

# Mr. Michael Simpson

# Helsby Dental Surgery

## Inspection Report

208 Chester Road  
Helsby  
Frodsham  
WA6 0AW  
Tel: 01928 722521  
Website: [www.helsbydental.co.uk](http://www.helsbydental.co.uk)

Date of inspection visit: 20/06/2018  
Date of publication: 10/07/2018

### Overall summary

We carried out this announced inspection on 20 June 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**

Helsby Dental Surgery is in Helsby and provides NHS and private dental care and treatment for adults and children.

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

The dental team includes a principal dentist, four associate dentists, seven dental nurses, one of whom is a trainee, two receptionists and a decontamination assistant. The dental team is supported by a practice manager and an assistant practice manager. The practice has five treatment rooms.

# Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

We received feedback from 37 people during the inspection about the services provided. The feedback provided was extremely positive.

During the inspection we spoke to four dentists, dental nurses, receptionists 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 8.15am to 6.00pm.

## **Our key findings were:**

- The practice was clean and well maintained.
- The practice had infection control procedures in place.
- 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.
- The provider had staff recruitment procedures in place. We found that two Disclosure and Barring Service checks had not been carried out at an appropriate time.
- 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 and a culture of continuous improvement.
- 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.

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

- Review the practice's system for recording incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's recruitment procedures to ensure that appropriate checks, specifically Disclosure and Barring checks where necessary, are completed prior to new staff commencing employment at the practice.

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes in place to provide safe care and treatment.

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

Staff were qualified for their roles, where relevant.

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.

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

The practice used learning from incidents to help them improve. We found that significant events were discussed at staff meetings. These were not always recorded to support learning and prevent recurrence. The provider assured us this would be addressed.

The practice completed essential recruitment checks before employing staff. We found that one improvement was needed to these.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as thorough and to a high standard. 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 and had systems to monitor this.

We saw that the dentists tailored the care and treatment towards the specific needs of their patients both individually and as a local population base. The dentists also tailored some of their individual on-going training towards their patients' specific needs.

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 37 people. Patients were positive about all aspects of the service the practice provided. They told us staff were considerate and helpful and go out of their way to accommodate patients' needs.

No action



# Summary of findings

They said they were given honest, clear 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.

We saw that 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 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 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. Most of the staff had worked at the practice for many years and were familiar with the systems and processes in place. We found that the practice leaders had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service.

The practice team kept detailed patient dental care records which were stored securely.

The practice 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 and staff were involved in quality improvement initiatives such as good practice certification and peer review as part of their approach in providing high quality care.

The provider 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 clear systems 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.

The provider had a system to ensure patients' specific circumstances were highlighted to the relevant staff, as appropriate, for example, children with child protection plans, adults where there were safeguarding concerns, and people who required other support such as with mobility or communication.

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 in accordance with recognised guidance.

The provider had staff recruitment procedures in place to help them employ suitable staff. These reflected the relevant legislation. Most staff had been employed for a number of years. We saw that recruitment checks were carried out and the required documentation was available. We observed that Disclosure and Barring Service checks for two clinical staff had been carried out after these members of staff had commenced employment at the practice and no risk assessment had been put in place in relation to this.

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 was regularly tested, and firefighting equipment, such as fire extinguishers, was regularly serviced.

The practice had arrangements in place to ensure X-ray procedures were carried out safely and had the required radiation protection information available.

We saw that the dentists justified, graded and reported on the X-rays they took. The practice carried out radiography audits every year following current guidance and legislation.

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. Staff and external organisations contracted by the provider 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.

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 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.

# Are services safe?

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.

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.

The practice had procedures in place to reduce the possibility of Legionella or other bacteria developing in the water systems and had risk assessed this 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**

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 written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely.

We saw the provider had arrangements to ensure staff asked patients if their personal information, such as phone numbers, was still valid.

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. Antimicrobial prescribing audits were carried out annually. The most recent audit demonstrated the dentists were following current guidelines.

## **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.

Staff told us about some incidents which could constitute significant events. We observed that these had not been recorded to support learning and prevent recurrence. Staff told us that the incidents had been discussed at practice meetings.

The provider had a system for receiving and acting on 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**

## Are services safe?

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 in line with recognised guidance. The practice had systems to keep dental practitioners up to date with current evidence-based practice and we saw the dentists participated in regular peer review. We saw that the dentists delivered care and treatment in line with current legislation, standards and guidance.

We observed that the dentists were aware of their own patients' needs both at an individual level and as a population, and tailored care towards this.

### Helping patients to live healthier lives

The dental team 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 dentists told us they 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.

The practice participated in national and local oral health and general health campaigns to support patients to live healthier lives and directed patients to sources of help and advice where appropriate. We found staff were very knowledgeable about these initiatives and keen to ensure positive outcomes for their patients.

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

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

### 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 practice monitored staff training to ensure essential training was completed.

We saw the dentists tailored some of their individual on-going training towards their patients' specific needs.

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



# Are services effective?

(for example, treatment is effective)

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 calming, patient and supportive. 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.

The practice was well maintained. The provider aimed to provide a comfortable, relaxing environment and had plans in place for the on-going refurbishment of the practice.

### **Privacy and dignity**

The practice 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 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, for example,

- Interpreter services were available for patients whose first language was not English.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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 and information leaflet 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.

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

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, a hearing loop, a dedicated parking space for people with disabilities, and a call bell. The provider had plans in place to refurbish the patient toilet facilities and make them accessible to wheelchair users.

Staff had received training in dementia and had made further adjustments to the practice to assist patients living with dementia, for example, contrasting colours on steps and posters and displaying the practice name in each treatment room.

The practice was accessible to wheelchair users. 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, the practice had a hearing induction loop available, and appointments could be arranged by email.

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, and included this information in their practice information leaflet and 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. A limited number of daily appointments were also available for people who did not attend a dentist and had urgent treatment needs.

The practice's website, information leaflet 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.

### 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 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 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 last 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 that the practice leaders had the capacity and skills to deliver high-quality, sustainable care. The principal dentist and practice managers had extensive experience in managing a dental practice. They were knowledgeable about issues and priorities relating to the quality and future of the service, understood the challenges and were addressing them.

The practice leaders were visible and approachable.

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 practice had a clear vision and set of values. The provider had a realistic strategy to deliver high-quality patient centred care. We saw the practice leaders had considered a long term strategy

which took account of health and social priorities in the area and the needs of the practice population. The practice planned its services taking into consideration these priorities and needs.

### Culture

The practice had a culture of learning and improvement.

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 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 regular team meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information. The management team also met regularly.

### 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, that were accessible to all members of staff. Most of the staff had worked at the practice for a number of years and were familiar with the systems in operation at the practice.

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

The practice was a member of a practice certification scheme which promoted good standards in dental care. The provider also subscribed to a dental compliance scheme to ensure good governance was maintained and legal obligations were complied with.

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 principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice managers were responsible for the day to day running of the service. Staff had additional roles and responsibilities, for example, a lead role for infection control and fire safety roles. We saw staff had access to suitable supervision and support for their roles and responsibilities.

There were clear and effective processes for managing risks, issues and performance.

### Appropriate and accurate information

The practice 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.

# Are services well-led?

## **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 to obtain the views of patients and staff about the service and logged patients' verbal comments. We saw the provider acted on patients' suggestions, for example, clear information about exemption from payment for dental treatment was displayed in the waiting rooms and reception.

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 meetings, surveys, 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 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 dental care records, X-rays, infection prevention and control, waiting times and patient referrals. 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, incidents, audits and feedback.

The whole staff team had annual appraisals. We saw these were a two-way process and identified individual learning needs. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The clinicians were involved in quality improvement initiatives including peer review, as part of their approach in providing high quality care. The dental team were involved with local and national dental organisations. The practice manager attended quarterly meetings with other practice managers in the area.