

Penwortham Dental Practice Partnership

Penwortham Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 28 November 2018 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 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.

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

Penwortham Dental Practice is near Preston and provides NHS and private dental care for adults and children.

There is level access to facilitate entrance to the practice for people who use wheelchairs and for pushchairs. Car parking is available near the practice.

The dental team includes seven dentists and eight dental nurses. The dental team is supported by a practice manager. The practice has three treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager.

Summary of findings

Registered managers have 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 Penwortham Dental Practice was the senior partner.

We received feedback from 45 people during the inspection about the services provided. The feedback provided was positive.

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

The practice is open:

Monday, Tuesday, Thursday and Friday 8.00am to 5.00pm

Wednesday 8.00am to 7.00pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- The provider had safeguarding procedures in place and staff knew their responsibilities for safeguarding adults and children.
- Staff knew how to deal with medical emergencies. Appropriate medicines and equipment were available.
- The provider had staff recruitment procedures in place. References were not consistently obtained.
- Staff took account of some of the current guidance when providing patients' care and treatment. Some of the recognised guidance was not followed, for example, in relation to the use of dental dam.
- The dental team provided preventive care and supported patients to achieve better oral health.

- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- The provider had a procedure in place for dealing with complaints. The practice dealt with complaints positively.
- The practice had a leadership and management structure.
- The provider had systems in place to manage risk.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.

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

- Review the practice's protocols for the use of dental dam for root canal treatment taking into account the guidelines issued by the British Endodontic Society.
- Review the practice's protocols for ensuring that all clinical staff have adequate immunity against vaccine-preventable infectious diseases.
- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice, and that accurate, complete and detailed records are maintained for all staff and stored securely.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere, the reason for taking X-rays, a report on the findings, and on the quality of the image, in compliance with the Ionising Radiation (Medical Exposure) Regulations 2017, and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

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.

Staff received training in safeguarding and knew how to report concerns.

Staff were qualified for their roles, where relevant.

The provider completed most essential recruitment checks before employing staff. References were not consistently obtained, and checks were not always carried out on the immunity status of staff following vaccination.

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 had systems in place for the safe use of X-rays. The dentists were not consistently following the legislation and guidance in relation to justifying, reporting on and grading the X-rays they took.

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 some of the recognised guidance. Not all the recognised guidance was followed by every dentist, for example, in relation to the use of dental dam for root treatment.

Patients described the treatment they received as first class. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements for referring patients to other dental or health care professionals.

The provider supported staff to complete training relevant to their roles. Limited means were in place to monitor this.

No action



Are services caring?

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

We received feedback about the practice from 45 people. Patients were positive about all aspects of the service the practice provided. They told us staff were patient-focused, re-assuring and very understanding of patients' individual needs.

Patients commented they were given clear, helpful and unambiguous explanations about dental treatment, and said their dentist listened to them.

Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

No action



Summary of findings

Staff protected patients' privacy and were aware of the importance of confidentiality.

Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could book an appointment quickly if in pain.

Staff considered patients' differing needs and put measures in place to help all patients receive care and treatment. This included providing facilities for patients with disabilities and families with children.

The practice had access to interpreter services and had arrangements to assist patients who had sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints appropriately.

No action



Are services well-led?

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

The provider had arrangements in place to ensure the smooth running of the service. These included systems for the practice team to monitor the quality and safety of the care and treatment provided.

There was a management structure in place and staff felt supported and appreciated.

The practice team stored patient dental care records securely.

Staff monitored clinical and non-clinical areas of their work to help them improve and learn. This included auditing their procedures and asking for and listening to the views of patients and staff.

The practice had procedures in place to manage and reduce risks. We saw that the practice had put in place measures to reduce the risks identified in the assessments.

No action



Are services safe?

Our findings

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

The provider had put systems in place at the practice to keep patients safe.

The practice had safeguarding policies and procedures in place to provide staff with information about identifying and reporting suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who were at risk due to their circumstances. Staff received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. We noted the lead for safeguarding was trained to a higher level.

The practice had a whistleblowing policy in place to guide staff should they wish to raise concerns. Staff told us they felt confident to raise concerns.

We reviewed the procedures the dentists followed when providing root canal treatment and found these were not always in accordance with recognised guidance. Dental dam was not consistently used at all stages of root treatment by one of the dentists. After the inspection the provider assured us they had reminded all dentists about the use of dental dam. We were not provided with evidence that this had been done.

The provider had staff recruitment procedures in place to help the practice employ suitable staff. These reflected the relevant legislation. We looked at seven staff recruitment records. We found that six of these seven records did not contain references, however we saw that most recruitment checks were carried out, including for visiting staff, and most of the required documentation was available.

The provider had not carried out a Disclosure and Barring Service, (DBS), check for one of the dentists at an appropriate time, and was unaware as to whether a previous one was available. The provider had not risk assessed this. After the inspection the provider sent us evidence that a DBS had been carried out, but a year after the clinician had been employed at the practice.

Staff had access to the personnel records to allow them to carry out amendments to their own records. The provider acted immediately to prevent unauthorised access and introduced a more secure system for staff personnel records.

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

The practice had arrangements in place to ensure that facilities and equipment were safe, and that equipment, including electrical and gas appliances, was maintained according to manufacturers' instructions.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, was regularly tested, and firefighting equipment, such as fire extinguishers, was regularly serviced.

The provider had put arrangements in place at the practice in relation to X-ray procedures and had the required radiation protection information available.

We saw that the dentists justified, graded and reported on the X-rays they took. One of the dentists was not consistently carrying this out. We observed that the dentists were not grading their X-rays appropriately. After the inspection the provider assured us they had reminded all dentists about accurate grading. We were not provided with evidence that this had been done.

Staff carried out radiography audits regularly.

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

The practice had a cone beam computed tomography, (CBCT), machine. Staff had received training and appropriate safeguards were in place for patients and staff. X-rays taken using the CBCT were justified, graded and reported on appropriately.

Risks to patients

The provider monitored and acted on risks to patients.

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 risks, for example, fire and control of

Are services safe?

hazardous substances, and specific dental practice risks. Staff reviewed risk assessments regularly. We saw that the practice had put in place measures to reduce the risks identified in the assessments.

The provider had current employer's liability insurance.

Staff followed relevant safety regulations when using needles and other sharp dental items. A sharps risk assessment had been undertaken and this was reviewed annually. Staff confirmed that only the dentists were permitted to dismantle and dispose of needles and other sharp items in order to minimise the risk of inoculation injuries to staff. Staff were aware of the importance of reporting inoculation injuries. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury.

The provider had arrangements in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. Arrangements were in place to check the effectiveness of the vaccination. The provider had no evidence to confirm they had checked the result of the Hepatitis B vaccination for one of the clinicians and for one of the dental nurses. The provider had not risk assessed this. After the inspection the provider assured us risk assessments had been carried out. We were not provided with evidence to confirm this.

Staff knew how to respond to medical emergencies and completed training in medical emergencies and life support every year. The practice had medical emergency equipment and medicines available as recommended in recognised guidance. Staff carried out, and kept records of, checks to make sure the medicines and equipment were available, within their expiry dates and in working order.

A dental nurse worked with each of the dentists when they treated patients.

The practice had an infection prevention and control policy and associated procedures in place to guide staff. These took account of The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), guidance published by the Department of Health. Staff completed infection prevention and control training regularly and received updates as required.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance

with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in accordance with the manufacturers' guidance.

We observed that no means for recording every sterilisation cycle for one of the sterilisers was in place. The provider assured us a data logger had been ordered after the inspection. We were not provided with evidence that this had been ordered.

The provider had had a Legionella risk assessment carried out at the practice in accordance with current guidance. We saw all the recommended actions had been completed. We saw evidence of measures put in place by the provider to reduce the possibility of Legionella or other bacteria developing in the water systems, for example, water temperature testing and the management of dental unit water lines.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected and patients confirmed that this was usual.

Staff ensured clinical waste was segregated and stored securely in accordance with guidance.

The practice carried out infection prevention and control audits twice a year.

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 dentists how information to deliver safe care and treatment was handled and recorded. We looked at several dental care records to confirm what was discussed and observed that individual records were managed in a way that kept patients safe. Dental care records were kept securely.

Medical histories were updated at every patient attendance.

We saw that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

Safe and appropriate use of medicines

The provider had implemented systems for the appropriate and safe handling of medicines at the practice.

Are services safe?

The practice had a stock control system for medicines. This ensured that medicines did not exceed their expiry dates and enough medicines were available when required.

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

Staff stored and kept records of NHS prescriptions as recommended in current guidance.

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

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. Staff knew about these and understood their role in the process. The provider told us that in the previous 12 months there had been no safety incidents at the practice.

We discussed examples of significant events which could occur in dental practices and we were assured that should one occur it would be reported and analysed in order to learn from it, and improvements would be put in place to prevent re-occurrence.

We observed that insufficient information was recorded in some of the accident reports. The provider investigated this during the inspection to ensure appropriate action had been taken at the time of the accident. The provider assured us accident recording would be improved. We were not provided with evidence as to how this would be improved.

The practice had a system for receiving and acting on safety alerts, for example from the Medicines and Healthcare products Regulatory Agency. The practice learned from external safety events as well as from patient and medicine safety alerts. We found that relevant alerts were shared with staff, acted on and stored. Action taken was not documented for future reference. The provider assured us this would be documented.

Lessons learned and improvements

There were systems for reviewing and investigating when things went wrong.

Staff confirmed that learning from incidents, events and complaints was shared with them to help improve systems at the practice, to promote good teamwork and to prevent recurrences.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dentists took account of some of the recognised guidance when assessing patients' care and treatment needs. Not all the dentists were consistently following all the recognised guidance, for example in relation to the use of dental dam.

We found that the dentists were not all aware of recent guidance about sepsis.

The practice provided dental implants. These were placed by a visiting dentist who had completed appropriate post-graduate training in this speciality. The provision of dental implants took into account recognised guidance.

Helping patients to live healthier lives

Staff 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 discussed smoking, alcohol consumption and provided dietary advice to 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.

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 dentists 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.

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 may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under

the age of 16 years of age can consent for themselves in certain circumstances. One of the dentists was unclear about the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

The dentists maintained dental care records containing information about patients' current dental needs, past treatment and medical histories.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

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

Staff told us the practice provided support, training opportunities and encouragement to assist them in meeting the requirements of their registration, and with their professional development. The provider had limited means in place to monitor training to ensure recommended training was completed.

Staff discussed training needs as they arose.

Two staff had attended a course on producing a personal development plan, (PDP), which is required by the regulator of the dental profession, the General Dental Council. They were in the process of helping all the staff to produce a PDP.

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 specialists in primary and secondary care where necessary or where a patient chose treatment options the practice did not provide. This included referring patients with suspected oral cancer under current guidelines to make sure patients were seen quickly by a specialist.

The practice had systems and processes to identify, manage, follow up, and, where required, refer patients for specialist care where they presented with dental infections.

Are services effective?

(for example, treatment is effective)

Staff tracked the progress of all referrals to ensure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

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

Patients commented positively that staff were attentive, understanding, considerate and gentle. We saw that staff treated patients respectfully and kindly, 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 told us they could choose whether they saw a male or female dentist.

Privacy and dignity

The practice team respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of the reception and waiting areas provided privacy when reception staff were dealing with patients. 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 people 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

Staff helped patients to be involved in decisions about their care.

They were aware of the Accessible Information Standards and the requirements of the Equality Act.

- Interpreter services were available for patients whose first language was not English. Some of the practice's staff were multi-lingual and could use their language skills to further support patients.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

The practice provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them and did not rush them. The dentists described to us the conversations they had with patients to help them understand their treatment options.

The practice's website 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 the treatment options discussed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to take account of patients' needs and preferences.

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

Staff were clear on the importance of emotional support needed by patients when delivering care.

The provider had carried out a disability access audit and had completed an action plan in order to continually review and improve access for patients.

The practice had considered the needs of different groups of people, for example, people with disabilities, wheelchair users and people with pushchairs, and put in place reasonable adjustments, for example, handrails to assist with mobility, step free access, and part of the reception desk was at a suitable height for wheelchair users.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had hearing impairment, for example, the practice had a hearing induction loop available, and appointments could be arranged by email or text message.

Larger print forms were available on request, for example, patient medical history forms.

Timely access to services

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

The practice displayed its opening hours on the premises, and included this information on their website.

The practice's appointment system took account of patients' needs. We saw that the dentists tailored

appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. Staff made every effort to keep waiting times and cancellations to a minimum. Patients told us they had enough time during their appointment and did not feel rushed.

The practice had appointments available for dental emergencies and staff made every effort to see patients experiencing pain or dental emergencies on the same day.

The practice's website and answerphone provided telephone numbers for patients who needed 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 appointments.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information on how to make a complaint was clearly displayed for patients.

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. Information was available about organisations patients could contact if they were not satisfied with the way the practice 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

Leadership capacity and capability

We found the practice leaders had the capacity and skills to deliver quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

The practice manager had extensive experience in practice management and was proactive in the role.

The practice leaders at all levels were visible and approachable.

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

Vision and strategy

The provider had a clear vision and had set out values for the practice.

The provider had a strategy to deliver quality, patient-centred care at the practice, and supporting business plans to achieve priorities. The practice planned its services to meet the needs of the practice's population. Leaders had the experience, capacity and skills to deliver the practice's strategy and address risks to it.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

We saw that the provider had invested in the practice, for example, they had implemented a digital system for X-rays, and computerised systems had been installed.

Culture

Staff said they were respected, supported and valued.

Managers and staff demonstrated openness, honesty and transparency when responding to incidents and complaints. 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 were encouraged to raise issues and they were confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

Governance and management

The provider had put systems in place at the practice to support the management and delivery of the service.

Systems included policies, procedures and risk assessments to support good governance and to guide staff. We saw that these were regularly reviewed to ensure they were up to date with regulations and guidance.

We saw the provider had put in place effective governance processes, for example, in relation to adequate staffing and safeguarding.

The practice had systems in place to ensure risks were identified and managed, and had put measures in place to reduce risks.

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager also shared responsibility for this and was responsible for the day to day running of the service. Staff had additional roles and responsibilities, for example, a lead role for infection control. We saw staff had access to suitable supervision and support for their roles and responsibilities.

Appropriate and accurate information

The practice's staff acted appropriately on information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys and feedback request cards to obtain the views of patients about the service. We

Are services well-led?

saw examples of suggestions from patients the practice had acted on, for example, to assist patients further, more detail had been added to the information recorded on the practice's answerphone message.

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. A summary of patient survey results was available for patients to read.

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

Continuous improvement and innovation

The provider had systems and processes in place to encourage learning, continuous improvement and innovation. We saw the practice had systems in place to monitor the quality of the service and make improvements where required.

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

The practice was committed to learning and improving and valued staff contributions. We saw evidence of learning from complaints, audits and feedback.

The clinical staff completed continuous professional development in accordance with General Dental Council professional standards. Staff told us the practice provided support and encouragement for them to do so.