

Carillon Dental Care Ltd

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Inspection Report

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Date of inspection visit: 28 April 2017

Date of publication: 01/06/2017

Overall summary

We carried out this announced inspection on 28 April 2017 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

Carillon Dental Care Ltd is located in Loughborough, a town within the Charnwood borough of Leicestershire. It provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. There is no car parking available on site for patient use, but public car parking is available within short walking distance of the practice.

The dental team includes five dentists, six dental nurses (including two trainees), two dental therapists and a

Summary of findings

patient care coordinator who works as a receptionist. The practice also has a practice manager, assistant practice manager and a public relations manager. The practice has six treatment rooms.

The practice is owned by a company 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 the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Carillon Dental Care is the practice manager.

In January 2016, the Department of Health (DH) announced the launch of a prototype process as the next stage in the reform of NHS dentistry. Carillon Dental Care Ltd was one of 82 practices in England selected to take part in the Dental Prototype Agreement scheme. The practice has been testing new ways of providing NHS dental care with an emphasis on preventing future dental disease.

The practice management told us on the day of our inspection that they had been appointed to become a training practice for dentists new to general dental practice. This is due to commence in September 2017.

On the day of inspection we collected 24 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with 3 dentists, 2 dental nurses, 1 patient care coordinator, the practice manager and public relations manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Friday from 9am and closes at 5pm on Monday, Thursday and Friday. On alternate Tuesdays it closes at 7pm and 5pm and on Wednesday closes at 6pm.

Our key findings were:

- The practice ethos included the provision of high quality and comprehensive range of dental services to the patient population by offering a friendly and professional service.
- Effective leadership was provided by the provider with support from empowered practice management.

- Staff had been trained to deal with emergencies and appropriate medicines and life saving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected current published guidance.
- The practice had effective processes in place and staff knew their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had adopted a process for the reporting and shared learning when untoward incidents occurred in the practice.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice were aware of the needs of the local population and took this into account when delivering the service.
- Patients had access to treatment and urgent and emergency care when required.
- Staff received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice.
- Staff we spoke with felt supported by the provider and were committed to providing a quality service to their patients.
- The practice asked staff and patients for feedback about the services they provided. Information we obtained from 24 Care Quality Commission cards provided positive feedback.

We identified areas of notable practice.

- The Public Relations manager, who was previously qualified as a dental nurse, had attended over 100 local education establishments including childrens nurseries, schools and Sure Start centres (support services for disadvantaged families) to deliver oral health education amongst children. Feedback we reviewed praised the practice for the informative educational services delivered.
- The practice was responsive to the needs of those living in vulnerable circumstances. They provided dental care treatment to patients with drug and alcohol problems who were temporarily living in a local residential rehabilitation centre. The practice

Summary of findings

also provided treatment to young migrants who had recently arrived within the UK. We were shown positive feedback regarding the care and treatment delivered to these patients.

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?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve. The practice also recorded any positive incidents which demonstrated effective processes were in place.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent and efficient with helpful and informative advice given by staff. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

Are services caring?

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

We received feedback about the practice from 24 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, friendly, listened and took time to reassure patients who felt anxious about treatment. They said that they were given detailed explanations about their treatment options.

Whilst we saw that staff generally protected patients' privacy and were aware of the importance of confidentiality, we noted that two treatment rooms were adjacent and did not have doors which could be closed. This meant that conversations could be overheard in this area of the practice.

Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services (Community Language Service) and staff told us how they would help patients with sight or hearing loss.

Summary of findings

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. They also recorded any positive incidents which occurred which demonstrated that staff learning and processes were effective.

The registered manager explained that historically they had received national alerts about safety issues relating to medicines, equipment and medical devices from local commissioners and checked which were relevant to them and took action when needed. During our discussions with staff, we found that the practice were not aware of two relevant Medicines and Healthcare Products Regulatory Authority (MHRA) alerts issued within the past twelve months. The registered manager took immediate action to review the alerts and confirmed that these did not affect the practice. They also registered to receive safety alerts directly from the government website GOV.UK to ensure that all alerts could be promptly actioned.

Reliable safety systems and processes (including safeguarding)

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 practice 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 to the appropriate lead within the practice. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed

relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan (October 2016) describing how the practice would deal with events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Training last took place in November 2016.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

The practice staff had access to a panic button in the reception area and these were also installed on computers in treatment rooms.

Staff recruitment

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

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental therapists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed

Are services safe?

guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out an infection prevention and control audits twice a year. The latest audit in April 2017 showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which was undertaken in October 2015.

We saw cleaning schedules for the premises. The practice was clean when we inspected and feedback contained in patient comment cards included specific reference to the cleanliness of the practice. The practice manager met regularly with a representative from the cleaning company to monitor cleaning requirements and overall satisfaction levels.

Equipment and medicines

We saw servicing documentation for the equipment used. This included sterilisers, ultrasonic cleaning bath and most X-ray machines. We noted an exception in relation to the absence of service documentation for a portable hand held X-ray unit. We also found that two compressors which were newly purchased in January 2016 were overdue for annual

servicing. Compressors are used to pressurise atmospheric air for use in dental procedures. When we discussed the issues with practice management, we were informed that they had misinterpreted manufacturer guidance regarding servicing of the compressors. We were told that the absence of service for the portable X-ray unit was an oversight. Arrangements were immediately by practice management made for the equipment to be service and we were provided with information regarding this.

Staff carried out all other checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines. We saw that the practice used a fridge for the storage of a particular medicine used in the event of a patient emergency and for some other dental products. The practice had not adopted a system for the monitoring of the fridge temperature. This meant that staff might not be made aware if the fridge became faulty.

The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits annually following current guidance and legislation.

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

Are services effective?

(for example, treatment is effective)

Our findings

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. Dental care records we saw showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. These were carried out where appropriate during a dental health assessment.

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

The practice management explained to us that they were taking part in a dental prototype scheme led by the Department of Health to look at new ways of providing NHS dental patients with the care needed to improve oral health. Under the prototype scheme, the practice was paid according to the number of patients registered rather than according to the treatment provided. We were told this had enhanced their ability to practice preventative dentistry.

The practice asked all patients to fill in a medical history form and checked and updated this information at each check-up appointment. The prototype scheme required the practice to request additional information from patients including questions about their health, diet and smoking status.

Health promotion & prevention

The prototype scheme was based on preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children based on an assessment of the risk of tooth decay for each child.

The Public Relations manager, who was previously qualified as a dental nurse, had attended all the local childrens nurseries within the Borough, Sure Start centres

(support services for disadvantaged families) and the majority of primary schools. The purpose of these visits was to deliver oral health education amongst children. These visits commenced in June 2015 and were continuing at the time of our inspection. We were provided with extremely positive feedback received from a variety of the organisations visited which praised the practice for their informative educational sessions delivered.

Staffing

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

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included 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. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The dental team understood their responsibilities under the Mental Capacity Act 2005 when treating adults who might not be able to make informed decisions. Staff also referred to Gillick competence and they were aware of the need to consider this when treating young people under 16. Staff we spoke with described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were caring and friendly and took their time to engage with them including young children. We saw that staff treated patients respectfully, appropriately and kindly and were helpful to patients at the reception desk and over the telephone. Nervous patients said staff were compassionate and understanding.

The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it. We noted however that two of the treatment rooms were adjoining and did not have doors. This meant that conversations could be overheard in this area of the practice. We discussed this with practice management and they informed us they would consider options to minimise the risk of any discussions with patients being overheard.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Dentists described the conversations they had with patients to satisfy themselves they understood their treatment options. We were provided with an example whereby visual aids were used to help children understand their care and treatment.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease, orthodontics, cosmetic dentistry and more complex treatment such as implants.

The practice held an information folder on reception available for patients. This contained details about dental staff and their qualifications, the types of dental treatment available and associated charges.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day.

Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had patients registered for whom they needed to make adjustments to enable them to receive treatment. For example, patients who were identified as vulnerable were offered flexible and longer appointments to accommodate their needs.

The practice had developed a relationship with a local charity which provided support and accommodation to separated young people seeking asylum. The practice registered these patients and provided ongoing dental care. We were informed that these patients could have significant treatment needs due to having little or no dental care prior to their arrival in the UK. We reviewed positive feedback received from the charity which included reference to the welcoming dental staff and oral health education provided to these patients.

The practice also provided treatment to men challenged with homelessness due to addictions with drug and alcohol. The practice had developed a relationship with a local organisation which provided a residential rehabilitation centre to these vulnerable patients. We also reviewed positive feedback received from the organisation which made reference to the practice accommodating patients' needs which were varied and often severe.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, an automatic door control activated button and accessible toilet with a call bell. Patients who had mobility problems were allocated a surgery room on the ground floor and a note was placed on their records so staff were aware when future appointments were booked.

The practice had undertaken a Disability Discrimination Act Practice Assessment in June 2016. The assessment identified that staff had received training in the Equality Act 2010 so they were aware to give additional considerations to those patients with physical impairments and learning disabilities. The assessment also identified that the practice did not have an induction loop for hearing impaired patients. The practice told us they had made a decision to purchase one although this had not been obtained at the time of our inspection.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille. Staff also spoke Hindi, Gujarati and Polish.

Access to the service

The practice displayed its opening hours in the premises, within information literature and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept some appointment slots free on a daily basis. On the day of our inspection, we noted seven appointments which had been kept free. The practice advised patients to use the NHS 111 telephone number if they needed emergency treatment when the practice was closed. This information was provided on the practice's telephone answerphone message. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints' policy providing guidance to staff on how to handle a complaint. The practice information leaflet and website explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with

Are services responsive to people's needs?

(for example, to feedback?)

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

We looked at comments, compliments and complaints the practice received in the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice. The registered manager also worked as the practice manager and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. The practice manager maintained an electronic matrix which informed the practice when policies, procedures, training and audits were due for review.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was evident the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice was taking part in a dental prototype scheme led by the Department of Health to look at new ways of providing NHS dental patients with the care needed to improve oral health.

The practice was due to become a training practice for dentists new to general dental practice in September 2017.

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

The registered manager 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 told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used surveys to obtain patients' views about the service. Forms were handed out for completion to 20 patients per month and results analysed on a six monthly basis. We reviewed one of the patient satisfaction survey results from 2016. This showed that all patients were satisfied or very satisfied with the service received from the reception team. The survey acknowledged previous feedback regarding areas of the practice requiring updating and informed patients this had been addressed through the practice refurbishment plan.

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. This was advertised on the practice website. We reviewed findings which showed that during February, March and April 2017, 33 responses were submitted. Of these, 29 patients were extremely likely to recommend the practice and four were likely to.