

Tailored Dental Care

Tailored Dental Care

Inspection Report

73 Weedon Road
Northampton
NN5 5BG
Tel: 01604 581728
Website: www.hunsburydentalcare.co.uk

Date of inspection visit: 11 November 2019
Date of publication: 17/12/2019

Overall summary

We carried out this announced inspection on 11 November 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Tailored Dental Care is in Northampton, a town in the East Midlands region. It provides NHS treatment for NHS exemptions including children and mostly private treatment for adults.

There is level access for people who use wheelchairs and those with pushchairs. The practice does not have its own car parking facilities, but patients are able to park on the street near the premises.

The dental team includes three dentists and one dental nurse. The practice has one treatment room.

The practice is owned by a partnership 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Tailored Dental Care is one of the principal dentists.

We sent 50 comment cards in advance of our visit to the practice for patients to complete. On the day of inspection, we collected 42 CQC comment cards that had been filled in by patients. This represented an 84% response rate.

During the inspection we spoke with one dentist and one dental nurse. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday, Tuesday and Thursday from 8am to 5.30pm, and on Wednesday and Friday from 8am to 12pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Most appropriate medicines and life-saving equipment were available, with some exceptions. Missing items were ordered by staff immediately on the day of our inspection.
- The provider 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.
- The provider had staff recruitment procedures which reflected legislative requirements.
- 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 culture of continuous improvement.
- Staff were committed in their roles and took pride in their work.
- Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received, and of the staff who delivered it.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had systems to deal with complaints positively and efficiently.
- The provider had suitable 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 that 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 lead for safeguarding was one of the principal dentists.

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 received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination. The policy included internal and external contact details for reporting concerns.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. We noted this was recorded in patients' records.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. Patients could be referred to the sister practice, Hunsbury Dental Care based in Northampton and owned by the provider.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at two staff recruitment records. These showed the provider followed their recruitment procedure. We noted that Disclosure and Barring checks had been provided by these staff from their previous employers; a risk assessment had not been

completed to identify if new checks might have been required. We discussed this with the principal dentist; they explained to us the controls they would be implementing to mitigate the risk identified.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We saw records dated within the previous 12 months of our inspection.

Records showed that fire detection and firefighting equipment were regularly tested and serviced.

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

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation. We looked at an audit last completed in January 2019.

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

Risks to patients

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

The 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, as recommended in EU Directive. There were safeguards available for those who handled needles. A sharps risk assessment had been completed. This included a provision that dental nurses were not to handle used needles.

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

Are services safe?

for all but one member of the team. A risk assessment had not been completed. Following our inspection, we were informed that a risk assessment had been undertaken and would be in place until the information was obtained.

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

Most emergency medicines and equipment were available as described in recognised guidance. We noted that there was not enough adrenaline available to enable staff to repeat the dose or for the provision for the correct child dose, if required. The practice did not hold a child self-inflating bag with reservoir, clear face masks for self-inflating bag or a child oxygen face mask with reservoir and tubing. We saw that an order was placed for these items on the day of our inspection.

We found staff kept records of their frequent checks of medicines and equipment held to make sure they were available, within their expiry date, and in working order.

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

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

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 practice may benefit by ensuring that the lead in infection control completes additional training to undertake the role.

The provider had suitable 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. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

We found staff had systems in place to ensure that any work was 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 March 2018. Recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

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 twice a year. The latest audit in November 2019 showed the practice was meeting the required standards.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients. We noted that staff had discussed sepsis management and information regarding this was displayed in the practice to also help raise awareness.

A written protocol was not in place however to prevent a wrong tooth extraction based on the Locssips (Local Safety Standard for Invasive Procedures) tool kit. The principal dentist informed us after the inspection that a policy was being implemented and that staff discussion was due to take place in a practice meeting.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

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

Safe and appropriate use of medicines

Are services safe?

The provider had reliable systems for appropriate and safe handling of medicines. We noted that dispensing labels for antibiotics did not include the practice's name and address. Following our visit, we were informed that process had been changed to reflect the requirement for this.

There was a suitable 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.

Track record on safety, and lessons learned and improvements

The practice had a positive safety record. There were processes to record and investigate accidents when they occurred; we noted there had been no accidents reported within the previous 12 months.

The practice had a policy for reporting significant events and staff showed awareness of the type of incident they would report to managers. We looked at the details of an incident recorded in August 2019. We saw that the issue had been investigated, discussed amongst staff and an appropriate preventative measure deployed. The provider had not notified the CQC of the incident which was reportable in this circumstance.

There was 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 that 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 'professional and to a high standard', 'excellent', 'first class' and 'faultless'. Many patients referred to individual staff members.

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

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

Helping patients to live healthier lives

The practice was providing 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 toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

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

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

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking

plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. Patients with more complex needs were referred to a specialist practice based in Leicester.

Patients were offered an appointment with a hygienist at the provider's sister practice, if this would benefit them.

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 dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment. For example, patients' comments included 'I always have a full understanding of what is best for my dental health', 'I have so much confidence in the treatment, approach and suggestions and advice given' and 'the dentist gives me full explanations, talking me through things and offering professional insight and relevant treatment options when appropriate'.

The practice's consent policy included information 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 policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

The dentist 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

We looked at a small sample of patients' records. We saw that 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.

Are services effective?

(for example, treatment is effective)

We saw the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the dental nurse had completed a variety of training which included topics such as 'engaging others effectively, create goals, strengthen team dynamics'. Staff attended 'lunch and learns', and a recent subject of discussion was around 'whole mouth health'.

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

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

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

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

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

Staff monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

We found that 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 'caring', 'welcoming' and 'always take the time to put you at ease'.

We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. For example, one patient told us that their dentist had been instrumental in enabling them to get appropriate diagnosis and help for a medical condition.

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. One patient told us they were seen straight away when they had a dental emergency. On the day of our inspection, we noted that patients who had called on the day with a dental problem were invited to attend the same day.

An information folder was available in the waiting area for patients to read.

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 some limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff told us they could take them into another room. Patients were requested to complete information about their medical history on a clini-pad. If other patients were present, this was undertaken in the privacy of the surgery room where any questions could be asked of staff.

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 is a requirement to make sure that patients and their carers can access and understand the information they are given). We saw:

- Staff were aware of interpreter services available for NHS patients if they did not speak or understand English. The service had not been used. Staff told us that patients could attend with a family member or friend to assist; however, this could present a risk of mis-communications.
- Staff told us they could print information in large print, although it was not clear where information could be obtained if it was requested in easy read or braille, for example.
- Staff helped patients and their carers find further information and access community services, if needed.

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 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.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, pictures, models, X-ray images and a screen was also available for use above the dental chair.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that 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 on the importance of emotional support needed by patients when delivering care. We were provided with specific examples of how staff had met the needs of more vulnerable patients such as those who were anxious or had other long-term conditions. One patient with a medical condition told us that their dentist 'couldn't be more helpful' when they received treatment. Staff told us how they would aim to see very anxious patients early in the day, so they didn't have to wait and would provide them with additional information, for example explaining each part of the treatment procedure.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. This included step free access with use of a lift at the entrance, a hearing loop, and accessible toilet with hand rails and a call bell. The reception desk was low enough for patients if they attended in a wheelchair. The practice had a magnifying glass at the reception desk to assist those with sight problems. After our inspection, we were informed that reading glasses had been purchased.

Staff contacted patients prior to their appointment, based on their preference of communication, to remind them to attend. Patients could choose to receive an email, letter or telephone call.

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 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. One patient told us that they were 'not rushed and made to feel like family'.

Appointments ran smoothly on the day of the inspection and patients were not kept unduly waiting.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients were directed to contact a local Bupa practice that had extended opening hours.

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

Listening and learning from concerns and complaints

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

The provider had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint and the policy was displayed in the patients' waiting area.

One of the principal dentists was responsible for dealing with complaints. The dental nurse told us they would tell the principal dentist about any formal or informal comments or concerns straight away to enable patients to receive a quick response.

The principal dentist aimed to settle complaints in-house and invited 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.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had not received any complaints within the previous 12 months. We discussed the details of a historic complaint. We noted that that the practice sought to identify any learning points that could be used to share with staff and continuously improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

We found that the partners had the capacity and skills to deliver high-quality, sustainable care. The leaders demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of services.

Leaders were visible and approachable. The dental nurse told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

There was a clear vision and set of values. The practice's statement of purpose included the aim to provide high quality general dentistry to their patients. They aimed to provide services in a safe and clean environment and to see patients in a friendly and reliable way.

Culture

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

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

The staff focused on the needs of patients. We noted an example provided by a patient whereby their dentist had helped them seek help for a medical problem.

The principal dentist understood about the importance of openness, honesty and transparency. 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

There were 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 also responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a structured 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. The practice had a system whereby staff were each allocated a policy to review and discuss during regular staff meetings held. This helped staff refresh or update their knowledge. Joint meetings took place with staff from the sister practice.

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

Appropriate and accurate information

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

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

Engagement with patients, the public, staff and external partners

Staff involved patients, staff and external partners to support high-quality sustainable services.

The provider used patient surveys and verbal comments to obtain patients' and staff views about the service. We saw examples of suggestions from staff the practice had acted on. Frosted windows had been placed at the front of the premises to promote more privacy for those within the building.

Patients had commented positively to staff that the modernisation undertaken within recent years by the current provider, had greatly improved the appearance of the practice.

Are services well-led?

The provider 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

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

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

The principal dentists showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.