

City Dental Practice

The City Dental Practice

Inspection Report

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Date of inspection visit: 2 December 2019

Date of publication: 20/01/2020

Overall summary

We carried out this announced inspection on 2 December 2019 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a 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 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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

City Dental Practice is in Leicester City, in the East Midlands and provides mostly NHS and some private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. There are no patient car parking facilities, but on street parking is available outside the practice. This includes spaces for people with disabilities.

The dental team includes eight dentists, one visiting implantologist, four dental nurses, three trainee dental nurses, two dental hygiene therapists, two receptionists and a practice manager. The practice has five treatment rooms; three are on ground floor level.

Summary of findings

The practice offers general dentistry services and dental implants. At the time of our visit, they were accepting new NHS patients.

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

On the day of inspection, we collected 14 CQC comment cards filled in by patients.

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

The practice is open: Monday, Tuesday, Wednesday, Thursday and Friday from 8am to 4pm and Saturday from 9am to 12.30pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Caring and responsiveness was at the forefront in this practice. This was demonstrated by staff who provided treatment for vulnerable patients.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs. A Saturday clinic was open to help those with children attend outside of school hours.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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

- Review guidance regarding basic periodontal examination (BPE) from the British Society of Periodontology.

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)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The lead for safeguarding was the principal dentist. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water

systems, in line with a risk assessment dated April 2018. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

The practice utilised a self-employed cleaner to maintain the general areas of the premises and staff shared cleaning responsibilities within the treatment rooms. We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

The provider carried out infection prevention and control audits twice a year. The latest audits in February and August 2019 showed the practice was meeting the required standards.

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

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. We saw evidence of this noted in patient records.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for locum staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. We saw service records dated within the previous 12 months.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

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

Are services safe?

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

Clinical staff completed continuing professional development in respect of dental radiography. We noted that two of the dentists had not yet updated their training in IRR 2017. We were assured that this update training was planned to be undertaken shortly.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus. We found that the effectiveness of the vaccination had been checked for most staff. We noted exceptions in relation to some dental nurses as their immunity levels were not recorded. The practice had not been aware that a risk assessment was required. Following our inspection, this was immediately implemented whilst the information was sought.

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Training was last undertaken in October 2019. We noted that one member of the team had been absent for the training. The provider told us that they would ensure that they also completed the training. Following our visit, we were sent details of a course that the dentist had been booked on to attend.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept regular records of their checks of these to make sure they were available, within their expiry date, and in working order. We found that the defibrillator pads had recently expired and therefore required replacement. We were informed that this had been an oversight and we noted that new pads were immediately ordered.

A dental nurse worked with the dentists and the hygiene therapists when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice occasionally used locum staff. We noted that the one locum staff member had received an induction to ensure they were familiar with the practice's procedures.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

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

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored NHS prescriptions securely as described in current guidance. We found there was scope

Are services safe?

to improve monitoring arrangements to ensure that staff could identify if an individual prescription was taken inappropriately. Following our visit, we were informed that a tracking tool had been implemented.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety

issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

Where there had been safety incidents, we saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again. For example, following a patient faint, a learning point included for staff to check if a patient had eaten prior to treatment.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

We received positive comments from patients about treatment received. Patients described the treatment they received as 'very satisfactory', 'excellent' and delivered by dentists who 'took great care'.

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. These were placed by a visiting clinician who had undergone appropriate post-graduate training in the provision of dental implants.

Staff had access to technology and equipment available in the practice, for example an intra-oral camera, cerec machine and orthopantomogram machine (OPG) to enhance the delivery of care.

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. The practice was based in an area that had a mix of ethnic groups and levels of deprivation.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. We saw records that showed children who had higher levels of decay were recalled more frequently. Information was displayed for patients regarding fluoride and this was also referred to on the practice's website.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to

live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate. We saw information displayed for patients in the waiting area which included local contact details for a service. One of the dentists provided an example where they had directly helped a patient with improving their health; this was in relation to a patient who was keen to stop smoking. The principal dentist told us how they were sensitive of individual patients' needs and tailored care and treatment accordingly.

The clinicians described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. We noted that Basic Periodontal Examinations were undertaken for patients aged from 12 years old and not the age of seven, as recommended in guidance.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice. Two dental hygiene therapists were utilised by the practice; when necessary, referrals to them were made.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff we spoke with were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who were looked after.

The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment. One patient told us 'everything is explained to me' and another said they were 'given options and these were well explained'.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under

Are services effective?

(for example, treatment is effective)

the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. There was a focus on team work in the practice. Staff had lead areas of responsibility, for example infection control. Staff also provided support in any practice administration issues when the practice manager was not present. Trainee dental nurses were supported by the team in their duties.

Staff new to the practice including locum staff had a structured induction programme. We confirmed clinical staff completed the 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.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were 'caring', 'kind' and 'pleasant'.

We saw staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

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

An information folder was available for patients to read in the waiting area. Clini-pads were in use for patients to complete their information.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the two waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. There was a separate room behind the reception desk where telephone calls were made. This helped ensure patient confidentiality.

The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

We looked at how staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act.

The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English.
- Icons on the practice computer system notified staff if patients had specific requirements or a disability.
- Staff told us they communicated with patients in a way they could understand. Not all staff were aware of how to obtain information in different forms, if required, such as easy read or braille.
- The surgery doors had braille imprinted on them.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, study models, videos, X-ray images and an intra-oral camera. The intra-oral camera enabled photographs to be taken of the tooth being examined or treated and these were shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

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 organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society.

The practice was situated close to the Inclusion Practice in Leicester and therefore some patients who were homeless or marginalised attended for their dental care needs at the practice. The practice also provided treatment for some patients who had used the Dawn Centre in Leicester. The Dawn Centre project provides temporary accommodation, support, advice and assistance on housing health, life skills and education for homeless people.

The practice also provided treatment for some patients who had alcohol and drug related health problems.

We were provided with specific examples of how care was tailored to meet those patients' needs.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

14 cards were completed, giving a patient response rate of 28%.

100% of views expressed by patients were positive.

Common themes within the positive feedback were the friendliness and kindness of staff and they referred to an 'excellent service' that was provided.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Patients with mobility problems or those who used wheelchairs were seen in a ground floor treatment room.

The practice had made mostly reasonable adjustments for patients with disabilities. This included step free access and accessible toilet with hand rails and a call bell. The practice did not have a hearing loop installed. One member of staff told us that there was one patient who had hearing problems and they were able to lip read.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff contacted patients in advance of their appointment, based on their preference of communication to remind them to attend.

Timely access to services

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

The practice had opened a Saturday clinic to help those with children attend outside of school hours.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept unduly waiting.

Patients were directed to the appropriate out of hours service, NHS 111 outside of usual opening hours.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

Staff told us the practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet and information folder explained how to make a complaint.

The practice manager was responsible for dealing with complaints. 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 aimed to settle complaints in-house and told us they would invite patients to speak with them in person to discuss these, if appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the previous 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

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

The provider demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight issues or concerns. The information and evidence presented during the inspection process was clear and well documented. They could show how they sustain high-quality sustainable services and demonstrate improvements over time.

Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care.

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

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

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

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

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at an annual appraisal and during meetings with the provider. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. For example, the practice was based in an area that had a mix of ethnic groups and levels of deprivation. Care and treatment were also provided for vulnerable people living within the local community.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We noted that complaints were fully investigated and as part of this, discussions were held with complainants and staff involved. A learning point identified from a complaint resulted in an additional control measure being implemented to ensure the security of patients' information.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

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

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

We saw there were clear and effective processes for managing risks, issues and performance. Regular staff meetings were held for all staff, there were also separate meetings for dental nurses and dentists.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS BSA performance information, surveys, audits and external body reviews was used to ensure and improve performance. Performance information was combined with the views of patients.

Are services well-led?

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

Engagement with patients, the public, staff and external partners

Staff involved patients, staff and external partners to support the service.

The provider used patient surveys and encouraged verbal comments to obtain patients' and staff views about the service.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, different clini-pads were purchased following staff feedback that those that were in use, were not working as effectively as required.

Continuous improvement and innovation

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

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

The practice was also a member of a good practice certification scheme.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, periodontal, occlusal, antibiotic, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, one of the dental nurses was involved in the ongoing work for safeguarding procedures at the practice. They had liaised with the practice's software company and obtained a new alert that could be used on the system, if required.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.