

Dencall 2005 Ltd

Dencall – University Hospital of North Durham

Inspection report

North Road
Durham
DH1 5TW
Tel: 01207503020

Date of inspection visit: 06 May 2022

Date of publication: 07/06/2022

Overall summary

We carried out this announced focused inspection on 6 May 2022 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 location 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 usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- Is it well-led?

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

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- The dental clinic had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The dental clinic had systems to help them manage risk to patients and staff.
- Safeguarding processes were in place 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.

Summary of findings

- Patients were treated with dignity and respect and staff 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.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

Dencall 2005 Ltd provides out of hours, urgent and emergency NHS dental care across North East England and Cumbria and operates as part of the Dental Clinical Assessment Service (DCAS). Dental nurses from Dencall 2005 Ltd undertake triage of callers experiencing urgent dental issues to ensure those in need of dental care receive this within an appropriate timescale.

Dencall 2005 Ltd has four locations; this report is about Dencall – University Hospital North Durham, County Durham.

Dencall 2005 Ltd have a Service Level Agreement (SLA) with County Durham and Darlington NHS Foundation Trust to utilise a treatment room, storage facilities and equipment in University Hospital North Durham.

There is level access into the dental clinic for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available in the hospital grounds.

The Dencall 2005 Ltd team includes two directors, an operational lead, two operational managers, an office administrator, six DCAS dentists, 25 dental surgeons, 40 dental triage nurses and 20 dental nurses. On-call staff work in rotation at University Hospital North Durham.

During the inspection we spoke with the directors, the operational lead, one operational manager, a dental surgeon and a dental triage nurse.

The dental clinic is open:

Monday to Friday 6pm to 11pm; appointments are triaged and booked into the clinic according to treatment need.

Saturday, Sunday and Bank Holidays 9am to 11pm.

There are fixed clinic times during these hours to provide face-to-face treatment to patients where triage shows this is required.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No action	✓

Are services safe?

Our findings

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

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

The dental clinic had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Patients who present at the dental clinic could reside in various locations around the region, and any safeguarding referrals would need to be sent to the corresponding region. To support this process, staff who are on-call have access to different regional safeguarding pathways and their relevant contact details.

The dental clinic had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

We saw the dental clinic was visibly clean and there was an effective cleaning schedule to ensure the dental clinic was kept clean.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

Recruitment taster sessions were held at the main office to provide information about the service to prospective employees. The provider arranged role play scenarios of triage to give people a true reflection of the job.

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

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

The provider ensured facilities were maintained, and various risks were assessed and controlled, through the Service Level Agreement (SLA). This was not available to view on the inspection day; however we saw evidence that the SLA was being updated by the Trust.

We were assured by the provider that the SLA specified that risk assessments for Legionella, fire, health and safety and clinical waste were the responsibility of the Trust. Risk control measures were a shared responsibility in some areas, for example in controlling the risk of Legionella and management of clinical waste.

Staff were clear about their responsibilities and what the expectations of the Trust were.

The management of fire safety was the responsibility of the Trust; staff we spoke to on the inspection day and they were aware of the fire evacuation procedures.

Risks to patients

The dental clinic had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were available and there was a shared responsibility between the Trust and Dencall 2005 Ltd to ensure they were checked in accordance with national guidance.

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

Are services safe?

The dental clinic had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. This information was held electronically on a laptop used by on-call staff, and a paper copy was also available for staff should they require.

Information to deliver safe care and treatment

On-call staff had access to information necessary for the provision of care, including diagnosing dental emergencies, patient referral pathways, hazardous substance risk assessments and clinic protocols / policies. Dental care records were stored securely and brought to the clinic where relevant.

Dental care records we saw were complete and legible, and complied with General Data Protection Regulation requirements.

The dental clinic had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. On-call staff ensured urgent referrals were sent in a timely manner to the relevant speciality, taking into account the patient's residence. To support this, staff had access to information which specified the pathways for urgent referrals in different regions.

Safe and appropriate use of medicines

The dental clinic had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. Staff were pro-active in raising antibiotic awareness and the audits we viewed reflected this.

Track record on safety, and lessons learned and improvements

The dental clinic had implemented systems for reviewing and investigating incidents and accidents.

The dental clinic had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The provider had systems to keep dental professionals up to date with current evidence-based practice.

Patients accessing the 111 emergency services were initially triaged by their staff and placed on to a 'dental waiting list' for Dencall 2005 Ltd staff to access. Dental nurses, who underwent specialised training, would triage patients to ensure they were seen within a specific time frame i.e. between two and 24 hours.

If a patient called during working hours – for example 9am to 6pm - they were directed to a dental practice who was contracted to provide emergency NHS treatment during these hours.

If a patient called, for example, after 6pm or on a weekend or bank holiday, they would be triaged and booked into the hospital clinic with the relevant on-call dentist.

Any patient calling after 11pm would be referred to an accident and emergency department where appropriate.

Training was provided to employees in assessing dental emergencies, as well as other subjects relevant to their role.

Helping patients to live healthier lives

The dental clinic provided preventive care and supported patients to ensure better oral health.

Staff would direct patients to a dental practice, where relevant, and encourage the need for maintaining oral health.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005.

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

The consent policy addressed the need to be mindful of a patient's capacity to consent when in dental pain.

Monitoring care and treatment

The dental clinic kept detailed dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The dental clinic carried out radiography audits annually; we referred the provider to the current guidance and legislation which recommends carrying these out six-monthly.

Effective staffing

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

Staff recruited by Dencall 2005 Ltd underwent a detailed induction and training plan. This took place over an eight-week period to cover subjects relevant to the role.

Are services effective?

(for example, treatment is effective)

Training was provided in carrying out audits, record keeping, health and safety aspects, safeguarding, pharmaceuticals, accident and emergency referrals, and communication skills when dealing with patients in distress.

Staff were taught how to respond to specific dental problems, such as trauma, bleeding and swelling, as well as drug overdose and complex medical histories.

Staff would also receive support and training in conflict resolution to manage difficult calls.

Clinical staff completed continuing professional development required for their registration with the General Dental Council. This was overseen by the provider in order to ensure all staff were up-to-date and skilled as required for their role.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment. The staff we spoke with explained the support offered by hospital staff, including security personnel, and other clinical teams such as 'crash teams' in event of a medical emergency. We observed efficient communication and relationships between all professionals.

The dentists confirmed they discharged patients back to their own dentist, where relevant, and if patient was not registered with a dentist, a discharge letter was sent to their GP.

Are services well-led?

Our findings

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

Leadership capacity and capability

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. The provider was supported by the operational lead and the operational managers who collectively worked to provide an effective and efficient emergency service across the region.

The information and evidence presented during the inspection process was clear and well documented.

We saw the provider had effective processes to support and develop staff with additional roles and responsibilities.

Culture

The provider could show how they ensured high-quality sustainable services and demonstrated improvements over time. Operational staff explained the future plans for the service to better and enhance delivery of care.

Staff stated they felt respected, supported and valued. They were proud to work in the dental clinic.

Staff discussed their training needs during informal appraisals and during clinical supervision. We were told of future plans to improve and formalise the appraisal process.

The provider had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

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

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.

The dental clinic 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

Staff gathered feedback from patients, the public and external partners, though this was paused due to the pandemic. The operational lead confirmed there were plans in place to restart this.

The dental clinic 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.

Staff were sent regular updates electronically. A weekly email was sent to on-call staff with information of any relevant changes.

Continuous improvement and innovation

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

Are services well-led?

The dental clinic had quality assurance processes to encourage learning and continuous improvement.

These included audits of dental care records, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.

Audits were also completed in regard to service delivery. Topics included waiting times, patients who did not attend their appointment, phone calls and 111 disposition code against appointment times.