

The Glen Dental Clinic Partnership

Glen Dental Clinic

Inspection Report

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Overall summary

We carried out this announced inspection on 14 January 2020 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 Care Quality Commission (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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

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.

Background

Glen Dental Clinic is in Great Glen, a village in the Harborough district in Leicestershire. It provides NHS dental care for children and private dental care for adults. Services include general dental care.

There is level access to the practice for people who use wheelchairs and those with pushchairs.

The practice does not have its own car park, but spaces are available on street and in a free local car park within short distance of the premises.

Summary of findings

The dental team includes two dentists, two dental nurses, one dental hygienist and one dental receptionist who also undertakes administrative tasks.

The practice has two treatment rooms; both on ground floor level. There is a separate decontamination room.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC 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 Glen Dental Clinic is one of the principal dentists.

On the day of inspection, we collected 37 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, two dental nurses and the receptionist

/administrator. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday, Tuesday, Thursday and Friday from 9am to 5.30pm and Wednesday from 9am to 2pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- 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 provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- 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.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff praised the support received from management and felt involved in the practice; they said they worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with the one complaint received positively and efficiently.
- The provider had information governance arrangements.

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 ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

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

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training, all to the appropriate level. The lead for safeguarding was one of the principal dentists.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of legionella or other bacteria developing in the water

systems, in line with a risk assessment dated February 2019. Staff had completed training in legionella. Records of water testing and dental unit water line management were maintained.

Staff shared cleaning duties between them. We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The provider carried out infection prevention and control audits every three months. The latest audit in November 2019 showed the practice was meeting the required standards. We noted audits were also completed for hand hygiene, environment design, decontamination and sterilisation.

The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy. The practice had access to a Freedom to Speak Up Guardian and staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we were informed this was documented in the dental care record.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for locum staff. These reflected the relevant legislation. We looked at one staff recruitment record as other staff had worked for the practice for many years. This showed the provider had followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover. The provider paid for indemnity cover for all members of staff.

Staff ensured equipment was safe, and was maintained according to manufacturers' instructions, including electrical appliances. We found one exception in relation to facilities management as five-year fixed wiring testing had not been completed in the premises. The provider had not

Are services safe?

been aware that this was required and took immediate action after our inspection to arrange for this to be undertaken. This was completed after our visit and certificate sent to us.

A fire risk assessment had been carried out by a staff member who had completed some basic fire training. We discussed whether staff had the enough knowledge and competency to complete this task. The provider told us they would review the current arrangements to ensure that all fire risks had been appropriately mitigated.

We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

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

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

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

We looked at the practice's arrangements for safe dental care and treatment. The dentists used traditional needles rather than a safer sharps system. There were safeguards available for those who handled needles. A sharps risk assessment had been completed.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff had completed sepsis awareness training. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Training was last completed in January 2019. Scenarios were also discussed by staff in practice meetings held.

Emergency equipment and medicines were available as described in recognised guidance. However, we noted that two sizes of clear face masks for a self-inflating bag were missing from the kit. These were ordered immediately and we were sent order confirmation details. We found staff kept records of their frequent checks of emergency equipment and medicines to make sure they were available, within their expiry date and in working order.

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with General Dental Council Standards for the Dental Team.

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

The practice occasionally used locum staff. We observed that these staff received an induction to ensure they were familiar with the practice's procedures.

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 dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and 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 requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

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

Are services safe?

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

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

Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues.

Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again. We looked at five reported accidents recorded since July 2018. We noted that action was taken to replace a lock on the toilet door after two incidents were reported. We found that further detail could be noted when staff discussions took place; this would show outcomes from actions taken.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

We received very positive comments from patients about treatment received. Patients described the treatment they received as 'excellent', 'professional' and 'outstanding'.

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Staff had access to technology and equipment available in the practice, for example an extra-oral camera to enhance the delivery of care.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

Staff were aware of national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

Staff told us about local initiatives to raise oral health awareness in the community. This included visits made to the local primary schools.

The practice offered free mouth cancer checks in the month of November for any member of the public to attend. We were told that informative displays were used, such as awareness of sugar during the summer months.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

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 practice had completed a consent audit.

The staff were aware of the need to obtain proof of Power of Attorney for patients who lacked capacity. We found that staff may benefit from further discussion to ensure they are all aware of obtaining proof of legal guardianship from the appropriate person/authority for children who are looked after.

The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment. Patient comments included 'I am always listened to and clear detailed instructions are given before any procedure' and 'on every visit, my dentist explains everything which is reassuring'.

The practice had a policy about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who might not be able to make informed decisions. The consent policy referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. 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 when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

Are services effective?

(for example, treatment is effective)

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.

The provider had extensive quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

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

The provider utilised an independent contractor who visited the practice on a quarterly basis to help with staff training, for example how to manage complaints in the

most effective way. Staff completed questionnaires which identified their best learning styles. Training and support systems were then tailored to the individual member of staff based on these results.

Staff new to the practice including locum staff had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

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 a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

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

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 'attentive', 'courteous' and 'dignified'. We saw staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk.

Patients said staff were compassionate and understanding. For example, a patient told us that their dentist was 'very gentle and thoughtful which has really helped me overcome my fears'.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. One patient told us that their dentist had 'moved things around to fit me in promptly' when they experienced dental pain.

An information folder was available for patients to read in the waiting area and a selection of magazines. There were also thank you cards from patients on display.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the waiting area provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. 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. They were aware of the Accessible Information Standard and the requirements of the Equality Act.

We saw:

- Interpreter services were available for patients who did not speak or understand English. Patients were also told about multi-lingual staff that might be able to support them. For example, some staff could speak Gujarati.
- Staff told us they communicated with patients in a way they could understand. Staff told us they could print information using a large font.
- An alert could be placed on a patient's record if they had any requirements.

Staff 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. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included, for example, show and tell, study models, X-ray images and an extra-oral camera. These were discussed with or shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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 about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We noted examples of how the provider had made efforts to accommodate the needs of their patients. Patients who had longer appointments or those that felt anxious were invited to choose from a selection of music or a film on their arrival at the practice. This was then played in the surgery room during treatment. There was a screen on the surgery ceiling above the dental chair.

The practice had equipment that provided pain free anaesthesia to help those who had anxiety about needles. A squeeze ball was available for patients to use to ease any stress during treatment. After-care was in place for when patients had more complex procedures such as an extraction.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

37 cards were completed, giving a patient response rate of 74%.

100% of views expressed by patients were positive.

Common themes within the positive feedback were the friendliness of staff, easy access to dental appointments, the information provided by clinicians during appointments and the cleanliness within the practice. We shared this with the provider in our feedback.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Longer appointments were allocated based on patients needs.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a hearing loop and a magnifying glass at the reception desk. There was a patient toilet facility, but this was not suitable for those who used wheelchairs due to the width of the entrance. The practice premises were rented and therefore changes to the building structure were not permitted.

Staff had carried out a disability access audit.

Staff contacted patients prior to their appointment to remind them to attend. This was based on their preference of communication.

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 on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment 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 some other local practices for private patients. NHS patients could also use this at cost or were directed to the appropriate out of hours service.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment when the practice was closed. 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

Staff told us 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 to staff about how to handle a complaint. Information was available for patients that explained how to make a complaint.

Are services responsive to people's needs?

(for example, to feedback?)

One of the principal dentists was responsible for dealing with complaints. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist aimed to settle complaints in-house and told us they would invite patients to speak with them

in person to discuss these, if appropriate. Information was available about organisations patients could contact if not satisfied with the way the principal dentist had dealt with their concerns.

We looked at comments, compliments and one complaint the practice had received within the previous 12 months. This showed the practice had responded to the concern appropriately.

Are services well-led?

Our findings

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

The provider demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions. The information and evidence presented during the inspection process was clear and well documented. They could show how they sustain high-quality sustainable services and demonstrate improvements over time.

Leadership capacity and capability

We found the principal dentists, supported by the team had the capacity, values and skills to deliver high-quality, sustainable care.

The principal dentists were knowledgeable about issues and priorities relating to the quality and future of the service.

The leaders were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership. The provider had taken ownership of the practice three years ago and since then had made a number of updates to the premises. This included rebranding, refurbished treatment rooms, an update of the reception area, desk and flooring.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. Staff planned the services to meet the needs of the practice population.

Culture

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

Staff stated they felt respected, supported and valued. One staff member said they appreciated that they were involved in decision making and that they asked for their opinions about issues. They were proud to work in the practice.

Staff discussed their training needs at an appraisal and during one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. We were provided with many examples that showed how the practice treated their patients as individuals and their needs were met.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

One of the principal dentists was the registered manager and they had overall responsibility for the management and clinical leadership of the practice. The principal dentists were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS BSA performance information, surveys and audits were 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

Are services well-led?

Staff involved patients, staff and external partners to support the service. For example, the use of an independent contractor to support in staff learning and development.

The provider used surveys, comment cards and encouraged verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from staff the practice had acted on. The provider utilised locum dental nurses to enable staff to take annual leave when they wanted to take it.

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

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The practice was also a member of a good practice certification scheme.

The provider had quality assurance processes to encourage learning and continuous improvement. These included extensive audits including dental care records, radiographs, antibiotic, consent and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements, where required.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, staff had been asked to walk through the building and give their views and opinions on décor.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.