

Nationwide Healthcare Dalton Dental Care

Inspection Report

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Overall summary

We undertook a follow up focused inspection of Dalton Dental Care on 16 November 2018. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a focused inspection of Dalton Dental Care on 17 May 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing effective and well led care and was in breach of regulation 9, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Dalton Dental Care on our website www.cqc.org.uk.

As part of this inspection we asked:

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

When one or more of the five questions are not met we require the service to make improvements and send us an action plan (requirement notice only). We then inspect again after a reasonable interval, focusing on the area(s)

where improvement was required. The focused inspection carried out on 17 May 2018 did not cover the caring and responsive elements of our inspection process; we covered these areas during the focused follow up inspection on 16 November 2018.

Our findings were:

Are services effective?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 17 May 2018.

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 17 May 2018.

Summary of findings

Background

Dalton Dental Care is in Rotherham and is part of the Nationwide Healthcare Limited group. Dalton Dental Care provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes two dentists, a lead dental nurse, two trainee dental nurses, two receptionists and a practice manager. The practice has three treatment rooms and an instrument decontamination room. On the inspection day the regional clinical quality care manager joined the team to assist with the inspection.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Dalton Dental Care was one of the Directors.

On the day of inspection we collected 21 CQC comment cards filled in by patients.

During the inspection we spoke with one dentist, the lead dental nurse, the receptionist, the practice manager and the clinical quality care manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday – Friday 9am – 6pm

Our key findings were:

- The provider 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 to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff were supported with training, professional development, supervision and appraisals.
- The clinical staff provided patients' care and treatment in line with current guidelines and provided preventive care and supported patients to ensure better oral health.
- Clinical waste processes were in line with recommended guidance.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.

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

- Review the size of the medical oxygen cylinder to ensure it has the capacity to allow adequate flow rates, eg, 15 litres per minute, until the arrival of an ambulance or the patient fully recovers.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services effective?

We found that this practice was providing effective care and was complying with the relevant regulations.

Improvements had been made to the dentist's clinical awareness of National Institute for Clinical

Excellence (NICE), The Faculty of General Dental Practice UK and British Society of Periodontology (BSP). The practice had implemented systems to keep clinicians up to date with current evidence-based practice.

Improvements had been made to the dentist's awareness of the Duty of Candour requirements, the Mental Capacity Act 2005 and Gillick competence. Systems were in place to ensure all staff remained up to date with training in this area.

Patient's oral health was now monitored in line with the Delivering Better Oral Health toolkit. Training and peer review had taken place and the level of awareness was improved.

Antibiotic prescribing procedures were now fully embedded and carried out in line with recommended guidance. Training and peer review had taken place to improve the level of awareness in this area.

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 21 people. Patients were positive about all aspects of the service the practice provided. They told us staff were great, caring and friendly.

They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

No action



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 took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

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

No action



Summary of findings

Are services well-led?

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

All staff available during the follow up inspection were engaging and open to discussion and feedback and could corroborate our findings.

The provider had made improvements to the management of the service. This included providing additional staff time for management and administration, establishing clear roles and responsibilities for all the practice team. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

Since our last inspection in May 2018, the practice had reviewed their approach to risk management and had updated their systems. In particular: Fire safety management systems, manual cleaning processes and sharps risk management.

Infection prevention and control processes were now effective.

The system for managing emergency medical equipment had improved and the process was now in line with recognised guidance, except for the medical oxygen cylinder. This was not of a sufficient size to allow for adequate flow rates, e.g., 15 litres per minute, until the arrival of an ambulance or the patient fully recovers.

The practice had improved processes to ensure staff were aware of what constituted a significant incident or event.

A comprehensive system of audit had been implemented for quality improvement.

Systems to manage clinical waste segregation were improved in line with relevant guidance.

Evidence of the critical examination documents for each X-ray machine was sent to us prior to the follow up inspection. All recommendations had been actioned.

Improvements had been made in respect to safeguarding awareness and reporting procedures.

The practice's induction and appraisal systems were now effective and embedded.

Systems had been established to ensure trainee staff were now fully supported and mentored.

Processes were applied to ensure trainee staff had the tools to enhance their skills, knowledge and experience to be able to carry out their roles effectively.

Appropriate risk assessments were in place to minimise the risk that can be caused from substances that are hazardous to health.

No action



Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 17 May 2018 we judged the practice was not providing effective care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 16 November 2018 we found the practice had made the following improvements to comply with the regulations:

Improvements had been made to the dentist's clinical awareness of National Institute for Clinical Excellence, The Faculty of General Dental Practice UK and British Society of Periodontology (BSP). The practice had implemented systems to keep clinicians up to date with current evidence-based practice. For example:

- Since the inspection in May 2018, we reviewed documented evidence to support the dentist had attended postgraduate training seminars to update their knowledge and awareness of guidance and clinical practice. Training included consent, sepsis awareness, oral health promotion, periodontics in practice, dental recall and record keeping.
- We saw improvements had been made to the detail recorded in dental care records, in particular, basic gum bleeding scores and periodontal pocket charting.
- A discussion with the dentist confirmed that periodontal guidance was better understood and was being followed.
- An internal record card audit carried out in August 2018 showed that guidance from NICE and BSP was being followed.
- We noted that copies of guidance were now available within the treatment rooms for reference.

Improvements had been made to the dentist's awareness of the duty of candour requirements, the Mental Capacity Act (MCA) 2005 and Gillick competence. Systems were in place to ensure all staff remained up to date with training in this area. For example:

- We discussed the duty of candour requirements and found the dentist's awareness and understanding was improved. In-house refresher training was undertaken using appropriate reference material.
- After the inspection in May 2018, an in-house workbook was implemented throughout the whole staff team to enhance awareness of the MCA, a knowledge quiz was carried out in September 2018 and the dentist attended a post graduate seminar on dementia awareness including MCA in November 2018.

Patients' oral health was now monitored in line with the Delivering Better Oral Health toolkit (DBOHT). Training and peer review had taken place and the level of awareness was much improved. For example:

- In-house refresher training was undertaken after our previous visit to enhance the dentist's awareness of DBOHT. The dentist also attended peer review sessions and a copy of the toolkit summary guidance was now available in the treatment room for reference.
- We reviewed a DBOHT audit carried out in September 2018 which showed good results; these results corresponded with the improvements made by the dentist to update their knowledge.

Antibiotic prescribing procedures were now fully embedded and carried out in line with recommended guidance. Training and peer review had taken place to improve the level of awareness in this area. For example:

- We saw in-house and postgraduate training was carried out to enhance the dentist's awareness of antibiotic prescribing. During a discussion of this topic, we found dentist now had a sound knowledge of the principles.
- We reviewed the prescribing audit carried out in September and it reflected appropriate prescribing.

These improvements showed the provider had taken action to comply with the regulations: when we inspected on 16 November 2018.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

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

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

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

Information folders and patient survey results were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- The practice information leaflets were adjusted with colour coded pages and different coloured highlighted topics throughout. This assisted patients who found it difficult to read standard black and white text.
- Interpretation services were available for patients who did not use English as a first language.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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

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

Staff described to us the methods the practice used to help patients understand treatment options discussed. These included, for example, photographs, models and X-ray images to help patients and relatives better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

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

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

A disability access audit had been completed May 2018 and an action plan formulated to continually improve access for patients.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a ground floor treatment room and a hearing loop. There was no accessible patient toilet on the ground floor, patients were made aware of this on the NHS choices website and would be referred to another practice within the group if the patient preferred.

Staff used a text message reminder service and telephoned patients the day before their appointment to make sure they could get to the practice.

Timely access to services

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

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent

appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The staff took part in an emergency on-call arrangement with the 111 out of hour's service.

The NHS Choices 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.

Listening and learning from concerns and complaints

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

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager 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 in the last 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

At our previous inspection on 17 May 2018 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 16 November 2018 we found the practice had made the following improvements to comply with the regulations:

All staff available during the follow up inspection were engaging and open to discussion and feedback and could corroborate our findings.

Since our last inspection the practice have reviewed their approach to risk management and have updated their systems. Supporting evidence was reviewed to show the following improvements:

- The previously unused washer disinfectant was now in use. Appropriate validation and maintenance checks were in place. The instrument washer disinfectant was now the preferred instrument cleaning process.
- A manual cleaning protocol and risk assessment was implemented and disseminated throughout the team. The assessment covered the mitigation of risks involving dental instruments and personal protective equipment to use. They followed a step by step guide to manual cleaning and the reason behind each process. Additional training was provided using a workbook approach which was assessed and validated by the practice manager and compliance manager. Staff could effectively describe the manual cleaning process in line with the protocol and risk assessment.
- An external fire risk assessment was carried out in June 2018 and all recommendations for improvement were actioned in accordance with the assessment. A fire safety management plan was now in place.
- Fire training was carried out for all staff in August 2018 and fire safety formed part of staff induction.
- The process to mitigate against a sharps injury had been reviewed and updated. A responsible person was nominated on the sharps risk assessment and included other sharps instruments such as matrices and burs. A sharps injury flow chart was visible in each treatment room and included contact details for occupational

health. Staff had undergone additional training to confirm awareness and trainee dental nurses had been appropriately assessed against the risks involved with their role.

Infection prevention and control (IPC) processes were now effective. For example:

- Staff training had taken place, IPC workbooks were used to confirm learning and understanding.
- Staff could demonstrate the IPC processes and could explain the reasons behind each process.
- Staff were aware of the need to clean instruments under temperature monitored water. Non-foaming detergent was now used in line with manufacturer's instructions and instruments were dried on lint free cloths.
- Significant improvements were made to the decontamination room by replacing the worktops and lighting.

The system for managing emergency medical equipment had improved and the process was now in line with recognised guidance, except for the medical oxygen cylinder. This was not of a sufficient size to allow for adequate flow rates, eg, 15 litres per minute, until the arrival of an ambulance or the patient fully recovers. All medical emergency equipment previously identified as not in place or out of date had been addressed. The compliance manager assured us the medical oxygen cylinder would be exchanged without delay.

The practice has improved processes to ensure staff were aware of what constituted a significant incident or event. For example:

- Training had been provided to the team in the form of a hand-book and workbook.
- A booklet has been implemented for each area of the practice to enable staff to record incidents as they occur. We reviewed the booklet and records showed there was now an effective process in place to identify, record and review for future learning. In addition, an audit had been implemented to detail outcomes and trends.

A comprehensive system of audit had been applied for quality improvement. We reviewed several audits including, radiographs, antibiotic prescribing and a record card audit. Results showed analysis and action plans for each and these would be shared within the practice.

Are services well-led?

Systems were now in place to ensure prescriptions were kept secure and their use monitored and tracked.

Systems to manage clinical waste segregation were improved and now in line with relevant guidance. Staff had undertaken additional training to raise awareness using a workbook process and a quiz to confirm understanding.

Evidence of the critical examination documents for each X-ray machine was sent to us prior to the follow up inspection and all recommendations were actioned.

Improvements had been made since our last inspection in respect to safeguarding awareness and reporting procedures. Additional training was carried out in August 2018 and further discussions during practice meetings were evidenced. In addition, a fact sheet was introduced giving staff additional material to enhance their awareness of this subject.

The practice's induction and appraisal systems were now effective and embedded. For example:

- A new employee handbook was introduced. An induction plan for dental nurses and receptionists had been implemented, staff signature sheets with topics covered were incorporated into the staff file as a record of induction.
- Topics covered on induction were discussed more comprehensively and staff initial each topic when completed.
- Staff received an annual appraisal and performance review, they would meet with the group manager to discuss performance and future development. Appropriate records were now kept in staff files and copies retained at head office.

Systems and processes had been established to ensure trainee staff were now fully supported, mentored and had the tools to enhance their skills to carry out their roles effectively. For Example:

- The provider had implemented changes at the practice to ensure more experienced staff were on site to support trainee staff. An experienced dental nurse and practice manager were in post on a part-time basis to provide guidance, monitor processes and support the team.
- We reviewed several training workbooks implemented since our inspection in May 2018. The workbooks were in addition to induction training, continuous professional development (CPD) and the dental nurse training program. For example, workbooks include health and safety, fire safety, infection prevention and control, safeguarding and incident reporting. Each workbook involves study material, a quiz and certification upon successful completion, which included additional CPD.
- We looked at personal development plans (PDP) for all staff and these are reviewed bi-annually. Copies of PDPs were kept at head office and the originals retained by staff.
- Regular one to one meetings are carried out with the practice manager.
- Trainee staff meet with the training providers for one to one progress meetings and observed practice sessions, monthly. The group apprentice manager supports the trainees during these monthly sessions.

The practice had also made further improvements:

- We reviewed updated risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation(s): when we inspected on 16 November 2018.