

Disa Dental Limited

Matlock Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 4 May 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

The dental practice is located in premises in the centre of Matlock in the Peak District of Derbyshire. The practice provides mainly NHS treatment (95%) to patients of all ages.

There is stepped access for patients to the front door which made access difficult for people who use wheelchairs and pushchairs. The provider has another practice a short distance from this practice which has

Summary of findings

level access. Therefore, patients who are unable to manage the stairs are referred to the sister practice. There is limited car parking spaces in the area including a pay and display car park at the railway station approximately a quarter of a mile from the practice.

The dental team includes four dentists; two hygiene therapists; one hygienist; five qualified dental nurses including the practice manager; one receptionist; and one trainee dental nurse. The practice has four treatment rooms, one of which is on the ground floor, although not at street level.

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 practice has two registered managers, one being the practice manager.

On the day of inspection we collected 19 CQC comment cards filled in by patients and spoke with two other patients. This information gave us a positive view of the practice.

During the inspection we spoke with dentists, dental nurses, 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 Friday: 7:45 am to 4:45 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. There was a recognised lead person for safeguarding matters in the practice.

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, courteous and kind. 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 21 people. Patients were positive about all aspects of the service the practice provided. They told us staff were skilled and professional. They said that they were given an excellent service when undergoing any treatment and the dentist always explains what they are doing. Patients also 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.

No action



Summary of findings

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 both 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 five in the year up to this inspection) had been analysed, investigated and the action taken as a result was recorded.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice investigated every significant event and recorded the outcome. There had been eight significant events in the year up to this inspection. Records within the practice showed significant events had been analysed and discussed with staff in team meetings.

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. If relevant alerts were discussed in staff meetings to follow up the internal messaging system where information was shared.

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 safeguarding policies had been reviewed in August 2016. The practice manager was the identified lead for safeguarding in the practice. All clinical staff including the practice manager had received safeguarding training to level two in June 2016.

The practice manager said one safeguarding referral had been made to the local authority in April 2017. We saw that the referral was documented and had followed the practice policy.

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 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. In addition every computer in the practice had a link to the COSHH folder to allow quick and easy access to information.

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 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 for the use of rubber dams available for dentists. Sharps bins were wall mounted and located out of reach of patients and small children.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. A copy was displayed on the staff room notice board for reference, and additional copies were held 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 having been completed in June 2016. The practice held copies of training certificates for this training for all staff.

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 a first aid box which was checked regularly and two members of staff had completed first aid at work training during February 2016. A poster in the waiting room informed patients of the first aid arrangements in the practice

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff safely. This reflected the relevant legislation. We looked at five staff recruitment files. These showed the practice followed their recruitment procedure and had taken steps to ensure patient safety was maintained.

We saw that every member of staff had received a Disclosure and Barring Service (DBS) check.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The practice manager had an electronic system to monitor that relevant staff were up to date with their registration and indemnity insurance cover. This prompted the practice manager to check each staff member's records.

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 and checked each year that the clinicians' professional indemnity insurance was up to date and due for renewal on 26 September 2017.

We saw that six monthly health and safety audits were completed.

The practice had an automatic fire alarm system which was serviced regularly. The system included automatic fire detection and emergency lighting. The practice was making arrangements to upgrade the fire alarm system. We saw the practice held an annual fire drill with the last one having been completed in June 2016.

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. We saw that clinical staff completed infection prevention and control training every year, with training certificates held on file.

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 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 had been completed on 25 February 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. We saw the practice had taken additional steps to ensure cleaning standards within the practice; this included cleaning audits and action plans plus detailed guidance for cleaning staff.

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 (August 2016); servicing of the fire extinguishers (October 2016) and servicing of the compressor which produced the compressed air for the dental hand pieces (April 2017). This was in accordance with the Pressure Systems Safety Regulations (2000). The practice had an up to date Landlords gas safety certificate dated 15 August 2016. In addition the autoclaves had also been serviced in April 2017.

Are services safe?

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance. This enabled dental staff to maintain an audit trail and have accountability.

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. Records showed the X-ray machines had last been serviced in April 2017 which was

within the recommended time frame. Documentation within the practice showed that new X-ray equipment had been checked to ensure it was safe and working correctly following installation.

The practice had four intraoral X-ray machines.

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 August 2016.

Clinical staff completed continuous professional development in respect of dental radiography as required by the General Dental Council (GDC). Training certificates for the relevant staff were held on file in the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed electronic 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. The practice used electronic signature pads to enable medical histories to be added to the electronic dental care records.

The dentists assessed patients' treatment needs in line with recognised guidance. Using the basic periodontal examination screening tool.

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

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.' We saw a copy of this document was available in the practice for staff reference. The practice had held a meeting in March 2017 to discuss the 'Delivering better oral health' document. During the meeting staff reviewed how the practice implemented the recommendations contained within.

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. 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 practice had four dentists; two hygiene therapists; one hygienist; five qualified dental nurses including the practice manager; one receptionist; and one trainee dental nurse.

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. This included an extended period of shadowing more experienced staff. 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 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 did not provide a sedation service. Therefore if a patient required sedation they were referred elsewhere either to a dental practice who provided sedation or to one of the local hospitals who provided this service. 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 had a consent policy which was reviewed following this inspection. The updated version referenced the Mental Capacity Act 2005 (MCA) and Gillick competencies. 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. We saw some examples where dentists had recorded this information in dental care records. The practice used the standard NHS consent form,

Are services effective?

(for example, treatment is effective)

the FP17 DC form to record the treatment plan and patients' consent. This was available in a digital version which could be uploaded into the patients' electronic care records.

Discussions with members of the dental team showed they understood their responsibilities under the MCA when treating adults who may not be able to make informed decisions. The practice had detailed information and

guidance for staff with regard to treating patients aged under 18 years. This included 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.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were friendly, always helpful and caring. 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. Patients could choose whether they saw a male or female dentist as both were available at the practice.

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.

There were magazines and a television in the downstairs waiting room. The practice provided drinking water on request.

Information posters, leaflets and patient survey results were available for patients to read on the notice board in the waiting room.

Involvement in decisions about care and treatment

The practice offered mostly NHS treatments (95%). The costs for both NHS and private dental treatments were displayed in the practice and 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, they did not feel rushed and were able to ask questions.

Patients told us staff tried to help as much as possible making arrangements for patients to be seen as soon as possible when in pain or discomfort and always treating patients with respect.

The practice's website provided patients with information about the range of treatments available at the practice. This was in the form of leaflets and posters in treatment rooms and the waiting room. 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.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that emergency appointment slots were available every day, and these were only bookable on the day. This allowed patients who required an urgent appointment to be 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 some patients for whom they needed to make adjustments to enable them to receive treatment. This included making ground floor treatment rooms available. For patients who could not manage the stairs outside the practice alternative arrangements were available at a nearby practice run by the same provider.

Staff told us that they telephoned some older patients the afternoon before their appointment to make sure they could get to the practice.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included providing ground floor treatment rooms and a hearing loop. The stairs outside the practice had handrails to assist patients with restricted mobility.

Access to the practice had been audited on an annual basis and the results analysed. The most recent audit had been completed in September 2016. The audit identified the difficulties for wheelchair users to access the practice, and the alternative arrangements in place.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to a specialist company who provided interpreter and translation services which included British Sign Language.

Access to the service

The practice displayed its opening hours outside the premises, in 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.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments slots free for same day appointments. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. This included the NHS 111 telephone number. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

The practice sent patients text message or e mail alerts to mind them when their appointment was due.

The provider had a website: www.genesisdentalcare.com. 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 information was available to patients in the information folder in the waiting room. The policy identified other agencies patients could contact should they remain dissatisfied. The practice manager was responsible for dealing with complaints at the practice. 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 practice had received 24. The practice manager said the number of complaints received reflected the policy of openness and honesty at the practice. Documentation showed the practice responded to concerns appropriately.

Are services responsive to people's needs?

(for example, to feedback?)

and discussed outcomes with staff to share learning and improve the service. The documentation also showed that apologies had been given and the practice had handled the complaints in an open and honest manner.

Are services well-led?

Our findings

Governance arrangements

There were two registered managers, the practice manager and a director of the company running the practice. The practice manager 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.

There was a comprehensive set of policies, procedures and risk assessments to guide staff and we saw that information was freely accessible to all staff. The policies and procedures supported the management of the service and protected patients and staff. These included arrangements to monitor the quality of the service and make improvements. We saw that policies and risk assessments had been reviewed at various times in the year up to this inspection.

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. The practice manager gave an example of where this had been demonstrated following a clinical issue. A copy of the duty of candour policy was on display in the waiting room.

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 clear the practice worked as a team and dealt with issues professionally.

The practice had a whistleblowing policy which had been reviewed in March 2017. This was fully accessible to staff in the practice. The policy supported staff to raise any concerns about a colleague's performance or conduct.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Meetings were minuted and those minutes were available to all staff. The minutes identified that significant events had been discussed and policies shared with staff prior to the meeting ready for discussion. 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. However, we saw many other areas of the practice such as cleaning, patient satisfaction and access had also been audited. Audits 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. Examples of improvements made following audits included replacing the flooring in the decontamination room, improving the air flow in the same room and wall mounting glove and sharp boxes.

The provider 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.

In-house training for staff showed that systems were interactive with staff providing feedback and completing questionnaires to evidence learning and understanding.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year and we saw training certificates as further evidence. 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 in staff files and through staff discussions 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

Are services well-led?

The practice used a range of means including patient surveys and verbal comments to obtain staff and patients' views about the service. The practice also had an annual targeted satisfaction survey for patients. The most recent survey had been completed in August 2016. We saw examples of suggestions from patients the practice had acted on, for example the practice had reviewed how telephones were answered in response to patients' comments about waiting times for the telephone to be answered.

The practice used a staff survey to capture staff views with the latest one having been completed in December 2016.

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. We saw the practice manager audited the FFT results every three months and results were discussed in staff meetings.

There were three patient reviews recorded on the NHS Choices website, one within the 12 months before this inspection. All three reviews were positive. The practice had not responded to the patient comments.

Patients could also leave feedback through the practice website at: www.genesisdentalcare.com.