

Sharma Family Ltd

Menlove Dental Surgery

Inspection Report

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Overall summary

We carried out this announced inspection on 26 April 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

Menlove Dental Surgery is in a residential suburb of Liverpool and provides NHS and private dental care and treatment for patients of all ages.

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

The dental team includes a principal dentist, five associate dentists, 10 dental nurses, four of whom are trainees, three dental hygiene therapists, and four receptionists, one of whom is a trainee. The team is supported by a practice manager. The practice has six treatment rooms.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. 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 Menlove Dental Surgery was the principal dentist.

We received feedback from 23 people during the inspection about the services provided. The feedback provided was mainly positive about the practice.

During the inspection we spoke to two dentists, dental nurses, a dental hygiene therapist, receptionists 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 to Friday 9.05am to 5.40pm.

Our key findings were:

- The practice was clean and well maintained.
- Staff knew how to deal with medical emergencies. Appropriate medicines and equipment were available.
- The provider had systems in place to manage risk.
- The provider had safeguarding procedures in place and staff knew their responsibilities for safeguarding adults and children.
- Staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The dental team provided preventive care and supported patients to achieve better oral health.
- 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 and efficiently.
- The practice had a leadership and management structure in place.
- 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 provider had information governance arrangements in place.
- The practice had infection control procedures in place which mostly reflected published guidance.
- The provider had staff recruitment procedures in place. Not all the recruitment checks were carried out for the clinicians.

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

- Review the practice's infection control procedures and protocols 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, review the use of sticky tape on dental instruments, uncovered instruments in drawers, and whether the automatic control test on the autoclaves has successfully completed.
- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to all new staff commencing employment at the practice.
- Review the practice's protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

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 practice had suitable arrangements for dealing with medical and other emergencies.

We found that the practice had systems in place for the safe use of X-rays.

The premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments, with the exception of minor deviations.

The practice completed essential recruitment checks before employing staff. We found that improvements could be made to recruitment.

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 and tailored treatment to patients' individual needs. Patients described the treatment they received as of high quality. 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 practice supported staff to complete training relevant to their roles. We observed that the provider did not monitor staff training to ensure all staff had completed essential training, such as, training in medical emergencies and life support.

No action



Are services caring?

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

Patients told us staff were friendly, polite and helpful.

They said they were given good advice and person centred 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.

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

Patients said staff treated them with 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.

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

Staff had considered patients' differing needs and put measures in place to help all patients receive care and treatment. This included providing facilities for disabled patients 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 quickly and constructively.

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 and processes for the practice team to monitor 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, complete patient dental care records which were stored securely.

The practice had procedures in place to manage and reduce risks.

No action



Are services safe?

Our findings

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

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.

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

The provider had staff recruitment procedures in place to help them employ suitable staff. Pre-employment checks were carried out. We looked at several staff recruitment records. These showed the practice followed their recruitment procedure for the nursing and reception staff and the required information was available. We saw that not all the required information was available for the clinicians, for example, references and employment histories. The provider had not carried out Disclosure and Barring Service checks for three recently recruited members of clinical staff and had not assessed the associated risks in not doing so.

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

The practice was well maintained. The provider 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 emergency lighting, fire detection equipment such as smoke detectors, and firefighting equipment such as fire extinguishers were regularly tested.

The practice had arrangements in place to ensure X-ray procedures were carried out safely.

We saw that the dentists justified, graded and reported on the X-rays they took.

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

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 hazardous substances, and specific dental practice risks. 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.

The provider ensured 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.

Staff knew how to respond to medical emergencies and training in medical emergencies and life support was arranged for staff every year. We found that no evidence was available at the practice of training in medical emergencies and life support for three clinical staff. 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 and the dental hygiene therapists.

The practice had an infection prevention and control policy and associated procedures in place to guide staff. These followed 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.

Are services safe?

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 some minor deviations from HTM 01 05, for example, instruments were identified to each treatment room with coloured sticky tape which was not removed prior to cleaning and sterilisation, and the results of one of the daily tests on the sterilisation equipment was not checked to ensure it had satisfactorily completed.

The provider had had a Legionella risk assessment carried out at the practice in accordance with current guidance. We saw evidence of measures put in place by the provider to reduce risk from legionella, for example, water temperature testing and the management of dental unit water lines.

We saw cleaning schedules for the premises. The practice was 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

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 written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and 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 practice had systems for the appropriate and safe handling of medicines.

The provider had a stock control system for medicines stored at the practice. 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.

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

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

Track record on safety

We saw that the practice monitored and reviewed incidents to minimise recurrence and improve systems.

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.

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.

The provider had a system for receiving and acting on safety alerts. The practice learned from external safety events as well as from patient and medicine safety alerts. The practice received national medicines and equipment safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. Relevant alerts were discussed with staff, acted on and stored for future reference.

Lessons learned and improvements

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 assessed patients' care and treatment needs, and delivered care and treatment in line with current legislation, standards and 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. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay. The clinicians told us they discussed smoking, alcohol consumption and provided dietary advice to patients during appointments.

Consent to care and treatment

The practice 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 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.

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 the legal precedent (formerly called Gillick competence) by which a child under the age of 16 years of age can consent for themselves in certain circumstances. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

The clinicians kept detailed dental care records containing information about patients' current dental needs, past treatment and medical histories.

Effective staffing

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

Staff told us the practice provided support and training opportunities to assist them in meeting the requirements of their registration, and with their professional development. The practice did not monitor staff training to ensure essential training was completed.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

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 help 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.

The practice 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 friendly, caring and professional. We saw that staff treated patients respectfully 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.

The provider aimed to provide a comfortable, relaxing environment and had recently extensively re-furnished the practice.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

The layout of the reception and waiting areas provided limited privacy when reception staff were dealing with patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided

discussing confidential information in front of other 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.

- Interpreter services were available for patients whose first language was not English.
- Staff communicated with patients in a way that they could understand 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.

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.

A disability access audit had been completed and an action plan formulated in order to continually review 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 and a call bell.

The practice was accessible to wheelchair users, with the exception of the toilet facilities. One of the treatment rooms was located on the ground floor.

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, appointments could be arranged by email or text.

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

Timely access to services

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

The practice displayed its opening hours on the premises.

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 see patients experiencing pain or dental emergencies on the same day and had appointments available for this.

The practice's 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 practice 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 displayed for patients. We observed that details of NHS England were not included for patients to contact if they did not want to complain to the practice directly or were not satisfied with the way the practice dealt with their concerns.

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 told us they 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 in 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

The registered manager had been in the post a number of years and provided leadership at the practice.

The practice 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 strategy in place for delivering the service. The provider had implemented a dental team approach to deliver care and treatment, for example, by using a skill mix of dental care professionals, such as dental hygiene therapists.

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

Culture

Staff said they were respected, supported and valued.

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 were confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

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

Governance and management

The practice had systems in place 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 practice had systems and processes in place to monitor the quality of the service and make improvements where required.

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

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff had additional roles and responsibilities, for example, a lead role for infection control.

Appropriate and accurate information

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

The practice used occasional patient surveys to obtain the views of patients and staff about the service.

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

The practice gathered feedback from staff through appraisals 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 limited quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed audits of infection prevention and control. Staff kept records of the results of these and produced action plans where necessary.

Are services well-led?

The clinical staff told us they 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.