this was reviewed annually. We saw that the provider had put in place measures to minimise the risk of inoculation injuries to staff. Staff were aware of the importance of reporting inoculation injuries. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury. Information was accessible for staff about action to take should they sustain an injury from a used sharp.

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We saw the

provider had carried out checks on the effectiveness of the vaccination for most of the staff. The provider did not have evidence that they had checked the result of the vaccination for one of the clinical staff. They had not assessed the risks in relation to staff working in a clinical environment when the effectiveness of the vaccination was unknown or where the vaccination had been ineffective. After the inspection the provider forwarded us a risk assessment and confirmed they would obtain evidence of immunity.

Staff knew how to respond to medical emergencies and completed training in medical emergencies and life support annually. The practice had medical emergency equipment and medicines available as recommended in recognised guidance, except for a child-sized self-inflating bag and associated masks. The provider sent evidence to us after the inspection that these had been obtained. Staff carried out, and kept records of, checks to make sure the medicines and equipment were available, within their expiry dates and in working order.

A dental nurse worked with each of the clinicians when they treated patients.

The practice occasionally used locum staff. The provider told us these staff received an induction to ensure that they were familiar with the practice's procedures. We observed the induction was not documented.

The practice had an infection prevention and control policy and associated procedures in place to guide staff. These took account of The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), guidance published by the Department of Health. Staff completed infection prevention and control training regularly, including updates as recommended.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in accordance with the manufacturers' guidance.

The provider had had a Legionella risk assessment carried out at the practice in accordance with current guidance. We saw evidence of measures put in place by the provider, for example, water temperature testing and the management of dental unit water lines, to reduce the possibility of Legionella or other bacteria developing in the water systems. The practice's records showed the recommended monthly sentinel outlet water temperature tests and the flushing of little-used outlets were not consistently carried out.

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

Staff ensured clinical waste was segregated and stored securely in accordance with guidance.

Information to deliver safe care and treatment

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

We discussed with the dentists how information to deliver safe care and treatment was handled and recorded. We looked at several dental care records to confirm what was discussed and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely.

Medical histories were verbally checked at every patient attendance.

We saw that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

Safe and appropriate use of medicines

The provider had implemented systems for the appropriate and safe handling of medicines at the practice.

The practice had a stock control system for medicines. This ensured that medicines did not exceed their expiry dates and enough medicines were available when required.

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

The provider stored blank NHS prescription pads securely, except for those which were in current use. The provider put arrangements in place after the inspection to ensure these were also stored securely.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety

Are services safe?

We saw that the practice monitored and reviewed incidents to minimise recurrence and improve systems.

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. Staff knew about these and understood their role in the process. We saw incidents were investigated, documented and discussed with the rest of the dental team to prevent such occurrences happening again in the future.

The provider had a system for receiving safety alerts, for example from the Medicines and Healthcare products Regulatory Agency. The practice learned from external safety events as well as from patient, and medicine safety alerts. The provider could not demonstrate that relevant alerts were shared with staff, acted on and stored for future reference.

Lessons learned and improvements

Staff confirmed that learning from incidents, events and complaints was shared with them to help improve systems at the practice, to promote good teamwork and to prevent recurrences.

There were systems for reviewing and investigating when things went wrong. Staff learned and shared lessons, identified patterns and acted to improve safety in the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dentists assessed patients' care and treatment needs in line with recognised guidance. We saw clear evidence demonstrating that the clinicians took into account current legislation, standards and guidance when delivering care and treatment. The clinicians ensured any changes to guidance were immediately put into practice.

Staff participated in local and national NHS initiatives and had completed training in oral cancer, dementia awareness, and antibiotic stewardship.

Helping patients to live healthier lives

The practice had a strong focus on the prevention of dental disease and supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The clinicians discussed smoking, alcohol consumption and provided dietary advice to patients during appointments.

The practice had a selection of dental products for sale to help patients improve their oral health.

Consent to care and treatment

Staff obtained 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. The dentists told us they gave patients information about treatment options and the associated risks and benefits, 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 Gillick competence, by which a child under the age of 16 years of age can consent for themselves in certain circumstances. 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 where appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The clinicians kept detailed dental care records containing information about patients' current dental needs, past treatment, and medical histories. We observed clinical record-keeping was of a high standard.

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

Effective staffing

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

Staff new to the practice completed a period of induction based on a structured induction programme.

The provider offered support, training opportunities, and encouragement to assist staff in meeting the requirements of their registration. The provider monitored staff training to ensure recommended training was completed.

Staff discussed training needs and future professional development at annual appraisals and in one-to-one meetings.

Two of the dental nurses had enhanced skills in radiography and impression taking. One of the dentists was currently undertaking postgraduate study for a qualification in restorative dentistry.

Co-ordinating care and treatment

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

The dentists confirmed they referred patients to specialists in primary and secondary care where necessary or where a patient chose treatment options the practice did not provide. This included referring patients with suspected oral cancer under current guidelines to help make sure patients were seen quickly by a specialist.

Are services effective?

(for example, treatment is effective)

The practice had systems and processes to identify, manage, follow up, and, where required, refer patients for specialist care where they presented with dental infections. Staff were aware of these processes.

Staff tracked the progress of all referrals to ensure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were caring and helpful and looked after them well. We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Patients told us they could choose whether they saw a male or female dentist.

Privacy and dignity

The practice team respected and promoted patients' privacy and dignity.

The layout of the reception and waiting areas provided limited privacy when reception staff were attending to patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients. Staff told us that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people 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.

Staff were aware of the requirements of the Accessible Information Standard, (a requirement to make sure that patients and their carers can access and understand the information they are given), and the Equality Act.

Staff identified patients' communication needs and communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

The practice provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them, and did not rush them. The dentists described to us the conversations they had with patients to help them understand their treatment options.

The clinicians described to us the methods they used to help patients understand the treatment options discussed.

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 take account of patients' needs and preferences.

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

Staff told us that they currently had some patients for whom they needed to make adjustments for to enable them to receive treatment. For example, information was included in dental care records if a patient was unable to access the first-floor treatment room or if they required an interpreter.

A disability access audit had been completed and an action plan formulated in order to continually review and improve access for patients.

The practice had considered the needs of different groups of people, for example, people with disabilities, wheelchair users, and people with pushchairs, and put in place reasonable adjustments, for example, a ramp, handrails to assist with mobility, and step free access. The practice was accessible for wheelchairs. Part of the reception desk was at a suitable height for wheelchair users.

Parking was available in the practice's own dedicated car park. Dedicated parking bays were available for patients with disabilities.

Two of the treatment rooms were located on the ground floor. An accessible patient toilet facility was also located on the ground floor.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had hearing impairment, for example, appointments could be arranged by email or text message.

Larger print forms were available on request, for example, patient medical history forms.

Timely access to services

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

The practice displayed its opening hours on the premises.

The practice's appointment system took account of patients' needs. We saw that the clinicians tailored appointment lengths to patients' individual needs. Patients could choose from morning and afternoon appointments. Staff made every effort to keep waiting times and cancellations to a minimum. Patients told us they had enough time during their appointment and did not feel rushed.

The practice had appointments available for dental emergencies and staff made every effort to see patients experiencing pain or dental emergencies on the same day.

The practice took part in an emergency on-call arrangement with the NHS 111 out of hours' service.

The practice's answerphone provided information for patients who needed 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 appointments.

Listening and learning from concerns and complaints

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

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information on how to make a complaint was displayed for patients.

The provider was responsible for dealing with complaints. Staff told us they would tell the provider about any formal or informal comments or concerns straight away so patients received a quick response. The provider aimed to settle complaints in-house. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns or should they not wish to approach the practice initially.

We looked at comments, compliments and complaints the practice received within the previous 12 months. 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

Leadership capacity and capability

We found the practice leaders had the capacity and skills to deliver quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

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

Vision and strategy

The provider had a clear vision and had set out values for the practice.

The provider had a strategy for delivering quality, patient-centred care and supporting business plans to achieve priorities. The practice leaders had the experience, capacity and skills to deliver the practice's strategy and address risks to it. The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

The provider's strategy included the implementation of a dental team approach to deliver care and treatment at the practice. They did this by using a skill mix of dental care professionals, including dentists, a dental hygiene therapist, and dental nurses with enhanced skills to deliver care in the best possible way for patients.

Leaders acted on behaviour and performance inconsistent with the vision and values.

Culture

The practice had a culture of learning and improvement.

Staff said they were respected, supported and valued. They spoke highly of the provider.

The provider and staff demonstrated openness, honesty and transparency when responding to incidents and complaints. Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they were confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

Governance and management

The provider had systems in place at the practice to support the management and delivery of the service. Systems included policies, procedures and risk assessments to support governance and to guide staff. These were accessible to all members of staff. We saw that these were reviewed to ensure they were up to date with regulations and guidance.

The provider subscribed to a dental practice compliance scheme to assist with governance.

The provider had systems in place to ensure risks were identified and managed, and had put measures in place to reduce identified risks. We saw evidence that some risks were not sufficiently assessed, for example, in relation to staff immunity to vaccine-preventable disease, and of ineffective monitoring of risk, in relation to Legionella, medical emergency equipment checks, and recruitment checks.

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 had additional roles and areas of responsibility, for example, a lead role for infection control. We saw staff had access to supervision and support for their roles and responsibilities.

Appropriate and accurate information

The practice's staff acted appropriately on 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.

Are services well-led?

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 welcomed verbal comments to obtain the views of patients about the service.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice gathered feedback from staff through meetings, appraisals, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

The provider and staff were open to discussion and feedback during the inspection.

Continuous improvement and innovation

The provider had systems and processes in place to encourage learning, continuous improvement and innovation.

We saw the practice had systems in place to monitor the quality of the service and make improvements where required. These included, for example, audits. We observed that the practice made extensive use of auditing to help them identify where improvements could be made. We reviewed audits of dental care records, X-rays, infection prevention and control, antibiotic prescribing, referrals, failed appointments, and the use of high concentration fluoride products. We saw auditing processes were working well and resulted in improvements.

We observed that the most recent infection prevention and control audit did not contain an action plan. The provider assured us this would be addressed.

The provider and practice were committed to learning and improving, and valued staff contributions. We saw evidence of learning from complaints, incidents, audits and feedback. Where we highlighted areas for improvement the provider acted to address these areas and send us evidence they had done so.

All staff had annual appraisals, which helped identify individual learning needs. Staff told us the practice provided support and training opportunities for their on-going learning. The provider's systems also ensured internal peer review took place to help clinicians learn from each other.

The clinical staff completed continuous professional development in accordance with General Dental Council professional standards. Staff told us the practice provided support and encouragement for them to do so.