

Deacon Dental Ltd

Deacon Dental Limited

Inspection Report

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Overall summary

We carried out this announced inspection on 1 June 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 Cheshire and Merseyside area team that we were inspecting the practice. We did not receive any information from them.

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

Deacon Dental Limited is close to the centre of Widnes and provides treatment to patients of all ages on an NHS and privately funded basis.

The provider has installed a ramp at the entrance to the practice to facilitate access for wheelchair users. Car parking is available near the practice.

The dental team includes five dentists, four dental hygienist / therapists, 11 dental nurses, of whom four are

Summary of findings

trainees, four receptionists, and an administration clerk. The practice has five treatment rooms. The practice also offers orthodontic treatment provided by a Consultant in orthodontics.

The practice is owned by a company and as a condition of registration must have in place a person registered with the Care Quality Commission as the registered manager. Registered managers have a 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 Deacon Dental Limited is the principal dentist.

We received feedback from 34 people during the inspection about the services provided. The feedback provided was positive about the practice.

During the inspection we spoke to three dentists, six dental nurses and two receptionists. We looked at practice policies, procedures and other records about how the service is managed.

The practice is open: Monday and Thursday 8.30am to 5.00pm, Tuesday 8.30am to 9.00pm, Wednesday 8.00am to 7.00pm and Friday 8.30am to 4.00pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medical emergency medicines and equipment were available.
- The practice had safeguarding processes in place and staff knew their responsibilities for safeguarding adults and children.
- Staff provided patients' care and treatment in line with current guidelines.
- The practice had a procedure in place for dealing with complaints.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took patients' needs into account. Dedicated emergency appointments were available.
- The practice had a leadership structure. Staff felt involved and supported and worked well as a team.

- The practice asked patients and staff for feedback about the services they provided.
- The practice had systems in place to help them manage risk. These could be improved.
- The practice had staff recruitment procedures in place which could be improved.

We identified areas of notable practice which had a positive impact on patient experience and health outcomes.

The practice was currently in the process of establishing a patient participation group.

Staff told us that they currently have individual patients for whom they need to make adjustments to enable them to receive treatment. Staff described numerous examples of this including agreeing best appointment times for patients with learning difficulties and complete flexibility with patients undergoing treatment for cancer.

The practice had also considered and responded to the needs of vulnerable groups, for example, children requiring emergency appointments were always seen the same day regardless of whether they were a patient of the practice or not.

Children and vulnerable adults who failed to attend dental appointments were proactively followed-up by the dentists.

The practice also provided late evening NHS or private orthodontic appointments to enable children of secondary school age to attend outside school hours.

Staff had access to interpreter and translation services for people who required them. The practice had a hearing induction loop available. Braille signs were in place throughout the practice and staff asked patients who were hard of hearing by which method they preferred to communicate.

A number of handrails had been installed to assist patients with mobility difficulties.

Staff had completed training in dementia awareness. Following this they had assessed the practice and made a number of improvements, for example, improving contrasts and eliminating potential shadows and dark areas.

The practice had large print forms available and also provided a magnifying glass for patients' use.

Summary of findings

A number of patients commented at the inspection and on patient comment cards that these arrangements had made a significant difference to their ability to receive dental care.

We believe this to be notable practice worth sharing as it demonstrated a commitment to identifying and responding to the needs of individual patients and to the needs of vulnerable groups and supporting patients to achieve positive outcomes in respect of their oral health.

There were areas where the provider could make improvements and should:

- Review the practice's system for assessing, monitoring and mitigating the various risks arising from undertaking of the regulated activities, specifically in relation to the potential risks to staff working in a clinical environment where the effectiveness of the Hepatitis B vaccination is unknown, and the potential risks from lack of staff Legionella awareness.
- Review the protocol for maintaining accurate, complete and detailed records relating to employment of staff. This includes ensuring recruitment checks are carried out and suitably recorded.
- Review staff awareness of the requirements of the Mental Capacity Act 2005 and of Gillick competency.

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 in place to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff knew how to recognise the signs of abuse and how to report safeguarding concerns.

The 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.

The practice completed essential recruitment checks before employing staff but recruitment procedures could be improved. The provider assured us this would be addressed.

The practice had systems in place to assess and monitor risks but some improvements were needed to further reduce risks to staff and patients. The provider assured us this would be addressed.

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 thorough and excellent.

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 in place to monitor this.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. Improvements could be made to staff awareness of situations in which obtaining consent could be difficult. The provider assured us this would be addressed.

No action



Are services caring?

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

Patients were positive about all aspects of the service. They told us staff go out of their way to accommodate their needs, and they were always treated as the most important person. They said that they were given helpful explanations about dental treatment, and said their dentists listened to them and understood them.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

Patients said staff treated them with the utmost dignity and respect.

No action



Summary of findings

Are services responsive to people's needs?

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

Staff considered patients' individual needs and the needs of vulnerable groups and made every effort to meet these needs.

The practice's appointment system took account of patients' needs. Patients could obtain an appointment quickly in an emergency. The practice provided emergency treatment for children whether or not they were a patient of the practice.

The practice had access to interpreter services.

Staff responded to concerns and complaints quickly.

No action



Are services well-led?

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

The practice had arrangements in place to ensure the smooth running of the service. These included systems for the practice team to review 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 accurate patient dental care records which were stored securely.

The practice had a strong focus on learning and improvement and monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for, listening to and acting 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 to and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts, for example, from the Medicines and Healthcare Products Regulatory Authority. Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures in place to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who are vulnerable due to their circumstances. We saw staff had received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns. Children and vulnerable adults who failed to attend dental appointments were proactively followed-up by the dentists.

The practice had a whistleblowing policy in place. Staff told us they were confident to raise concerns without fear of reprimand.

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. We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance.

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

Medical emergencies

Staff knew what to do in a medical emergency and completed training in medical emergencies and life support every year.

Emergency equipment and medicines were available as recommended in recognised guidance. Staff carried out, and kept records of, checks to make sure the medicines and equipment were within their expiry dates and in working order.

Staff recruitment

The practice had staff recruitment procedures in place to help them employ suitable staff. The procedures did not reflect current legislation. We looked at several staff recruitment records. These contained the prescribed information, with the exception of evidence of qualifications for two recently recruited members of staff, but the recruitment records for one of the clinicians contained none of the required information with the exception of an employment history. The registered manager assured us the required pre-employment checks had been carried out but no evidence of this was available. The provider assured us this would be addressed immediately. Following the inspection the provider sent evidence that a Disclosure and Barring Service check had also been carried out for this clinician. The provider also forwarded evidence of the clinician's qualifications.

Clinical staff were qualified and registered with the General Dental Council, where necessary, and had professional indemnity cover. We were unable to verify whether one of the clinicians had indemnity cover but the provider assured us this would be forwarded to us after the inspection. The provider forwarded evidence of indemnity following the inspection.

The provider used the skill mix of staff in a variety of clinical roles, for example, dentists, dental therapists and dental nurses, to deliver care in the best possible way for patients. One of the dental nurses had enrolled for an enhanced skills course in the application of fluoride, two had obtained further qualifications in orthodontics, one was starting an oral health education course and another a radiography course.

Monitoring health and safety and responding to risks

Are services safe?

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace and specific dental practice risks.

Dental nurses worked with all the clinicians when they treated patients.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections. The practice did not have a risk assessment in place in relation to staff working in a clinical environment when the effectiveness of the vaccination was unknown or where the vaccination had not been effective.

No radiation warning signs were displayed for the ground floor treatment rooms.

Infection control

The practice had an infection prevention and control policy and associated procedures in place 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.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

Staff completed infection prevention and control training every year and carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice had procedures in place, in accordance with current guidance, to reduce the possibility of Legionella or other bacteria developing in the water systems. The risk assessment highlighted a need for staff to be trained in Legionella awareness. The provider assured us this would be arranged.

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 in the practice. Staff carried out checks in accordance with the manufacturers' recommendations.

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

The practice stored and kept records of NHS prescriptions securely.

Radiography (X-rays)

The practice had arrangements in place to ensure X-ray procedures were carried out safely. They complied with current radiation regulations and had the required information available.

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

Where appropriate, staff completed continuing professional development in respect of dental radiography.

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 patients' current dental needs, past treatment and medical history. The dentists and orthodontist assessed patients' treatment needs in line with recognised guidance.

We saw that the Index of Treatment Need, (IOTN), was used to assess children under 18 years of to determine their eligibility for NHS orthodontic treatment.

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

Health promotion and prevention

The practice supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

All patients undergoing orthodontic treatment were booked in with the dental hygienist / therapist regularly to monitor their oral hygiene.

Staffing

Staff new to the practice completed a period of induction based on a structured induction programme.

The practice had a strong focus on training and development and we saw training was provided from the initial appointment of staff, for example, information governance training, and as part of their on-going professional development, for example, several nurses had completed enhanced skills training in radiography.

The General Dental Council requires dental professionals to complete continuing professional development as a requirement of their registration. Staff told us the practice provided support, training opportunities and encouragement to assist them in meeting the requirements of their registration. The practice routinely monitored staff training to ensure essential training was completed each year. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. No evidence was available to verify whether one of the clinicians had carried out medical emergencies, disinfection and decontamination, radiography and radiation protection, and safeguarding training. The provider assured us this would be forwarded to us. The provider forwarded this evidence following the inspection.

Staff told us they all had annual appraisals. These were used to discuss learning needs, general wellbeing and future professional development. We saw several completed appraisals which confirmed this.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer in accordance with the current guidelines. The practice monitored urgent referrals to ensure they were dealt with promptly.

Consent to care and treatment

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

Staff were not all clear about their responsibilities under the Mental Capacity Act when treating adults who may not be able to make informed decisions. Not all staff were aware of the need to consider Gillick competency when treating young people under 16.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients commented positively that staff were friendly, caring and welcoming. We saw that staff treated patients kindly and with respect and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Patients could choose whether they saw a male or female clinicians.

Staff were aware of the importance of privacy and confidentiality. Staff told us that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where other patients might see it.

Involvement in decisions about care and treatment

The dentists provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them, and gave them time to think. Dentists described the conversations they had with patients to help them understand their treatment options.

Information about the range of treatments provided was available in leaflet format in the waiting room.

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 was well maintained and provided a comfortable, relaxing environment.

The practice had an appointment system in place which took account of patients' needs.

We saw that the clinicians tailored appointment lengths to patients' individual needs and patients could choose from morning, afternoon or evening appointments. Patients told us they had enough time during their appointment and did not feel rushed.

Staff told us that they currently have patients for whom they need to make adjustments to enable them to receive treatment. Staff agreed individual appointment arrangements where necessary, for example, the practice had discussed with patients with learning difficulties and their carers as to the most suitable times for the patient to attend. The dentists had specific arrangements to accommodate patients undergoing treatment for cancer allowing them to attend at short notice when they were feeling able or to cancel at short notice when they were feeling unwell.

The practice was currently in the process of establishing a patient participation group.

Tackling inequity and promoting equality

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

The practice had taken into consideration the needs of different groups of people, for example, people with disabilities, and put in place reasonable adjustments to help them receive dental care.

The practice was accessible to wheelchair users and two of the treatment rooms were on the ground floor. Patient toilet facilities were on the ground floor.

Staff had access to interpreter and translation services for people who required them. The practice had a hearing

induction loop available. Braille signs were in place throughout the practice and staff asked patients who were hard of hearing by which method they preferred to communicate.

A number of handrails had been installed to assist patients with mobility difficulties.

Staff had completed training in dementia awareness. Following this they had assessed the practice and made some improvements, for example, improving contrasts and eliminating potential shadows and dark areas in treatment rooms.

The practice had large print forms available and also provided a magnifying glass for patients' use.

Access to the service

The practice displayed its opening hours on the premises and in the practice's information leaflet.

The practice made every effort to see patients experiencing pain or other dental emergencies on the same day and had appointments available for this. The information leaflet and answerphone provided contact details for patients requiring 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.

Staff told us that patients requiring urgent appointments were seen the same day. Children requiring emergency appointments were always seen the same day regardless of whether they were a patient of the practice or not.

The practice also provided late evening NHS or private orthodontic appointments to enable children of secondary school age to attend outside school hours.

Concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice aimed to resolve these in-house where possible. Staff told us they raised any formal or informal comments or concerns with the principal dentist to ensure the patient received a quick response.

Are services responsive to people's needs?

(for example, to feedback?)

Information was available about organisations patients could contact should they not wish to complain to the practice directly or if they were not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the previous 12 months. We saw that 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 principal dentist had overall responsibility for the management and clinical leadership of the practice. One of the senior dental nurses was responsible for the non-clinical management of the service. Several staff had lead roles and we saw staff had access to suitable supervision and support for their roles and responsibilities.

The practice had policies, procedures and risk assessments in place to support the management of the service and to guide staff. We saw that policies, procedures and risk assessments were regularly reviewed to ensure they were up to date with regulations and guidance.

We saw the practice had arrangements in place to monitor the quality of the service and make improvements where required.

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

The practice was a member of a good practice accreditation scheme.

Leadership, openness and transparency

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

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they felt confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

The practice held regular staff meetings, including meetings for different clinical roles, for example, clinicians, nurses and management, where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed audits of dental care records, X-rays, infection prevention and control and fluoride application. Staff kept records of the results of these and produced action plans where necessary. We saw the auditing process was functioning well and had resulted in improvements.

The registered manager showed a strong commitment to learning and improvement and valued the contributions made to the team by all staff. We saw clear evidence of learning from complaints, incidents audits and feedback. Staff in different roles spent time shadowing staff in other roles to give them an appreciation of each others' responsibilities.

Staff had annual appraisals, which helped identify individual learning needs. Staff told us the practice provided support and training opportunities for their on-going learning.

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

The practice had a system in place to seek the views of patients about all areas of service delivery through the use of regular patient surveys and a suggestion box.

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

We saw that the provider acted on patient feedback, for example, patients had requested better telephone access to the practice and the practice had installed a further telephone line.

The practice gathered feedback from staff through meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.