

Swinton Practice Ltd

# Swinton Practice Limited

## Inspection Report

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### Overall summary

We carried out this announced fully comprehensive follow up inspection on 27 September 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 second dentally qualified inspector.

We had undertaken an announced focused inspection of this service on 7 June 2017 as part of our regulatory functions where breaches of legal requirements were found.

After the focused inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to each of the breaches and sent evidence of their progress.

We reviewed the practice against three of the five questions we ask about services: is the service safe, effective and well led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Swinton Practice Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We revisited Swinton Practice Limited as part of this review and checked whether they had followed their

action plan and to confirm that they now met the legal requirements. We checked these areas as part of this follow-up comprehensive inspection and found this had been resolved.

We told the NHS England area team that we were inspecting the practice. We received a report of the progress made by the practice and did not receive any further 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?**

# Summary of findings

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**

Swinton Practice Limited is in Swinton, Manchester and provides NHS and private treatment to adults and children.

There is level access at the rear of the premises for people who use wheelchairs and pushchairs. The practice has a car park and additional street parking is available near the practice.

The dental team includes five dentists, seven dental nurses (two of whom are trainees), one dental hygiene therapist and one receptionist. The clinical team is supported by a practice manager and a practice administrator. There are four treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Swinton Practice Limited was the principal dentist.

On the day of inspection we reviewed patient feedback and online reviews. This information gave us a positive view of the practice.

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

The practice is open:

Monday 9am to 6pm

Tuesday to Thursday 9am to 5.30pm

Friday 9am to 3pm.

## **Our key findings were:**

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available and checked regularly.
- The practice had implemented systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had introduced thorough staff recruitment procedures.
- The clinical staff provided and reviewed 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 appointment system met patients' needs.
- The practice had effective leadership and governance. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.

# 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 to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff had received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Improvements were needed to the system to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA).

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had reviewed the availability of emergency equipment and medicines which were available as described in recognised guidance. An adjustment was needed to ensure Glucagon is stored in line with manufacturer's guidance.

No action



### Are services effective?

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

The practice had engaged with NHS England, held clinical meetings and carried out audits to ensure dental care records were detailed and contained information about the patients' current dental needs, past treatment and medical histories.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice could demonstrate that improvements had been made as a result of introducing record keeping templates and auditing patients' dental care records.

The clinicians held regular discussions and were aware of current guidelines and research in order to develop and improve their system of clinical risk management.

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 to help them 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

Patient feedback showed they were positive about all aspects of the service the practice provided. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them.

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 was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements 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 introduced governance software to enable the management team to plan and review systems effectively. Lead roles had been identified and training and support provided.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

During the inspection the provider was responsive to feedback and provided evidence that they had engaged with external organisations, training providers and NHS England to address the concerns from the previous inspection and put systems in place to maintain safe and effective ways of working.

The practice team kept complete patient dental care records which were, clearly written or typed and 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.

No action





# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had introduced policies and procedures and forms for staff to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

We saw evidence that the practice recorded, responded to and discussed all incidents to reduce risk and support future learning. They had also introduced a notice board to enable staff to communicate minor issues and concerns.

The practice had a system to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We saw evidence that some recent alerts had been received, discussed with staff, acted on and stored for future reference. We noted that two recent relevant alerts had not been received. The inspector alerted the practice manager on the day of the inspection and the devices were checked to confirm that they were not affected by the alerts. They gave assurance that they would ensure all future alerts are received, acted upon and retained for reference.

### Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that all staff had received safeguarding training. Lead staff were appointed who had received additional level three training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which were scheduled to review annually. A full sharps risk assessment was in place and a safer sharps system was in use. The practice followed relevant safety laws when using

needles and other sharp dental items. The dentists used rubber dams or an alternative safety system to protect the airway in line with guidance from the British Endodontic Society when providing root canal treatment.

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

### Medical emergencies

Staff knew what to do in a medical emergency and we saw evidence they had completed training in emergency resuscitation and basic life support. Two members of staff had received additional immediate life support training.

The practice had reviewed the availability of emergency equipment and medicines which were available as described in recognised guidance. Additional medical emergency oxygen had also been obtained. Staff had a system of daily and weekly checks of the equipment and kept records of their checks to make sure these were available, within their expiry date, and in working order. Glucagon, which is required in the event of severe low blood sugar, was kept in the fridge and staff monitored the temperature but the temperature logs showed the fridge was outside the temperature recommended by the manufacturer. This was discussed with the practice manager and principal dentist to review.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff which included DBS checking. This reflected the relevant legislation. We looked at the most recent recruitment files. These showed the practice had followed their recruitment procedure. The practice had personal files for all members of staff with up to date employment information and evidence of training, indemnity and immunity.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

### Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice administrator had engaged with an external governance organisation to



## Are services safe?

obtain up-to-date advice and guidance. Staff had cleared and de-cluttered the premises to remove hazards and secure trailing wires. Staff carried out and documented fire safety checks and fire drills and all staff had received fire safety training. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental therapist when they treated patients.

### Infection control

The practice had an infection prevention and control policy and had engaged the local infection prevention team to review procedures and access training to keep patients safe. A decontamination lead had been identified and they followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. A minor improvement was needed to the labelling on instrument transport boxes to identify boxes for clean and dirty instruments.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

Staff had received training in waste segregation; We saw that waste was segregated and disposed of appropriately.

The practice had reviewed cleaning schedules for the premises. The practice had been redecorated, decluttered and was clean when we inspected and patients confirmed this was usual.

The staff records we reviewed with the practice manager provided evidence to support the relevant staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. Staff who were low responders had been appropriately risk assessed.

### Equipment and medicines

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

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

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

### Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice was now carrying out X-ray audits following current guidance and legislation.

Clinical staff had completed continuous 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 had engaged with NHS England, held clinical meetings and carried out audits to ensure dental care records were detailed and contained information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The practice could demonstrate that improvements had been made as a result of introducing record keeping templates and auditing patients' dental care records to check that the dentists recorded the necessary information.

The clinicians held regular discussions and were aware of current guidelines and research in order to develop and improve their system of clinical risk management. For example, National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal, and in deciding when to recall patients for examination and review of Faculty of General Dental Practitioners (FGDP) guidelines relating to dental radiography, antimicrobial prescribing and record keeping. Clinicians had completed additional training and discussed standards for dental care to ensure that patient care was delivered according National Institute for Clinical Excellence (NICE) and other professional guidance.

### Health promotion & prevention

The practice provided preventative care and support to patients in line with the Delivering Better Oral Health toolkit. They displayed oral health education information throughout the practice and supported national oral health campaigns. Patient's comments confirmed that the dentists were very informative and gave them information to improve their oral health.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children as appropriate.

The dentists 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

We saw evidence that staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and the practice supported them to complete their training by offering in-house training, lunch and learn sessions, online training and regular staff meetings.

The provider used the skill mix of staff in a variety of clinical roles, for example, dentists, a dental hygienist, and dental nurses, to deliver care in the best possible way for patients.

Staff told us they discussed training needs individually, in meetings and annual appraisals and personal development plans were planned.

### Working with other services

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 under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure 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 and capacity assessment forms were available. 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 and the dentists and dental nurses had completed training and 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' feedback showed that staff were friendly, helpful and professional. Some members of staff have been employed for many years and we saw that staff treated patients warmly, respectfully, appropriately and were friendly towards patients at the reception desk and over the telephone.

The layout of reception and waiting areas did not provide 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 and if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Information folders, patient survey results and thank you cards were available for patients to read. A patient information board encouraged patients to provide feedback and displayed the most recent feedback received. The practice could provide drinking water, magazines and books whilst patients were waiting.

#### **Involvement in decisions about care and treatment**

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

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

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 treatments.





# 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 efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patient notes were flagged if they needed to access the practice via the ramp at the rear of the premises, were unable to access the first floor surgery or if they required a translator.

Patients were sent text message and email reminders for upcoming appointments. Staff told us that they telephoned some patients on the morning of their appointment to make sure they could get to the practice. Staff also telephoned patients after complex treatment to check on their well-being and recovery.

### Tackling inequity and promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access at the rear of the premises, a lowered section of the reception desk and an accessible toilet with hand rails.

Staff said they could provide information in different formats and languages to meet individual patients' needs. Staff could speak Hebrew and Yiddish. They also had access to interpreter/translation services which included British Sign Language.

### Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. The website, information leaflet and answerphone provided telephone numbers for patients needing 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 & 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 these. 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 and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if 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

### Governance arrangements

The practice was a member of a 'good practice' accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager and practice administrator were responsible for the day to day running of the service. They had introduced governance software to enable the management team to plan and review systems effectively. Lead roles had been identified and training and support provided. Staff knew the management arrangements and their roles and responsibilities.

The practice had up to date policies, procedures and risk assessments which were personalised to the practice to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The practice had information governance arrangements 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 if anything went wrong.

Staff told us there was an open, no blame culture at the practice. The practice had introduced regular staff discussions and structured meetings to encourage them to raise any issues and staff felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally. Staff had documented their personal reflections on the findings of the previous inspection. They spoke openly about the process and how they had worked as a team to improve and learn from the experience.

The practice had introduced regular structured meetings where staff could raise any concerns, discuss clinical and non-clinical updates and receive training. Immediate discussions were arranged to share urgent information.

### Learning and improvement

During the inspection the provider was responsive to feedback and provided evidence that they had engaged with external organisations, training providers and NHS England to address the concerns from the previous inspection and put systems in place to maintain safe and effective ways of working. The practice had introduced quality assurance processes to encourage learning and continuous improvement. These included holding audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The partners showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The practice was in the process of introducing annual appraisals and personal development plans. They discussed learning needs, general wellbeing and aims for future professional development.

Staff showed evidence that they completed highly recommended training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys and verbal comments to obtain patients' views about the service and a notice board in the waiting room highlighted this to patients and visitors. Staff told us that patients had provided positive feedback in person and online about the improvements made by the practice.

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