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Rossendale Dental Health Centre

Inspection report

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Overall summary

We carried out this announced focused inspection on 20 April 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 practice 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 practice 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 practice had systems to help them manage risk to patients and staff; some checks on the safety of the building had lapsed due to the COVID pandemic, but these were put in place immediately following our inspection.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- 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; the practice was involved in a number of pilots and projects and these were already delivering benefits for patients using the practice, and those that were referred into the practice.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

Rossendale Dental Health Centre is in Rawtenstall, East Lancashire and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking is available near the practice. The practice has made several adjustments to support patients with additional needs, for example, through availability of a hearing loop at reception and step free access to one of the surgeries on the ground floor.

The dental team includes three Oral Surgeons, a specialist orthodontist, five dentists, three foundation dentists, one trainee dental therapist, a trainee orthodontic therapist, seven qualified dental nurses and eight trainee dental nurses. The practice is supported by eight receptionist/administrators and a practice manager. The practice has seven treatment rooms.

During the inspection we spoke with three dentists, one of whom is the principal dentist. We also spoke with three dental nurses, an administrator/receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open from 9am to 6pm Monday to Friday.

We also found an area of Notable Practice

- The practice also demonstrated a strong commitment to safeguarded children, and those children who were looked after. Were any child subject to a safeguarding plan, or considered to be at risk, was not brought to an appointment, this was quickly escalated. The practice manager observed that during the pandemic period there as an increase in children ' not brought' to oral health appointments. As a result, the practice approached Lancashire county council safeguarding leads and NHS England to set up a pilot priority scheme for any safeguarded children, or those who were in settings where they were looked after. The scheme is still in use and proving effective in providing information to treating practitioners if the child moves mid treatment and also gives information to the local authority, inputting into their personalised annual Looked After Children (LAC) review. This pilot and findings have received interest at national level.

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

Summary of findings

- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, that checks on electrical safety are in place as 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 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)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. The practice demonstrated their commitment to safeguarding children, through their involvement in pilot schemes which prioritised children in temporary care. Any child that was moved mid-treatment, was contacted via social work teams, to ensure their care and treatment was completed. Any children subject to a safeguarding plan, who were not brought for oral health appointments, were reported to safeguarding leads, in order that they could be contacted and recalled. Staff demonstrated a good awareness of the procedures to follow if any child 'was not brought' for any appointment.

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

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. We observed that staff were testing hot water temperatures to 50 degrees centigrade; we advised that hot water in a health care setting should reach 55 degrees centigrade. The practice confirmed that they had acted on this immediately following our inspection.

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

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

The practice 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.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. There was no electrical fixed wiring installation condition report for the premises. The provider booked the required safety check immediately following our inspection.

A fire risk assessment was carried out in line with the legal requirements. Some of our observations on the day, for example the lack of electrical installation check and report on fixed wiring indicated the fire risk assessment could be improved. We asked the practice to consider this going forward.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available, including Cone-beam computed tomography (CBCT) equipment.

Risks to patients

The practice 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 checked in accordance with national guidance

Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training with airway management for staff providing treatment to patients under sedation was also completed.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. COVID security measures remained in place at the practice, for handling and treating patients that required urgent dental care. The practice had operated as an urgent care centre, from the very start of the COVID-19 pandemic, operating as a 'hot' site, treating patients who were COVID positive but in need of urgent treatment. This was the first such site in East Lancashire and South Cumbria.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements. We highlighted the importance of recording the use of dental dam, within patient consultation records. Where a dental dam is not used, any other safety devices used should be recorded.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice had a system for receiving and acting on safety alerts.

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

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

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

The Specialist orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

We saw the provision of dental implants was in accordance with national guidance.

The provider had innovative approaches to providing person centred care and was involved in a number of initiatives to increase access for patients. Examples include:

- The practice is involved in a pilot scheme whereby it shares primary and secondary care restorative dentistry and orthodontic patients. In this, treatment is planned by consultants with care being undertaken in both primary and secondary care settings. This is reducing patient waiting lists for secondary oral health care, which normally takes place in dental hospital settings.
- The practice is working to reduce waiting lists of paediatric patients. Running a pilot scheme, the practice is using shared care with cases and treatment planned by consultants and that care and treatment being undertaken in both primary and secondary care settings.
- There is also a pilot scheme to tackle waiting times for oral surgery. In this, Consultants are assessing waiting patients in primary care settings, so within a dental practice, and in doing so reducing secondary care waiting lists.

Helping patients to live healthier lives

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

Staff were aware of and involved with 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.

The practice also supported oral health education for carers of residents of nursing homes, including on NICE guideline 48 (NG48) which details the need to carry out an oral health assessment on admission to a care setting, and on supporting older persons with oral health routines. The practice provided remote oral health education to local primary and junior schools and had maintained this during the period of the pandemic.

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.

Monitoring care and treatment

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

Are services effective?

(for example, treatment is effective)

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 practice carried out radiography audits six-monthly following current guidance and legislation.

Effective staffing

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

Newly appointed staff had a structured induction and clinical staff completed 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. This was particularly evidenced from a number of pilots the practice had led and was involved in. We saw how these had impacted positively on patient care and outcomes and had helped to reduce pressure points in the oral health care system.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for any treatment the practice did not provide.

The practice was a referral clinic for minor oral surgery and procedures under sedation and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice 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 as a team to deliver the best possible results for patients.

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

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

The practice is a member of a COVID cell board. This is made up of lead, member practices across Greater Manchester, Cheshire and Merseyside, Lancashire and South Cumbria who work closely with NHS England, Public Health England, Local Dental Committee's, Local Primary Care Networks and Health Education England. Representatives from these organisations have been working together, throughout the pandemic designing resilience strategies for delivery of oral health care, during the COVID crisis.

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time. Examples of improving patients experience of care and of making services sustainable over time, included hospital consultant-led oral surgery training, delivered at the practice for foundation dentists. This meant patients were seen at the practice, rather than having to travel to hospital for treatment, and that foundation dentists were benefiting from this training in a primary care setting.

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

Staff discussed their training needs during annual appraisals, one to one meetings or during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. The practice had developed shared activities to promote honest, effective and friendly communication, for example, between trainees and their mentors, and between the provider and staff with operational responsibilities, and between visiting colleagues and the provider. Several staff shared examples of walking during the day with the provider, where they used the freedom outside the practice to discuss how they were feeling, managing, coping and living whilst working through the pandemic. Some staff told us how they were both buoyed and comforted by this, knowing that their employer and peers valued their contributions and presence within the practice, particularly at the beginning of the pandemic, when they were trusting in risk assessments and fit testing of masks that would allow them to work with COVID positive patients, when much of oral health was subject to lockdown conditions.

The practice 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 practice 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.

Are services well-led?

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice 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 and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff through meetings 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 practice had systems and processes for learning, continuous improvement and innovation. They shared information with us on an agreement to share the cost of funding the training of a dental nurse to train as an Orthodontic Therapist, between Health Education England, the practice, and secondary care consultants. When the training is complete, this newly qualified therapist will be shared between the practice and secondary care consultants.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, antibiotic prescribing, as well as audit on decisions not to prescribe antibiotics; disability access, radiographs and infection prevention and control.

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