Mr. David Power

Mr David Power - Marske-by-the-Sea

Inspection Report

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Overall summary

We carried out this announced inspection on 29 October 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

Mr David Power - Marske-by-the-Sea, known as Resi-Dent dental practice, is in Redcar and provides NHS dental treatment to adults. The provider is contracted to provide dental treatment in patient's own homes, nursing and care homes (within domiciliary settings). The provider rents an office within a dental practice in Redcar, and there is an agreement with the dental practice to use their decontamination and clinical waste facilities.

Summary of findings

The dental team includes the principal dentist, a dental nurse and a practice manager who also carries out reception duties.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 23 CQC comment cards filled in by patients, their relatives and care home staff. These provided a highly positive view of the dental team, and of the care provided by staff.

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

The service operates:

Monday to Thursday 8.30am to 4.30pm

Friday 8.30am to 2.30pm**.**

Our key findings were:

- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available, and carried on all domiciliary visits.
- The provider had systems to help them manage risk to patients and staff. The provider should review their fire risk assessment and fire safety measures.
- The provider had suitable safeguarding processes. Staff understood their responsibilities and were clear on referral protocols. The provider and practice manager had not received training of the appropriate level in the safeguarding of vulnerable adults.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided domiciliary 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 supported patients to ensure better oral health. Any treatment that was not within the scope of the domiciliary service was explained and the patient referred elsewhere.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Improve the practice's risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, undertake a risk assessment of domiciliary premises and of fire safety for the office.
- Take action to ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that the dental nurse received safeguarding training of the recommended level; the provider had undergone safeguarding training to which the level was unknown and the practice manager had no formal training in safeguarding but was clear on their role and responsibility. We discussed the importance of receiving safeguarding training to the recommended level for all members of the dental team and we were assured this would be completed. 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 to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation (FGM).

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the provider followed their recruitment procedure.

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

The provider rented an office from a dental practice, and used their facilities and decontamination equipment. They had systems in place which helped ensure facilities and equipment were safe, and maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment was not carried out by the provider, in line with the Regulatory Reform (Fire Safety) Order 2005 requirements for the office. A written fire risk assessment was available for the dental practice; however, we were told that did not consider the office. We saw there were fire extinguishers and fire detection systems throughout the building, with the exception of the office. The provider and their dental team did not participate in any fire drills. The provider assured us they would review their fire safety provisions.

The provider did not carry out radiography, as these were not part of the domiciliary service provided. Patients were referred elsewhere for radiographs if required.

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 provider's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. Used sharps were either transported back to the dental practice or where appropriate disposed of within the care home.

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.

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

Are services safe?

Emergency equipment and medicines were available as described in recognised guidance. The glucagon medicine (used for a diabetic emergency) was stored at room temperature but not date adjusted in accordance with manufacturer instructions. We were assured this would be rectified. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentist 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. They did not take these risk assessments with them on visits, but assured us they would do so from now on.

The provider had an infection prevention and control policy and procedures for both domiciliary settings and the dental practice. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05). Staff completed infection prevention and control training and received updates as required.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. 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. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

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

The provider had an agreement with the dental practice to ensure their clinical waste was segregated, stored appropriately and collected in line with guidance. They had policies and procedures in place to support this.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit 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 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 stored in line 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

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

There was a suitable stock control system of medicines which were held on site and used on visits. 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 dentist was aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentist was following current guidelines.

Track record on safety, and lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons identified themes and acted to improve safety in the practice.

Are services safe?

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

The provider took into account guidelines as set out by the British Society for Disability and Oral Health when providing dental care in domiciliary settings, such as care homes or in people's residence.

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.

Clinical dental procedures provided during domiciliary visits include: oral assessment, extractions, fillings which do not require the use of rotary instruments, dentures and general pain relief.

Prior to a visit, the provider would informally risk assess their patients and the environment; they recognised they needed to make this system more formal.

The provider carried a domiciliary kit, which included dental instruments, personal protective equipment, a portable light, medical emergency drugs and equipment and paper work. The procedures to ensure all patient records were transported and stored securely were in line with national guidance. Patient leaflets were available for after care and preventive advice.

Helping patients to live healthier lives

The provider was aware of the importance of providing preventive care to ensure better oral health in line with the Delivering Better Oral Health toolkit. A referral system was in place for patients who would require preventive treatment and advice that was not part of the domiciliary service.

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.

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 dentist 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.

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. Due to the nature of the dental service provided, the dentist explained there was a regular need to assess the mental capacity of patients. This was done by viewing their care plans, discussions with patients, relatives and carers, and by informal assessments.

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

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance.

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The dentist was always supported by a dental nurse, both of whom had training in providing dental care in a domiciliary setting.

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

Are services effective?

(for example, treatment is effective)

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 domiciliary service could not provide.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections. A sepsis awareness poster was on the notice board in the office.

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.

Comments from patients, carers and relatives conveyed how satisfied they were with the provision of domiciliary care, and how staff provided an exceptional service. Comments included that staff were compassionate, caring, professional and patient during domiciliary visits. Treatment was provided in a manner to reduce anxiety, distress or discomfort. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients over the telephone.

Information folders, patient survey results and thank you cards were available.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality.

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:

- Interpreter services were available for patients who did not speak or understand English. We were told there was little need for these services.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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.

The practice met the needs of more vulnerable patients, for example, those with learning difficulties, autism, dementia or other long-term health conditions. For those with anxiety or dental phobia, the practice would arrange appointments at times convenient to the patient and ensuring a sufficient appointment length was provided.

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

The dentist had several patients for whom they needed to make adjustments to enable them to receive treatment. For example, they were aware that the patients' medical health could change at any time within a care home, meaning treatment could be delayed, postponed or cancelled.

Staff telephoned care homes and residences on the morning of their appointment to make sure patients were still able to have treatment.

Timely access to services

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

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.

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

The practice's information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily.

Listening and learning from concerns and complaints

The provider had a complaints policy providing guidance to staff on how to handle a complaint. They took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice manager was responsible for dealing with these and aimed to settle complaints as promptly and effectively as possible.

Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received. No complaints were received by the practice, informally or formally, within the previous 12 months .

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 the principal dentist had the capacity and skills to deliver high-quality, sustainable care. Staff at the practice had the ability to deliver the practice strategy and address risks to it. They were knowledgeable about the quality and future of services, understood the challenges and were addressing them.

The principal dentist and practice manager were approachable. Staff told us they all worked closely, emphasizing they were a team.

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

Culture

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

Staff stated they felt respected, supported and valued. They were proud to work in the practice. The practice manager explained the support, compassion and help provided by the principal dentist and dental nurse during a recent personal problem. The staff focused on the needs of patients.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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.

The dentist had overall responsibility for the management and clinical leadership of the practice, and the practice manager was 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 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

The provider involved patients, the public, staff and external partners to support high-quality sustainable services.

They used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The most recent practice survey results and FFT results were displayed on the staff notice board. 99% of patients felt the domiciliary service provided was excellent; 1 % said it was good.

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

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

Are services well-led?

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

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

The dental 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.