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# Hillside Dental Practice

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 2 March 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

Delete as appropriate:

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

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

Our findings were:

- The dental clinic appeared to be visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff. We discussed how these could be further improved.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. Policies and details of contacts for local safeguarding teams required updating.
- The practice had staff recruitment procedures which reflected current legislation.

# Summary of findings

- The clinical staff provided patients' care and treatment in line with current guidelines.
- The practice was providing extended hours services between 4.30pm and 8pm, Monday to Friday, as part of the COVID 19 recovery plan for the area.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Any complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

## Background

The provider has two practices and this report is about Hillside Dental Practice, Liverpool.

Hillside Dental Practice is in the Knowsley area of Liverpool and provides NHS and a small amount of 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. Car parking spaces are available near the practice. The practice has made some adjustments to support patients with additional needs, for example, by providing step free access and a hearing loop for people with hearing difficulties.

The dental team includes two dentists and three dental nurses, one of whom is a trainee. The team are supported by two practice managers, one of whom oversees both practices run by this provider. The practice has two treatment rooms.

During the inspection we spoke with the principal dentist, the lead dental nurse, and the practice managers. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Friday 8.30am to 4.30pm. At the time of our inspection, the practice was providing extended opening hours between 4.30pm and 8pm on Monday, Tuesday, Thursday and Friday each week, until the end of March 2022. This was being provided by NHS dentists as part of a local COVID recovery plan.

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

- Take action to review and renew the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular, in relation to a toilet that is no longer in use, the associated pipework.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No action	✓

# Are services safe?

## Our findings

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

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

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. We discussed how these could be further strengthened by adding the contact details for local authority safeguarding leads in the localities the practice patients' come from, for example, for Liverpool, Knowsley and Sefton.

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance. We discussed the current layout of the practice, and how decontamination facilities could be improved.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. We observed that a toilet that was not in use was not included in the schematic drawing which formed part of the Legionella risk assessment. We brought this to the attention of the provider and discussed how this effectively formed a 'dead-leg' on the water piping system, which should be addressed.

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

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

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We observed that the Radiation Protection Advisor (RPA) had not listed any recommendations in the critical acceptance testing for one of the X-ray sets. We encouraged the provider to follow-up on the information provided by the RPA.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working. We discussed how risks in respect of X-ray equipment, Legionella management and the decontamination facility could be further reduced.

Emergency equipment and medicines were available and checked in accordance with national guidance. We observed that the aspirin available was not dispersible aspirin as recommended by recognised guidance, and we brought this to the attention of the provider who acted immediately to address this. Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

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

### **Information to deliver safe care and treatment**

# Are services safe?

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

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

## **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

## **Track record on safety, and lessons learned and improvements**

The practice had implemented systems for reviewing and investigating when things went wrong. The practice had a system for receiving and acting on safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental professionals up to date with current evidence-based practice.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better 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.

### **Consent to care and treatment**

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

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

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 in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

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

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

### **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

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 well-led?

## Our findings

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

### **Leadership capacity and capability**

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

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

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

### **Culture**

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

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

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

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

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and had been reviewed on a regular basis. During our inspection, we identified some gaps in the practice policies, for example, in the contact details of local authority safeguarding lead staff, and in the Legionella risk assessment, in respect of a toilet that was no longer in use. We also drew attention to information that may need to be followed up in respect of one of the X-ray sets at the practice. When we discussed this with the provider, they acted on the day to address these things.

We saw there were clear processes for managing risks, issues and performance. Protocols were followed by all staff, which reduced risks posed by certain duties, for example, the dismantling of sharps.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information for example NHS performance information and audits.

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

### **Engagement with patients, the public, staff and external partners**

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback. Staff had recently re-instated that NHS Friends and Family test, following relaxation of COVID 19 restrictions and processes to reduce the possibility of cross infection.

The practice 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.

### **Continuous improvement and innovation**

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

# Are services well-led?

There were quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

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