Denora Healthcare Ltd

Denora Worcester

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 5 June 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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.

Denora Worcester is a general dental practice in central Worcester offering private dental treatment to adults and children. The practice also accepts referrals for computerised tomography (CT) scans which provide detailed three dimensional images of the head (including teeth and other oral structures).

The premises consist of a waiting area adjacent to the reception desk and two treatment rooms. There is also a separate decontamination room.

The staff at the practice consist of the practice owner (principal dentist), a dental nurse, a receptionist and a practice manager.

Our key findings were:

- There were effective systems in place to reduce the risk and spread of infection. We found all treatment rooms and equipment appeared very clean.
- There were systems in place to check all equipment had been serviced regularly, including the suction compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- The dentist regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- The practice kept up to date with current guidelines and was led by a proactive and forward thinking management team.

Summary of findings

- Staff were kind, caring, competent and put patients at their ease.

Patients felt they received excellent care from a very friendly practice team; they felt involved in their care, and were given detailed explanations of treatment options

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 in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. We found the equipment used in the practice was well maintained and in line with current guidelines. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were safe for the provision of care and treatment.

Are services effective?

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

The practice provided evidence based dental care which was focussed on the needs of the patients. We saw examples of effective collaborative team working. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) and were meeting the requirements of their professional registration.

Are services caring?

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

Patients told us (through comment cards) they had very positive experiences of dental care provided at the practice. Patients felt they were listened to, treated with respect and were involved with the discussion of their treatment options which included risks, benefits and costs. We observed the staff to be caring, compassionate and committed to their work. Staff spoke with passion and enthusiasm about their work and were proud of what they did.

Are services responsive to people's needs?

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

The practice provided friendly and personalised dental care. Patients could access routine treatment and urgent or emergency care when required. The practice offered dedicated emergency slots each day enabling effective and efficient treatment of patients with dental pain. A patient told us through a comment card the practice staff had been very responsive in supporting them through their anxiety to feel calm and reassured. The needs of patients with a disability had been considered in the development of the service.

Are services well-led?

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

The dental practice had effective clinical governance and risk management structures in place. Staff told us the provider and practice manager were always approachable and the culture within the practice was open and transparent. All staff were aware of the practice ethos and philosophy and told us they felt well supported and could raise any concerns with the provider or the practice manager. Staff told us they enjoyed working at the practice and would recommend it to a family member or friends.

Denora Worcester

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was carried out on 4 June by a CQC inspector and a dental specialist advisor. We reviewed information received from the provider prior to the inspection. On the day of our inspection we looked at practice policies and protocols, clinical patient records and other records relating to the management of the service. We spoke to practice owner who was also the provider; a dental nurse and the practice manager. We also reviewed six comments cards completed by patients.

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?

This informed our view of the care provided and the management of the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was an effective system in place to learn from and make improvements following any accidents or incidents. Staff understood the process for accident and incident reporting including the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). We found incidents were reported, investigated and measures put in place where necessary to prevent recurrence.

Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

The dentist told us how he had learned from an incident where a patient had suffered from repeated fainting attacks during treatment. He had been unable to identify the cause so had referred the patient to a specialist who had diagnosed a rare allergy to needles. The dentist told us the diagnosis had enabled them to approach treatment in a different way which ensured the patient was able to receive a good treatment outcome.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team, social services and other agencies including the Care Quality Commission. Staff had completed safeguarding training and demonstrated to us their knowledge of how to recognise the signs and symptoms of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

The dentist described to us how he would prevent a 'never event' such as wrong tooth extraction. The decision to extract a particular tooth was discussed with each patient at their initial assessment. On the day of the treatment the dentist reconfirmed with the patient the tooth in question then this was confirmed with the clinical patient record. The extraction only took place once these safety precautions had been taken.

The dentist told us that root canal treatment was carried out where practically possible using a rubber dam in line with guidance issued by the British Endodontic Society. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work).

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments). An electric mechanical needle removing device was used in the practice which prevented the need to re-sheath needles. The practice sharps injury protocol was clearly understood when talking with the dental nurse. We found there had been no contaminated sharps injuries at the practice.

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included face masks for both adults and children. Oxygen and medicines for use in an emergency were available in a central location. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use.

Records showed all staff had recently completed training in emergency resuscitation and basic life support including the use of the automatic external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell.

Staff recruitment

There were effective recruitment and selection procedures in place. We reviewed the employment files for two staff members. Each file contained evidence that satisfied the requirements of the relevant legislation. This included application forms, employment history, evidence of qualifications, questions and answers from interviews and

Are services safe?

photographic evidence of the employee's identification and eligibility to work in the United Kingdom. The qualification, skills and experience of each employee had been fully considered as part of the interview process.

Appropriate checks had been made before staff commenced employment including evidence of professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service had been carried out. The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We found there were clear procedures in place to monitor and review when staff were not well enough to work and we saw evidence of where this protocol had been applied.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for risk of fire. A fire marshal had been appointed, fire extinguishers had been recently serviced and staff were able to demonstrate to us they knew how to respond in the event of a fire.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

Infection control

There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste.

The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This document and the practice's policy and procedures on infection prevention and control were accessible to staff.

We examined the facilities for cleaning and decontaminating dental instruments. We found there was a dedicated decontamination room with a clear flow from 'dirty' to 'clean.' A dental nurse explained to us how instruments were decontaminated and sterilised. They wore eye protection, an apron, heavy duty gloves and a mask while instruments were decontaminated and rinsed prior to being placed in an autoclave (sterilising machine).

An illuminated magnifier was used to check for any debris or damage throughout the cleaning stages. This was in accordance with the procedure for decontamination of instruments which was displayed.

An autoclave was used to ensure instruments were decontaminated ready for the next use. We saw instruments were placed in pouches after sterilisation and dated to indicated when they should be reprocessed if left unused. A vacuum type autoclave was used for sterilising implant and surgical equipment in line with guidance. We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between surgeries and the decontamination area which ensured the risk of infection spread was greatly minimised.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

We looked at the treatment rooms where patients were examined and treated. All rooms and equipment appeared very clean and clutter free.

Staff told us the importance of good hand hygiene was included in their infection control training. Hand washing protocols were displayed near to each hand wash sink to

Are services safe?

ensure effective decontamination. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

The practice followed infection control guidance when carrying out dental implant procedures. This included the use of sterile solution for irrigation, surgical drapes, clinical gowns and ensuring instruments were reprocessed in a vacuum type autoclave.

Records showed a risk assessment process for Legionella had recently been carried out. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There was a good supply of cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spread.

Equipment and medicines

There were systems in place to check all equipment had been serviced regularly, including the suction compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment. We were shown the annual servicing certificates. The records showed the practice had had an efficient system in place to ensure all equipment in use was safe, and in good working order.

There was a system in place for the reporting and maintenance of faulty equipment such as dental drill hand pieces. Records showed and staff confirmed repairs were carried out promptly which ensured there was no disruption in the delivery of care and treatment to patients.

An effective system was in place for the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice such as local anaesthetics. The systems we viewed were complete, provided an account of medicines used and prescribed, and demonstrated patients were given medicines appropriately. The batch numbers and expiry dates for local anaesthetics were recorded. These medicines were stored safely for the protection of patients.

Radiography (X-rays)

We checked the provider's radiation protection file as X-rays were taken and developed at the practice. We also looked at X-ray equipment at the practice and talked with staff about its use. We found there were suitable arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were available in accordance with guidance.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for people using best practice

We found the dentist regularly assessed each patient's gum health using the basic periodontal examination (BPE – this is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). X-rays were taken at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). The dentist recorded the justification, findings and quality assurance of X-ray images and CT scans taken as well as an examination of a patient's soft tissues (including lips, tongue and palate) and their use of alcohol and tobacco. These measures demonstrated to us a risk assessment process for oral disease.

Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice which is especially necessary before implant placement. Relevant alcohol consumption guidance and general dental hygiene procedures such as brushing techniques or recommended tooth care products was also given.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review.

Health promotion & prevention

The practice promoted the maintenance or good oral health as part of their overall philosophy and had considered the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients.

Records showed patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice.

Staffing

There was an induction programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. Staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council. This included areas such as responding to medical emergencies and infection control and prevention.

There was an effective appraisal system in place which was used to identify training and development needs. Staff told us they had found this to be a useful, worthwhile and motivating process.

Working with other services

The practice had a system in place for referring, recording and monitoring patients for dental treatment and specialist procedures. Staff regularly reviewed the log to ensure patients received care and treatment needed in a timely manner.

The practice accepted referrals for patients to undergo CT scanning. There was an effective system in place which included a written proforma ensuring clear communication of details relating to the scan needed by referring dentists. Written reports of the findings were returned to referring dentists in a timely manner.

Consent to care and treatment

The practice ensured valid consent from patients was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they wanted. This was reflected in comment cards completed by patients.

The practice asked patients to sign separate consent forms for CT scans to indicate they understood the procedure and risks involved.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. They explained how they would consider the best interests of the patient

Are services effective?

(for example, treatment is effective)

and involve family members or other healthcare professionals responsible for their care to ensure their needs were met. This included the use of a tool for assessing a patient's capacity to consent and guidance to follow when making decisions in a patient's best interests.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The provider and staff explained to us how they ensured information about people using the service was kept confidential. Patients' clinical records were stored electronically; password protected and regularly backed up to secure storage. Staff members demonstrated to us their knowledge of data protection and how to maintain confidentiality. Staff told us people were able to have confidential discussions about their care and treatment in the surgeries or in another room if they preferred.

Patients told us through comment cards they were always treated with respect by caring and patient staff.

Involvement in decisions about care and treatment

The dentist described in detail how they had carried out assessments for patients requesting dental implants. We confirmed this by reviewing a treatment care record. A detailed assessment had been carried out to fully consider the feasibility of a dental implant. The diagnosis, various treatment options, treatment phases and the risks and benefits of each option had been explained and recorded in detail. We saw examples of very detailed treatment plans (including costs) which had been given to patients to consider before undergoing treatment.

The dentist told us they used a number of different methods including tooth models, display charts and pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood.

Staff told us the dentist took time to explain care and treatment to individual patients clearly and were always happy to answer any questions. Patients told us through comment cards they felt listened to by staff who were very attentive to their care and support needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Staff reported (and we saw from the appointment book) the practice scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

The practice had effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. This included checks for specialist implant fixtures and laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

Tackling inequity and promoting equality

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. They would encourage a relative or friend to attend who could translate or if not they would contact a translator. We saw the practice held contact details for a local interpreter service.

The practice had completed a disability discrimination audit to ensure patients with a disability were supported to access care and treatment and the practice was accessible to people using wheelchairs.

Access to the service

We asked the receptionist how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message detailed how to access out of hours emergency treatment. We saw the website also included this information. Each day the practice was open, emergency treatment slots were made available for people with urgent dental needs. Staff told us patients requiring emergency care during practice opening hours were usually seen the same day either at this practice or the provider's other practice in Kidderminster.

Concerns & complaints

There was a complaints policy which provided staff with information about handling formal and informal complaints from patients.

Information for patients about how to make a complaint was available in a folder in the practice waiting room and on the practice website This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements of the practice were evidence based and developed through a process of continual learning. The provider and practice manager regularly discussed the day to day running of the practice in order to highlight issues and identify any improvement actions needed.

Leadership, openness and transparency

The dentist described to us how they set standards and ensured they were maintained. During our discussions it was apparent that the patient was at the heart of the practice with the dentist adopting a holistic approach to patient care. The dentist spoke with passion about his work and was proud of the care that he provided. We observed this ethos was transmitted to the practice team.

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff felt confident they could raise issues or concerns at any time with the provider or practice manager without fear of discrimination. Staff told us there was a relaxed and friendly environment at the practice and they enjoyed coming to work. Staff felt well supported by the practice management team.

Management lead through learning and improvement

The practice carried out regular audits every six months on infection prevention and control to ensure compliance with government HTM 01-05 standards for decontamination in dental practices. The most recent audit indicated the facilities and management of decontamination and infection control were managed well.

A programme of audit ensured the practice regularly monitored the quality of care and treatment provided and made any changes necessary as a result. For example, recent audits had been undertaken to assess recording of medical histories and patient information; periodontal (gum) monitoring; patient cooperation and compliance and communication between dentists and dental technicians.

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

There was a system in place to act upon suggestions received from people using the service. The practice conducted regular scheduled staff meetings as well as daily unscheduled discussions. Staff members told us they found these were a useful opportunity to share ideas and experiences which were always listened to and acted upon.