

Newtown (No 1) Limited

The Newtown Dental Centre

Inspection Report

161 Cambridge Road
Newtown
St Helens
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Overall summary

We carried out this announced inspection on 1 March 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 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 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 providing well-led care in accordance with the relevant regulations.

Background

The Newtown Dental Centre is close to the centre of St Helens and provides dental care and treatment to adults and children on an NHS and privately funded basis.

There is one step at the front entrance to the practice. The practice has three treatment rooms. Car parking is available near the practice.

Summary of findings

The dental team includes a principal dentist, four associate dentists, six dental nurses, three of whom are trainees, and one of whom also carries out reception duties. The team is supported by a practice manager and an assistant practice manager.

The practice is owned by a company and as a condition of registration must have in place a person registered with the Care Quality Commission as the registered manager. Registered managers have a 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 The Newtown Dental Centre is the practice manager.

We received feedback from 18 people during the inspection about the services provided. The feedback provided was positive about the practice.

During the inspection we spoke to two dentists, dental nurses and the practice managers. 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 infection control procedures in place which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medical emergency medicines and equipment were available.
- The practice had systems in place to help them manage risk.
- 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 staff recruitment procedures in place. We found that not all the required information was available.

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

- Review the practice's arrangements for staff to raise concerns at work and ensure details of external organisations, for example, Public Concern at Work, are available.
- Review the practice's recruitment procedures to ensure they are in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and ensure the necessary pre-employment checks are carried out for staff and the required specified information in respect of persons employed by the practice is held.
- Review the security of NHS prescription pads in the practice to ensure they are all securely stored.
- Review the practice's audit protocols to ensure audits have documented learning points and action plans where appropriate.

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. They used learning from incidents to help them improve.

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 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.

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

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

Staff stored blank NHS prescription pads securely. We found that the pads in current use were not stored securely. Staff assured us this would be addressed immediately.

We observed that the provider had arrangements in place for staff to raise concerns at work but these did not contain details of external organisations.

The practice had recruitment procedures in place. The practice was unable to demonstrate on the day of the inspection that some of the recruitment checks had been carried out before employing some of the staff. We highlighted the significance of this finding to the provider and were assured that the evidence would be submitted.

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 professional and arranged quickly. 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 roles and had systems in place to monitor this.

No action



Are services caring?

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

No action



Summary of findings

Patients were positive about all aspects of the service. They told us staff were helpful, personable and efficient. They said that they were given helpful 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 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. The practice had access to interpreter services and had arrangements in place to help patients with 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 review the quality and safety of the care and treatment provided.

There was a clearly defined management structure and staff felt supported and appreciated.

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.

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

Staff carried out audits to help the practice learn and improve. We observed the audits did not contain action plans where appropriate.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The 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.

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 a whistleblowing policy in place. Staff told us they were confident to raise concerns without fear of recrimination. We observed that the policy did not include details of external organisations staff could raise concerns with.

We looked at the practice's arrangements for safe dental care and treatment. Staff followed relevant safety laws when using needles and other sharp dental items. We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance.

The provider 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.

The practice had 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 within their expiry dates and in working order.

Staff recruitment

The provider had staff recruitment procedures in place to help them employ suitable staff. These did not reflect the relevant legislation. We looked at five staff recruitment records. We saw that three associated with clinical staff appointed within the previous three years did not contain evidence to demonstrate that pre-employment checks had been carried out in relation to identification, references and employment history. Staff were unsure whether these checks had been carried out and whether the documents had been retained by the provider. One of the records relating to these clinical staff contained a Disclosure and Barring Service check certificate, and one a Criminal Records Bureau check certificate. We observed that these had been carried out at least two years prior to appointment at the practice. After the inspection the provider sent us photographic identification for two of the clinical staff inspection. We were not provided with evidence that these pre-employment checks had been carried out.

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 risks, for example, fire and control of hazardous substances, and specific dental practice risks. Staff reviewed risk assessments every year. We saw that the practice had put in place measures to reduce the risks identified in the assessments.

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. Systems were in place to check staff immunity.

A dental nurse worked with each of the the clinicians when they treated patients. We saw that the clinical staff had professional indemnity cover.

Infection control

Are services safe?

The practice had an infection prevention and control policy and associated procedures in place. 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. Staff completed infection prevention and control training regularly.

We saw that suitable arrangements were in place 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 noted the practice was meeting some of the best practice recommendations in HTM 01-05.

Staff carried out infection prevention and control audits twice a year.

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

Staff segregated and disposed of dental waste in accordance with current guidelines. The provider had arrangements for all types of dental waste to be removed from the premises by a contractor. We saw that clinical

waste awaiting collection was stored securely inside the practice. Two external bins containing infectious waste were not locked. The practice manager acted on this immediately.

Equipment and medicines

We saw servicing documentation for the equipment used in the practice. Staff carried out checks in accordance with the manufacturers' recommendations.

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

Staff stored and kept records of blank NHS prescriptions in accordance with current guidance. We observed that prescription pads in use in the treatment rooms were not stored securely. Staff assured us this would be addressed immediately.

Radiography (X-rays)

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

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits regularly 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 dentists assessed patients' treatment needs in line with recognised guidance and kept detailed dental care records containing information about patients' current dental needs, past treatment and medical history.

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

Health promotion and prevention

The practice 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. The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. Staff provided health promotion information to help patients with their oral health.

Staffing

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

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 monitored staff training to ensure essential training was completed each year.

The dental nurse with the lead role for infection control had completed specific training for this role and we saw that one of the dental nurses had enhanced skills training in the application of fluoride.

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

Working with other services

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they 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 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. 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 dentists 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 friendly, caring and helpful. 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.

Patients could choose whether they saw a male or female dentist.

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.

Involvement in decisions about care and treatment

The dentists 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 dentists described to us the conversations they had with patients to help them understand their treatment options.

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 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.

Staff told us that they currently have patients for whom they need to make adjustments to enable them to receive treatment.

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 practice was not accessible to wheelchair users. Staff offered wheelchair users an opportunity to visit the practice to check if they could access the practice with assistance from staff. They also provided information on nearby practices which were accessible.

The patient toilet facilities were located on the first floor accessed by a flight of stairs. 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.

Access to the service

The provider displayed the practice's opening hours on the premises and in the practice's information leaflet.

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 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 practice manager 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 practice manager to ensure the patient received a quick response.

We observed that 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 provider 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 arrangements in place to monitor the quality of the service and make improvements where required.

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

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

The principal dentist and the registered manager had overall responsibility for the management and clinical leadership of the practice. The assistant 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. We saw staff had access to suitable supervision and support for their roles and responsibilities.

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 managers were approachable, would listen to their concerns and act appropriately.

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

Learning and improvement

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, handwashing and disability access. Staff kept records of the results of these. We observed that audits did not always have associated action plans where appropriate.

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 the NHS Friends and Family Test. A summary of patient survey results was available for patients to read.

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.