

Quality Dental Care Limited

Desborough Dental Surgery

Inspection report

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Overall summary

We carried out this announced focused inspection on 25 October 2022 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 practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (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 five key questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

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

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies and appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- There was effective leadership and a culture of continuous improvement.

Summary of findings

- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.

Background

Desborough Dental Surgery provides both NHS and private dental care and treatment for adults and children. In addition to general dentistry, the practice provides a dental implant service from a visiting specialist.

The practice has made reasonable adjustments to support patients with additional needs. There is full access to the practice via a ramp for people who use wheelchairs and those with pushchairs, and an accessible toilet. Car parking is available directly outside the premises.

The dental team includes 2 dentists, 1 dental therapist, 1 dental hygienist, a practice manager and 3 qualified dental nurses. The practice has 4 treatment rooms.

During the inspection we spoke with the practice manager, a compliance consultant, 1 dentist, 2 dental nurses and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Mondays to Fridays from 8.30am to 5pm. The practice has been commissioned to open on a Saturday as part of a scheme to improve access and appointments to NHS dental care.

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

- Improve the practice's protocols for medicines management and ensure all labels on medicines dispensed to patients have the correct information on them.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Staff had completed appropriate training and we noted information about protection agencies around the practice making it easily accessible to both patients and staff. Staff understood the importance of identifying children who had not been brought for their dental appointments, as a possible safeguarding concern.

The practice had infection control procedures which reflected published guidance. The practice did not have a washer disinfectant or ultrasonic bath, so staff manually scrubbed instruments prior to them being sterilised. We advised them that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. We noted that recommendations from the most recent legionella survey had been implemented.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the premises were kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. Staff records we reviewed demonstrated that appropriate pre-employment information had been obtained. One staff member described their recruitment process and induction to their role as thorough.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions.

A fire risk assessment had been carried out in line with the legal requirements and the management of fire safety was effective.

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

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were available and checked in accordance with national guidance. Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Medical emergency scenarios were discussed at practice meetings to help staff keep their knowledge and skills up to date.

The practice had risk assessments to minimise the risk that could be caused from substances that were hazardous to health. We noted that these had been regularly reviewed and updated.

Closed circuit TV had been installed in the reception area to provide additional security for staff and patients, and appropriate signage was in place warning of its use.

Are services safe?

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines and prescriptions, and patient group directions were in place for the dental therapist to administer local anaesthetic if needed. However, we noted that the practice's name and address was not included on the label on medicines dispensed to patients.

Glucagon was kept in the practice's fridge, and its temperature was monitored daily to ensure it was operating correctly. Antimicrobial prescribing audits were carried out to ensure clinicians followed nationally recommended guidelines.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

Track record on safety, and lessons learned and improvements

The practice had implemented effective systems for reviewing and investigating incidents and accidents. Adverse incidents were a standing agenda item at the monthly practice meeting so that any learning from them could be shared across the staff team.

There was a system for receiving and acting on national patient safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

The practice offered dental implants and we saw the provision of them was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. We noted good information for patients included in a folder in the waiting area about caries, gum disease and oral self-examination.

The practice sold dental products such as interdental brushes, toothpaste and mouthwash. A hygienist and therapist were employed to assist patients in the management of their gum disease.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the requirements of Gillick competency in relation to younger patients.

Monitoring care and treatment

The practice kept detailed dental care records in line with recognised guidance.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every six months following current guidance and legislation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff told us they had enough time for their role and did not feel rushed in their work.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment. Patient referrals were monitored to ensure their timely management.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff were clear about the importance of emotional support needed by patients when delivering care and gave us specific examples of where they had gone out of their way to support patients. Some staff had recently undertaken a learning disability autism course to increase their awareness of these conditions.

The practice manager told us she was working with a local care home to get its residents in most dental need an appointment. We noted the receptionist showed great care and patience with one older patient who visited during our inspection.

We viewed several feedback surveys and noted that patients had commented positively on staff's friendly and caring attitude.

Privacy and dignity

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

Staff password protected patients' electronic care records and backed these up to secure storage. Written records such as patients' medical histories were either completed online or scanned into their electronic notes.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave them clear information to help them make informed choices about their treatment.

Staff described to us the methods they used to help patients understand treatment options discussed. These included the use of study models, X-ray images and treatment plans.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice had made good adjustments for patients with disabilities which included ramp access, a fully accessible toilet and downstairs treatment rooms. However, it did not provide a hearing induction loop to assist those patients with hearing aids.

Timely access to services

At the time of our inspection, the practice was able to take on new patients, and a new dentist had just been employed to help increase the number of appointments available. Emergency appointments were available each day and the practice also offered a 'sit and wait' service for patients in dental pain who needed an urgent appointment.

The practice had been commissioned to open on a Saturday as part of a scheme to improve access and appointments to NHS dental care.

The practice offered a text and telephone appointment reminder service to patients.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service, evidence of which we viewed in practice meeting minutes. We reviewed the management of two recent complaints and noted they had been dealt with in a timely and professional way.

Are services well-led?

Our findings

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

Leadership capacity and capability

The principal dentist had overall responsibility for the clinical leadership and was well supported by the practice manager who oversaw that day to day running of the service. We received positive comments about their leadership and management skills. Very minor shortfalls we identified both before and during our inspection were addressed immediately, demonstrating staff's commitment to improvement.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities. At the time of our inspection, plans were in place to give additional training to the head dental nurse to take on the lead role in infection control and legionella management.

Culture

The practice demonstrated a transparent and open culture in relation to people's safety.

Staff stated they felt respected and valued, citing good communication and teamwork as the reasons. They told us the principal dentist and manager were approachable, supportive and listened to them.

Staff discussed their training needs during annual development reviews. They also discussed learning needs, general wellbeing and aims for future professional development.

Governance and management

Staff had clear responsibilities roles and systems of accountability to support good governance and management. In addition to this, the practice commissioned the services of a governance consultant who visited every 3 months to advise on the management of the service.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis by the practice's administrator.

The information and evidence presented during the inspection process was clear and well documented.

Communication systems in the practice were good with regular staff meetings, daily huddles and a social media platform to ensure key information was shared.

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

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients using specific surveys and a suggestion box in the waiting room. We viewed a sample of surveys that had been completed in August 2022 and noted high levels of patient satisfaction with the service.

The practice gathered feedback from staff through meetings, appraisals and informal discussions. Staff told us their appraisals were useful and they received feedback about their performance.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, continuous improvement and innovation.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. Training records we reviewed showed that staff had completed all essential training.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, hand hygiene, and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.