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# Domiciliary Dental Service

## Inspection Report

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## Overall summary

We carried out this announced inspection on 21 November 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

### Our findings were:

#### Are services safe?

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

#### Are services effective?

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

#### Are services caring?

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

#### Are services responsive?

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

#### Are services well-led?

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

### Background

The domiciliary dental service is based in Nottinghamshire and provides a dental service to patients who are not able to visit a dental practice. For example patients who are housebound or residents living in care homes. The service mostly provides a denture service. The service provides only NHS dental treatment to adults.

The dental team consists of the dentist.

The service is owned by an individual who is the dentist. 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.

# Summary of findings

Following the inspection, we received feedback from five care home managers about the service provided.

During the inspection we spoke with the provider who is the principal dentist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open by arrangement through the provider.

## **Our key findings were:**

- The provider knew how to deal with emergencies. Appropriate medicines and the recommended life-saving equipment were available.
- The service had systems to help them manage risk.
- The service had suitable safeguarding processes and the provider knew their responsibilities for safeguarding adults and children.
- The provider provided patients' care and treatment in line with current guidelines.
- The provider treated patients with dignity and respect and took care to protect their privacy and personal information.
- The service was providing preventive care and supporting patients to ensure better oral health.
- The provider did not have a certificate to demonstrate they had immunity to Hepatitis B.
- The appointment system met patients' needs.

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

- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

# 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 service was providing safe care in accordance with the relevant regulations.

The service had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

The provider had received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

The provider was qualified for their role.

The practice had arrangements for dealing with medical and other emergencies. The practice had all of the equipment recommended by the Resuscitation Council (UK) and the General Dental Council.

No action



### Are services effective?

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

The provider assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as very good, helpful and professional. The provider discussed treatment with patients so they could give informed consent and recorded this in their records.

The service had clear arrangements when patients needed to be referred to other dental or health care professionals.

No action



### Are services caring?

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

We received feedback about the service from five people. Patients were positive about all aspects of the service provided. They told us the provider was lovely, friendly, and very good with residents. They said that they were very happy with the service and said the provider listened to them. Patients commented that they made them feel at ease, especially when they were anxious about a visit from the dentist.

We saw that the provider protected patients' privacy and were aware of the importance of confidentiality. Patients said the provider treated them with dignity and respect.

No action



### Are services responsive to people's needs?

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

The service's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

The provider considered patients' different needs.

No action



# Summary of findings

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

## **Are services well-led?**

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

The service had arrangements to ensure it ran smoothly.

The provider kept complete patient dental care records which were, clearly written or typed and stored securely.

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

**No action**



# Are services safe?

## Our findings

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

The provider had clear systems to keep patients safe.

The provider knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. There was a safeguarding policy and procedure to provide information about identifying, reporting and dealing with suspected abuse. We saw evidence the provider had received safeguarding training, although this was due to be updated. The provider knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider was the only person working within the service.

We noted the provider was qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

If a patient required an X-ray the provider referred them to one of several local dental practices who would provide this service.

The provider had completed continuing professional development (CPD) in respect of dental radiography.

### **Risks to patients**

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

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

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

The provider had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination had been checked. The provider did not have a certificate to demonstrate their immunity, they said they would contact their GP to obtain a copy and send it to the Care Quality Commission.

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

Emergency equipment and medicines were available as described in recognised guidance. The provider kept records of their checks to make sure these were available, within their expiry date, and in working order.

The provider was not supported by any other dental professional when they treated patients. A member of the care home staff was always present when patients were seen. A chaperone policy and risk assessment was in place for when the provider worked without chairside support.

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

The provider used a dental practice in Mansfield to clean and sterilise any dental instruments that were not single use. We visited this dental practice after the inspection and checked the arrangements that were in place. The provider also used the same dental practice for the management of their clinical waste. During our visit we saw that the arrangements were robust, and that there systems in place for the processing of used dental instruments and the handling of clinical waste.

The provider had suitable arrangements for transporting, checking, and storing instruments in line with HTM01-05.

The provider had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

### **Information to deliver safe care and treatment**

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

We discussed with the provider how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and

## Are services safe?

managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements. The provider kept paper dental care records and these were stored securely at their home address.

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

### **Safe and appropriate use of medicines**

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

There was a suitable stock control system of medicines which were held by the service. This ensured that

medicines did not pass their expiry date and enough medicines were available if required. Systems within the service ensured medicines were used safely and were secure.

### **Track record on safety and lessons learned and improvements**

The provider had a good safety record.

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

In the previous 12 months there had been no safety incidents.

There was a system for receiving and acting on safety alerts. The provider learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

### **Effective needs assessment, care and treatment**

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

The provider took into account guidelines as set out by the British Society for Disability and Oral Health when providing dental care in domiciliary settings such as care homes or in people's residence.

### **Helping patients to live healthier lives**

The provider was providing mainly a denture service to older people. If appropriate the provider said they would discuss better oral health, but in the circumstances this was not wholly appropriate for care home residents for a variety of reasons

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

### **Consent to care and treatment**

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

The provider'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 provider did not treat children or young adults below the age of 18.

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

### **Monitoring care and treatment**

The provider kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The provider assessed patients' treatment needs in line with recognised guidance. The relevant information was recorded in a manner that was easily accessible for clinical staff.

### **Effective staffing**

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

We confirmed the provider completed the continuing professional development required for their registration with the General Dental Council.

### **Co-ordinating care and treatment**

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

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

The provider had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

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

The provider monitored referrals through an electronic referral system to make sure they were dealt with promptly.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

The provider treated patients with kindness, respect and compassion

The provider was aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly, helpful and caring.

Patients said the provider was compassionate and understanding. One care home manager gave an example of how sensitive and caring the dentist had been with a terminally ill resident. Later he had shown the same consideration, compassion and understanding with members of their family.

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

The costs for NHS dental treatment were available to patients.

### **Privacy and dignity**

The provider respected and promoted patients' privacy and dignity.

The provider was aware of the importance of privacy and confidentiality. We discussed where treatment was carried out in the care home setting, and how the provider ensured confidentiality, privacy and dignity. The provider said this was either in the treatment room or in their bedroom. After the inspection we telephoned five care homes where the provider had treated patients. We were told that the residents took the lead in deciding where they wanted to be seen, and the dentist was understanding of this. All of the care home managers said privacy and confidentiality were not an issue.

The provider stored paper records securely.

### **Involving people in decisions about care and treatment**

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

Staff at the care homes were clear on the provider's understanding of the importance of emotional support needed by patients when delivering care.

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

### Timely access to services

Patients could access care and treatment from the service within an acceptable timescale for their needs. Contact with the service was by telephone and appointments were made on an individual basis.

The provider had an efficient appointment system to respond to patients' needs. The provider told us that patients who requested an urgent appointment were seen

within 24 hours. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly and patients were not kept waiting.

The service did not offer an emergency out-of-hours service.

Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### 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 provider had a policy providing guidance on how to handle a complaint. This was available in leaflet form for patients. The provider was responsible for dealing with these.

Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

The records showed the service had not received any complaints.

# Are services well-led?

## Our findings

### **Leadership capacity and capability**

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

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

### **Vision and strategy**

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

### **Culture**

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

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. The provider discussed the duty of candour policy, and showed a clear understanding of the principles that underpinned it.

### **Governance and management**

The provider was registered as an individual and had overall responsibility for the day to day running of the practice.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were reviewed on a regular basis.

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

### **Appropriate and accurate information**

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

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### **Engagement with patients, the public, staff and external partners**

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

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

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 most recent information showed 100% of patients would recommend the service.

### **Continuous improvement and innovation**

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

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

The provider told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development.