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Mouthmatters

Inspection Report

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Overall summary

We carried out this announced inspection on 30 August 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered 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.

We told the NHS England Cheshire and Merseyside area team and Healthwatch that we were inspecting the practice. We did not receive any information of concern from them.

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 not providing well-led care in accordance with the relevant regulations.

Background

Mouthmatters is close to the centre of Chester and provides dental care and treatment to adults and children on a privately funded basis.

There is a small step at the front entrance to the practice. The provider has a portable ramp available to facilitate access to the practice for wheelchair users. The practice has three treatment rooms. Car parking is available near the practice.

The dental team includes a principal dentist, a dental hygienist, two dental nurses, one of whom is the

Summary of findings

treatment co-ordinator, and a receptionist. The team is supported by an external practice management consultant. Several specialist dentists provide services at the practice when required.

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 15 people during the inspection about the services provided. The feedback provided was positive about the practice.

During the inspection we spoke to the principal dentist, the dental hygienist, one of the dental nurses, the receptionist and the practice management consultant. We looked at practice policies, procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 8.30am to 5.00pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had safeguarding processes in place and staff knew their responsibilities for safeguarding adults and children.
- Staff provided patients' care and treatment in line with current guidelines.
- The practice had a procedure in place for dealing with complaints.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took patients' needs into account. Dedicated emergency appointments were available.
- The practice had a leadership structure. 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 practice had infection control procedures in place which reflected published guidance, except in relation to re-processing of unused instruments, and storage.
- Staff knew how to deal with emergencies. Not all the recommended medical emergency medicines and equipment were available.
- The practice had systems in place to help them manage risk but risks associated with fire, used sharps and Legionella had not all been reasonably reduced.
- The practice had staff recruitment procedures in place but not all the required information was available in staff recruitment records.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulations the provider was not meeting are at the end of this report.

There were areas where the provider could make improvements and should:

- Review the practice's arrangements for responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency and through the Central Alerting System, as well as from other relevant bodies such as, Public Health England.
- Review the practice's system for identifying and disposing of out-of-date stock.
- Review the practice's protocols and procedures to ensure staff are up to date with their recommended training and their continuing professional development.
- Review the protocols and procedures in relation to the safe use of X-ray equipment taking account of the relevant guidance notes, specifically in relation to the appointment of a Radiation Protection Adviser and the use of collimation.

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 recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles where appropriate.

The premises and equipment were clean and well maintained.

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

The practice had protocols in place for the recruitment of staff.

During the inspection the practice made arrangements to receive patient safety alerts but a system could be introduced to review past alerts which may be relevant to the practice.

The practice had procedures in place for the safe use of X-rays but we found that minor improvements could be made to these.

We found that improvements could be made to the checking of stock expiry dates.

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 excellent and commented that it was delivered with great care and skill. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their role but improvements could be made to monitoring of training.

No action



Are services caring?

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

Patients were positive about all aspects of the service. They told us staff were friendly, helpful and welcoming. They said that they were given comprehensive information about dental treatment, and said their dentist listened carefully to them.

No action



Summary of findings

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 obtain an appointment quickly in an emergency.

Staff considered patients' individual needs and made reasonable adjustments to meet these. This included providing facilities for patients with disabilities

Staff responded to concerns and complaints quickly.

No action



Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

Staff were aware of the importance of confidentiality and protecting patients' personal information. The practice team kept accurate patient dental care records which were stored securely.

Staff felt supported and appreciated.

The practice asked for and listened to the views of patients and staff.

The practice had arrangements in place for the governance and management of the service. These included systems for the practice team to review the quality and safety of the care and treatment provided. Not all these systems were operating effectively.

We saw that the practice had assessed most of the risks associated with dental practices but had not put in place all reasonably practicable measures to reduce them.

The provider informed us that the issues were being addressed but we were not provided with evidence to support this for every issue identified.

Requirements notice



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond to and learn from accidents, incidents and significant events. Staff told us there had never been any significant events.

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 practice did not receive national medicines and equipment safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. Clinicians we spoke to were not aware of recent ones. During the inspection the practice made arrangements to receive these alerts in the future. The provider assured us previous alerts would be checked to ensure any necessary action was identified and taken.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures in place to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who are 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.

The practice had whistleblowing arrangements in place. Staff were not fully aware of these arrangements.

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

Medical emergencies

Staff knew what to do in a medical emergency and completed training in medical emergencies and life support every year at an external venue.

We reviewed the contents of the medical emergency kit. The kit contained several items which were no longer recommended by guidance. Most of these were past the

expiry dates. Emergency medicines were not all stored together, for example, one medicine in the kit was past the expiry date but the practice had an 'in-date' one stored elsewhere. The provider contacted us after the inspection to inform us these issues had been rectified.

Not all the recommended emergency equipment and medicines were available as recommended in recognised guidance, including four sizes of oxygen masks, three sizes of oropharyngeal airways and portable suction. The provider assured us these had been ordered after the inspection. Several items of medical emergency equipment were past the expiry dates, including needles and syringes, adult defibrillator pads, and child defibrillator pads. The provider sent us evidence that defibrillator pads, oropharyngeal airways, oxygen masks and portable suction had been ordered immediately after the inspection.

Staff told us they carried out monthly checks and kept records of these checks to make sure the medicines and equipment were within their expiry dates and in working order. We observed that these checks were not within the recommended time intervals. Not all the staff were aware of where all the medical emergency medicines were stored.

Staff recruitment

The practice had a staff recruitment policy and procedures to help them employ suitable staff. These reflected the relevant legislation. We looked at several staff recruitment records. The records for two recently recruited staff showed the practice did not consistently follow their recruitment procedure. The records did not contain photographic identification, references or evidence of qualifications. The records contained details of Disclosure and Barring Service checks. We observed these had been carried out several months prior to the staff being employed by the practice.

Clinical staff were qualified and registered with the General Dental Council, where necessary.

Monitoring health and safety and responding to risks

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 and specific dental practice risks.

Staff told us the practice had carried out a fire risk assessment but we were not provided with evidence of this. We saw that the practice had fire safety equipment and arrangements in place to mitigate risks from fire but

Are services safe?

fire drills were not carried out. Following the inspection the provider notified us that they had arranged for a fire risk assessment to be carried out by an external agency. The provider also informed us that a fire drill had been arranged. We were not provided with evidence of the fire risk assessment.

We saw the provider's sharps risk assessment. The provider had not considered all reasonably practicable measures to mitigate the risks, for example, the assessment did not identify the user's responsibility for dismantling and disposing of used sharps.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections.

Clinical staff had professional indemnity cover.

Infection control

The practice had an infection prevention and control policy and associated procedures in place to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health but we observed there were some deviations from the guidance, for example, staff were not fully clear as to when unused instruments should be re-processed, and some items for clinical use were permanently left out uncovered in the treatment rooms.

Staff completed infection prevention and control training regularly.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. We observed that one of the routine tests on the autoclave was not carried out. The provider assured us they would contact the manufacturer for advice on carrying out this test.

Staff carried out infection prevention and control audits twice a year. We observed that the audit template used did

not fully reflect current guidance and not all the answers on the audit equated with the practice's procedures as described to us by staff. The provider informed us after the inspection that they had arranged to obtain an updated one.

The practice had procedures in place, in accordance with current guidance, to reduce the possibility of Legionella or other bacteria developing in the water systems. We observed that the practice did not always carry out remedial action where required, for example, in relation to water temperature control.

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

Equipment and medicines

We saw servicing documentation for the equipment used in the practice.

The practice had systems for prescribing, dispensing and storing and stock control of medicines and dental materials. Several dental materials in the treatment room drawers were found to be past their expiry dates. The provider assured us after the inspection that a full stock check was carried out on the materials in the treatment rooms.

Radiography (X-rays)

The practice had arrangements in place in relation to the safe use of radiation. We observed that the contract for Radiation Protection Adviser services had expired and the practice did not know whether a new contract was in place. The practice contacted us after the inspection to inform us they were arranging to set up a new contract for radiation protection advice.

We saw that the practice had been advised to use rectangular collimation when taking X-rays to reduce the radiation dose to the patient but these were not in use. The practice contacted us after the inspection to inform us they were arranging to purchase these.

We saw evidence that the dentist justified, graded and reported on the X-rays they took. The practice carried out X-ray audits following current guidance.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about patients' current dental needs, past treatment and medical history. The dentist assessed patients' treatment needs in line with recognised guidance.

We noted the dental nurse wore dental loupes to magnify the working area when assisting with patients' treatment.

Health promotion and prevention

The practice 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 dentist told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The clinicians told us they discussed smoking, alcohol consumption and diet with 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.

Staffing

The provider had an induction process in place for staff new to the practice.

The General Dental Council requires dental professionals to complete continuing professional development as a requirement of their registration. 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 as appropriate, for example, for all the visiting specialists.

Staff told us they had annual appraisals. These were used to discuss learning needs, general wellbeing and future professional development. We saw completed appraisals which confirmed this.

Working with other services

The dentist confirmed they referred patients internally to a range of specialists. The practice also received referrals from other dental practices for specialist treatments. We saw that information on after care was provided to the referring dentists after treatment had been provided. Referrals were also made to specialists in primary and secondary care if patients needed treatment the practice did not provide. This included referring patients with suspected oral cancer in accordance with the current guidelines. The practice monitored urgent referrals to ensure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist 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. Staff 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. The clinicians were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were compassionate, accommodating and efficient. We saw that staff treated patients kindly and with respect 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.

Staff were aware of the importance of privacy and confidentiality. The layout of 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.

The practice provided drinking water, tea and coffee for patients and visitors.

Involvement in decisions about care and treatment

The dentist provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them, and gave them time to think. The dentist 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. These included general dentistry and treatments for gum disease, and more complex treatment.

Information about the range of treatments provided was available on the practice's website and in leaflet format in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice was well maintained. The practice aimed to provide a comfortable, relaxing environment.

The practice had an appointment system in place which took account of patients' needs. Staff told us that patients requiring urgent appointments were seen the same day.

We saw that the dentists tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. Patients told us they had enough time during their appointment and did not feel rushed.

Tackling inequity and promoting equality

The practice had taken into consideration the needs of different groups of people, for example, people with disabilities, and put in place reasonable adjustments, for example, handrails to assist with mobility.

The whole practice was located at ground floor level.

The practice was accessible to wheelchair users.

The practice could access interpreter and translation services for people who required them.

Access to the service

The practice displayed its opening hours on the premises, in the practice's information leaflet and on their website.

Staff made every effort to keep waiting times and cancellations to a minimum.

The practice made every effort to see patients experiencing pain or other dental emergencies on the same day and had appointments available for this. The practice's website, information leaflet and answerphone provided contact details for patients requiring 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 appointment.

Concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The principal dentist was responsible for dealing with complaints and aimed to resolve these in-house where possible. Staff told us they raised any formal or informal comments or concerns with the principal dentist to ensure the patient received a quick response.

Information was available about organisations patients could contact should they not wish to complain to the practice directly or 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. We saw that the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The practice had systems in place to support the management of the service. Not all these systems were operating effectively, for example, the system for stock control of medicines and dental materials, including medical emergency medicines, the system for recruitment and the system in relation to radiation.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The external practice management consultant provided occasional assistance with the running of the service. We saw staff had access to suitable supervision and support for their roles and responsibilities.

The provider had put in place policies, procedures and risk assessments to support good governance and to guide staff. The risk assessments did not identify and reasonably reduce all risks, for example, those associated with fire, sharps and Legionella. The provider assured us they had taken steps to address these risks after the inspection.

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

Leadership, openness and transparency

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 felt confident to do this. They told us the principal dentist was approachable, would listen to their concerns and act appropriately.

The practice held occasional meetings where staff could communicate information. Where appropriate meetings were arranged to share urgent information. Staff told us as it was a small practice issues were discussed as they arose.

Learning and improvement

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed X-rays and infection prevention and control.

We saw limited evidence of learning from complaints, incidents, audits and feedback. We observed that no action plan or learning points to share with staff were included in the infection control audit.

Staff had annual appraisals, which helped identify individual learning needs. Staff told us the practice provided support and training opportunities for their on-going learning.

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

The practice had a system in place to seek the views of patients about all areas of service delivery through the use of patient surveys and a suggestion box. Patient feedback was available to read on the practice's website.

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

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The registered person had a system in place to check emergency medicines and equipment to ensure the medicines and equipment were within their expiry dates and in working order but the checks failed to identify that several items were past their expiry dates.• The registered person had a system in place in relation to staff recruitment but checks had not been carried out and information was not available in relation to photographic identification, references and evidence of qualifications for two recently recruited clinical staff.• The registered person had systems in place in relation to infection control but these did not consistently take account of the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices, or have regard to The Health and Social Care Act 2008: 'Code of Practice

Requirement notices

about the prevention and control of infections and related guidance in relation to the re-processing of unwrapped unused dental instruments and the storage of items in the treatment rooms.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- The registered person had not carried out a fire risk assessment.
- The registered person had not considered all reasonably practicable measures to reduce the risks associated with the use of used sharps in particular the responsibility for their dismantling and disposal.
- The registered person had carried out a legionella risk assessment but had not taken action where the temperature of the hot water from the sentinel tap fell below the recommended temperature.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- The registered person carried out infection control and prevention audits but these did not reflect the most recent infection control guidance and no action plan or learning points were included where non-compliances were identified.

Regulation 17(1)