

Oradi Ltd

Daventry Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 25 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not have any relevant information to share with us regarding this dental practice.

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

Daventry Dental Practice is located in premises situated in the market town of Daventry in Northamptonshire and provides mostly NHS (85%) treatment to patients of all ages.

There was stepped access for patients to the front door which made access difficult for people who use wheelchairs and pushchairs. However, alternative

Summary of findings

arrangements were available at another local dental practice. Car parking spaces, including for patients with disabled badges, are available outside the practice or at a number of free public car parks in the area.

The dental team includes four dentists; two hygienists; nine qualified dental nurses including the practice manager; two trainee dental nurses and two customer care staff. The practice has five treatment rooms, two of which are on the ground floor.

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 Daventry Dental Practice was the practice manager.

On the day of inspection we collected 14 CQC comment cards filled in by patients and spoke with three other patients. This information gave us a positive view of the practice.

During the inspection we spoke with four dentists, three dental nurses, one therapist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Thursday: 8:30 am to 5:30 pm; and Friday: 8 am to 4:30 pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- 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.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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.

Staff received training in safeguarding 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.

No action



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, kind and caring. 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.

No action



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 17 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, helpful and professional, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



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.

No action



Summary of findings

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone and face to face interpreter services and had arrangements to help patients with sight or hearing loss.

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.

No action



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. Every accident (there had been one in the year up to this inspection) had been investigated and the action taken as a result was recorded.

The practice had a serious incident reporting policy which had last been reviewed in December 2016. The policy directed staff to record, respond to and discuss all incidents to reduce risk and support future learning. The practice investigated every significant event and recorded the outcome. There had been no significant events in the year up to this inspection.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference. Records showed the practice received regular alerts and they were analysed by the practice manager. Minutes of clinical and staff meetings identified that MHRA alerts had been discussed and information shared with staff.

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. The practice manager was the identified lead for safeguarding in the practice. They had received training in child protection and safeguarding vulnerable adults to level three in May 2016. It was also practice policy that all dentists completed safeguarding training to level three. We saw evidence that all staff had completed safeguarding training to level two and had received regular updates.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination. The

practice manager said that one safeguarding referral had been made and this was being managed at the time of the inspection. We saw that the necessary action had been taken and that appropriate discussions with clinical staff had been held.

The practice protected staff and patients with a guidance for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed.

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. This included single use matrix bands and safety systems for using injection needles. The practice manager had audited the use of sharps at the practice in March 2016 and produced a report and risk assessment to guide staff. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We saw the practice had the necessary equipment to use rubber dams available for dentists.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. This had been reviewed in September 2016 and a copy was kept off site.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year, with the last training completed in March 2017. The provider staggered training throughout the year to ensure all staff received appropriate training. In addition staff involved in sedation services had received immediate life support training in line with the guidance relating to sedation.

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. Equipment included an automated external defibrillator (AED), medical oxygen and resuscitation equipment.

Are services safe?

The practice had two first aid boxes which was checked regularly and two members of staff had completed first aid at work training during 2016.

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 six staff recruitment files. These showed the practice followed their recruitment procedure.

We saw that every member of staff had received a Disclosure and Barring Service (DBS) check. Staff also completed an annual declaration that their DBS status had not changed.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The practice manager had a system to monitor that relevant staff were up to date with their registration and indemnity insurance cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed annually to help manage potential risk. These covered general workplace and specific dental topics. The practice manager was the lead person with overall responsibility for health and safety at the practice. The practice had current employer's liability insurance which was dated 1 August 2016. There were systems to check annually that the clinicians' professional indemnity insurance was up to date.

We saw that regular health and safety audits were completed. The practice had an automatic fire alarm system which was serviced regularly; this included automatic fire detection and emergency lighting.

A dental nurse worked with the dentists, dental hygienists 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 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 with the next update booked for June 2017.

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 infection prevention and control audits twice a year. The latest audit which was completed in October 2016 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 had been completed on 21 April 2016 by an external contractor.

There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received boosters when required.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. This included PAT testing of the electrical equipment in December 2016; the landlord's gas safety certificate dated 13 October 2016; servicing of the fire extinguishers in July 2016 and servicing of the compressor which produced the compressed air for the dental drills had been completed in June 2016. This was in accordance with the Pressure Systems Safety Regulations (2000). The autoclaves in the practice had last been serviced February 2016.

The practice had suitable systems for prescribing, dispensing and storing medicines. However, labels on dispensed medicines were hand written which did not follow the relevant guidance. The practice manager said the practice would review their use of prescription labels.

The practice stored and kept records of NHS prescriptions as described in current guidance. We saw there were secure systems in although the practice did not keep a log of the prescription pads. The practice manager said they would look into this to maintain an audit trail to enable staff to track prescriptions.

Are services safe?

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. All X-ray machines had been serviced in January 2017 in line with requirements from the Ionising Radiation Regulations 1999 (IRR 99).

The practice had five intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth) and one extra-oral X-ray machine (an orthopantomogram

known as an OPG) for taking X-rays of the entire jaw and lower skull. The OPG was also able to take cone beam topography (CT scans) images which assisted dentists when placing implants.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation. The last X-ray audit was dated 9 December 2016.

Clinical staff completed continuous professional development in respect of dental radiography as required by the General Dental Council (GDC).

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dental care records were held on an electronic records system. The dentists assessed patients' treatment needs in line with recognised guidance.

The dental care records showed that dentists assessed the patients' periodontal tissues (the gums) and soft tissues of the mouth. The dentists used the basic periodontal examination (BPE) screening tool.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. The latest audit was dated March 2017 and we saw that the results had been analysed and discussed with individual clinicians.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.'

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 dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. We saw evidence of this in dental care records. Patients were signposted towards the NHS stop smoking service in line with National Institute for Health and Care Excellence (NICE) guidelines. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. Free samples of toothpaste were also available.

Staffing

The dental team includes four dentists; two hygienists; nine qualified dental nurses including the practice manager; two trainee dental nurses and two customer care staff. Before

the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Staff new to the practice had a period of induction based on a structured induction programme which included shadowing experienced staff. We confirmed clinical staff completed the continuous professional development (CPD) required for their registration with the General Dental Council. The practice manager had a computer system to track individual staff members' CPD.

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

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. These included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Care Excellence (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.

The practice provided a sedation service. However, staff said this was rarely used as patients were given the option to go to a sister practice in Wellingborough. This was a more established sedation service. When offered this option patients usually decided to be treated in Wellingborough.

Children or patients with special needs who required more specialist dental care were referred to the community dental service. The practice made referrals for NHS orthodontic treatment.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. There was a consent policy which had been reviewed in December 2016. 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

Are services effective?

(for example, treatment is effective)

their dentist listened to them and gave them clear information about their treatment. We saw some examples where dentists had recorded this information in dental care records.

The practice had a detailed consent policy which included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence

and the dentists and dental nurses were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. The practice offered both NHS and private treatments. We saw there were arrangements to record patients' consent whichever type of treatment they were receiving.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff had a professional caring approach and were helpful and friendly. We saw that staff treated patients with respect, were polite, professional and caring at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. 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.

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

Radio was available in the treatment rooms and there were magazines and a television in the downstairs waiting room. The practice provided drinking water on request, although consideration was being given to getting a water dispenser.

Information posters and leaflets, patient survey results and thank you cards were available for patients to read in the waiting rooms.

Involvement in decisions about care and treatment

The practice offered mostly NHS treatments (85%). The costs for both NHS and private dental treatment were displayed on the practice website.

The practice gave patients clear information to help them make informed choices about their treatment options. Patients confirmed that staff listened to them, did not feel rushed and were able to ask questions.

Patients told us staff were friendly and efficient when they were in pain, distress or discomfort.

The practice's website and leaflets within the practice provided patients with information about the range of treatments available. These included general dentistry and treatments including dental implants, cosmetic dentistry and dentures provided by this practice.

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. This was through comment cards and when speaking to patients in the practice. Some patients said they were nervous, but staff at the practice took time and effort to put them at ease.

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. We reviewed scheduled appointment times against when the patient was seen. This identified that patients were seen on time. The practice manager audited waiting times annually to assess individual performance.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. This included making ground floor treatment rooms available. There were alternative arrangements available for patients who could not physically access the building.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included providing ground floor treatment rooms and a hearing loop. The building in which the practice was located presented a number of challenges for patients with restricted mobility as there were steps up to the front door and no ramp available. This was due to the premises being in a listed building. As a result modifications had been refused. However, the practice was aware of these challenges and had made arrangements for patients to be referred to another local practice which had level access.

Staff said they had access to a specialist company who provided interpreter and translation services which included British Sign Language. However, the NHS funding for this service had been cut and the practice was sourcing alternative arrangements.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website. Patients were able to use an on-line booking system through the practice website.

We confirmed the practice kept waiting times and cancellations to a minimum. Patients were sent an e mail or text message reminder before their appointment was due.

The practice was committed to seeing patients experiencing pain on the same day and made appointments available for same day appointments. The details of an out-of-hours service were displayed outside the practice. The website, information leaflet and answerphone also 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 and were rarely kept waiting for their appointment.

The provider had a website: www.oradi.co.uk. This allowed patients to access the latest information or check opening times or treatment options on-line.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. This was being reviewed and rewritten following staff attending a complaints handling workshop in March 2017. The practice complaints information leaflet explained how to make a complaint. A detailed procedure was on display in the waiting room which identified other agencies patients could contact should they remain dissatisfied. The customer complaints 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 them in person to discuss these. 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 year up to this inspection. The

Are services responsive to people's needs?

(for example, to feedback?)

practice had received ten complaints. 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 practice manager was the registered manager and had overall responsibility for the management and leadership of the practice. This included 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. All policies and risk assessments were reviewed on an annual basis, and we saw that they had been reviewed within the 12 months before this inspection. These included arrangements to monitor the quality of the service and make improvements. The practice had a detailed schedule of audits of both clinical and non-clinical aspects of the service. We saw that audits were analysed and learning and action points were recorded.

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

The practice was part of a larger organisation and we saw that there was support and monitoring from outside the practice to ensure governance targets were met.

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. The practice manager gave an example of where this had been put in to practice.

Staff told us there was an open, no blame culture at the practice. They said the organisation 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. We saw examples of concerns raised at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings for clinical staff and full staff meetings three monthly where staff could raise any concerns and discuss clinical and non-clinical updates. Meetings were minuted and those minutes were available to all staff. Immediate discussions were arranged to share urgent information.

Learning and improvement

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 practice was completing a range of audits to assess the quality of the service provided and to identify areas for improvement.

The organisation showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. We saw examples where the provider had supported staff to attend training courses and supported individuals' personal development. 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. We saw that the practice funded external training courses for staff when a developmental need was highlighted in their appraisal.

We saw that trainee dental nurses were enrolled on college courses and received the support and encouragement they required from the practice.

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.

We saw evidence that staff were completing a range of training courses, and this was supported by the practice to ensure the development of staff skills.

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

The practice used a range of means including patient surveys, a comments book and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on, for example a handrail had been installed by the front door and a large print poster of the NHS prices had been put on display in the waiting rooms.

The results of patient surveys were displayed in the waiting room with graphs to make understanding the results easier.

Are services well-led?

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.

There were 320 patient reviews recorded on the NHS Choices website. The reviews were overwhelmingly positive. The practice had not provided a written response to the patient comments.

Patients could also leave feedback through the practice website at: www.oradi.co.uk.