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Littleton Road Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 9 March 2017 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

Littleton Road Dental Practice is a dental practice providing NHS and private treatment for both adults and children. The practice is based in a converted terraced property with on-street parking available. The practice is part of Smart Dental Care which has a number of practices in the North West of England and Northern Ireland. There are two dental treatment rooms located on the ground and the first floor, a decontamination room, reception area and staff room.

The practice employs one dentist, two dental nurses, one of whom mainly works on the reception, and a practice manager.

The practice's opening hours are 9am to 5.30pm Monday to Friday.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings were:

- The treatment rooms would benefit from refurbishing but the practice was visibly clean and free from clutter.
- An infection prevention and control policy was in place. We saw the sterilisation procedures followed recommended guidance.
- Practice meetings were used for shared learning.
- The practice had a safeguarding policy but not all staff were aware on how to escalate safeguarding issues for children and adults should the need arise.
- Staff received annual medical emergency training. Some minor adjustments were necessary to the resuscitation kit to comply with Resuscitation Council UK guidelines.
- Dental professionals provided treatment in accordance with current professional guidelines.
- Patient feedback was regularly sought and reflected upon.
- Patients could access urgent care when required.
- Dental professionals were maintaining their continued professional development (CPD) in accordance with their professional registration.
- There was a system to deal with complaints in an efficient and positive manner.

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

- Review availability of staff training and equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the systems to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Review the storage of medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review the staffs awareness of the safeguarding reporting process.
- Review the current legionella risk assessment and implement the required actions including the monitoring and recording of water temperatures, giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.

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?

No action

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

Infection prevention and control procedures followed nationally recognised guidance from the Department of Health.

We saw evidence that staff had received safeguarding training but not all staff were familiar with the procedure to report concerns.

Equipment for decontamination procedures, radiography and general dental procedures were tested and checked according to manufacturer's instructions.

Emergency medicines and equipment were available but some minor adjustments were necessary to comply with British National Formulary and Resuscitation Council UK guidelines.

The processes to carry out and act upon recommendations from risk assessments should be improved.

Are services effective?

No action

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

Dental professionals referred to resources such as the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff obtained consent, dealt with patients of varying age groups and made referrals to other services in an appropriate and recognised manner.

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuing professional development (CPD).

Are services caring?

No action

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 11 responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

Dental care records were kept securely on computer systems which were password protected and backed up at regular intervals.

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

Summary of findings

Are services responsive to people's needs?

No action

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

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients.

A disability access audit had been carried out and the practice was accessible to people with disabilities and impaired mobility. Staff had access to a translation service where required.

The practice had a complaints policy which provided guidance to staff on how to handle a complaint.

Are services well-led?

No action

We found that this practice was providing well-led care in accordance with the relevant regulations.

We noted policies and procedures had not previously been reviewed on a regular basis but the organisation was in the process of implementing a review process.

We found there were support systems in place to ensure the smooth running of the practice.

The practice manager kept all staff files, training logs and certificates and ensured there were regular quality checks of clinical and administration work.

Staff were encouraged to provide feedback on a regular basis through staff meetings and informal discussions.

A regular audit cycle was apparent within the practice.

Patient feedback was encouraged verbally and on feedback forms. The results of any feedback were discussed with staff learning and improvement.

Littleton Road Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 9 March 2017 and was led by a CQC inspector who was supported by a specialist dental adviser.

During the inspection we spoke with the dentist, dental nurses and the practice manager. To assess the quality of care provided we looked at practice policies, protocols and other records relating to the management of the service. We also reviewed feedback from patients about the service.

We informed NHS England area team that we were inspecting the practice; however 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 therefore formed the framework for the areas we looked at during the inspection.

No action

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was a system in place for staff to report incidents and accidents or significant events.

An accident book was available but staff told us that there had not been any incidents or accidents in the past two years. Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff were aware of their responsibilities under the Duty of Candour. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority's safeguarding team, social services and other agencies including the Care Quality Commission. We saw evidence that staff had received safeguarding training to the recommended level and there was a documented reporting process available for staff to use if anyone made a disclosure to them. This included and identified the practice's safeguarding lead but not all staff were familiar with the procedure to report concerns. The practice manager told us they would discuss this to ensure staff understand the process.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

A risk management process had recently been undertaken for the safe use of sharps (needles and sharp instruments) and discussed with staff, although staff could not recollect the discussion. Only the dentist was permitted to re-sheath needles where necessary in order to minimise the risk of inoculation injuries to staff.

The practice had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date (April 2017).

Medical emergencies

Staff had received up to date training in medical emergencies and the dentist was booked onto a course in April. They were not familiar with the equipment to assist ventilation. The practice manager gave assurance that this would be reviewed urgently.

Equipment and emergency medicines were present in line with the British National Formulary and Resuscitation Council UK guidelines. This included an automated external defibrillator (AED) [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. Glucagon, which is required in the event of severe hypoglycaemia or low blood sugar, was kept with the emergency kit but the date had not been adjusted in line with the manufacturer's guidance.

We saw records that showed the emergency medicines and equipment were checked regularly and all stock was within the expiry date with the exception of the child sized pads for the AED. We checked the availability of oxygen masks and tubing, some items were not in packaging and others had an aged and discoloured appearance.

Staff knew the location of the emergency oxygen, medicines and AED but were not aware of the location of the masks and self inflating ventilator equipment.

Staff recruitment

The organisation was in the process of reviewing the practice recruitment policy and procedures. The staff files held all required documents including proof of identity, qualifications, immunisation status, indemnity, and where necessary a Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruitment decisions and can prevent unsuitable people from working with vulnerable groups, including children. Staff were required to ensure they had their own professional indemnity in place and we saw evidence of this.

No action

Are services safe?

Monitoring health & safety and responding to risks

A health and safety policy was available and up to date. There was a health and safety risk management process in place which enabled them to assess, mitigate and monitor risks to patients, staff and visitors to the practice and a health and safety risk assessment was in place. This did not include a risk assessment of the cleaner's cupboard which did not have a light, there was a steep step down into the room and visibility was poor without a torch which wasn't available. The room was also used to house the dental compressor and other equipment which posed a hazard to the cleaner. This was discussed with the practice manager who provided assurance that a light would be provided and the risks assessed.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found that risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

The practice had one fire exit; clear signs were visible to show where evacuation points are.

We saw annual maintenance certificates of firefighting equipment including the current certificate. The practice also had weekly visual checks of the extinguishers, lights and signs. Six-monthly fire drills were carried out to ensure staff were rehearsed in evacuation procedures.

There was a business continuity plan but this did not include the contact details of all staff, contractors and emergency numbers should an unforeseen emergency occur.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission which included Hepatitis B. The policy also described processes for the possibility of sharps' injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste. The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff.

We looked at the facilities for cleaning and decontaminating dental instruments. The practice had a designated decontamination room in accordance with HTM 01-05 guidance. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment (including heavy duty gloves and a mask) while instruments were decontaminated and inspected with an illuminated magnifier prior to being placed in an autoclave (sterilising machine).

We saw instruments were placed in pouches after sterilisation and dated to indicate when they should be reprocessed if left unused.

There was evidence of daily and weekly tests being performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had a contract with a clinical waste contractor. We saw the different types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps.

Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

We looked at the treatment rooms where patients were examined and treated. The treatment rooms would benefit from refurbishing as some cupboards and drawers were difficult to open and work surfaces were jointed but they were visibly clean. Separate hand wash sinks were available with good supplies of liquid soap and alcohol gel. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

Records showed risk assessment processes for Legionella had been carried out in 2015 and 2016. The initial assessment highlighted a risk from a dis-used bathroom

No action

Are services safe?

upstairs, the water supply to the toilet appeared to have been disconnected but the supply to the sink had not and staff were not running the water regularly in line with the recommendations of the assessment. The second assessment had not identified the risk from the dis-used sink. We discussed this with the practice manager who told us they would obtain further advice about disconnecting the water supply to the room. The practice carried out other preventative measures including procedures for cleaning and disinfecting of the dental water lines and suction equipment. This was in accordance with guidance to prevent the growth and spread of Legionella bacteria. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There were supplies of environmental cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spreading.

Equipment and medicines

There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclaves, fire extinguishers, oxygen and the X-ray equipment. We were shown the servicing certificates.

An effective system was in place for the prescribing, administration and stock control of the medicines used in clinical practice such as local anaesthetics and antibiotics. These medicines were stored safely for the protection of patients. We noted that some of the items in the root filling kit had expired and staff were not aware, these were disposed of immediately.

Radiography (X-rays)

We checked the practice's radiation protection records as X-rays were taken and developed at the practice. We found there were arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were available.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

In order to keep up to date with radiography and radiation protection and to ensure the practice is in compliance with its legal obligations under Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000, the General Dental Council recommends that dentists undertake a minimum of five hours continuing professional development (CPD) training During each five year CPD cycle. We saw evidence that the dentists were up to date with this training.

Dental care records we reviewed showed the practice was justifying, reporting on and grading X-rays taken.

No action

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. Dental Care Records showed a comprehensive examination of a patient's soft tissues (including lips, tongue and palate) had been carried out and the dentists had recorded details of the condition of patients' gums using the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). In addition they recorded the justification, findings and quality assurance of X-ray images taken.

The dentist carried out an oral health assessment for each patient which included their risk of tooth decay, gum disease, tooth wear and mouth cancer. The results were then discussed with the patient (and documented in the patient record) along with any treatment options, including risks, benefits and costs.

The practice kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. For example, the practice referred to 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.

Health promotion & prevention

The practice placed an emphasis on oral disease prevention and the maintenance of good oral health as part of their overall philosophy. A range of leaflets and posters in the waiting room contained information for patients such as smoking cessation advice and maintaining children's oral health.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. This was also recorded in the dental care records we reviewed.

Staffing

There was an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.

Staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council. This included areas such as responding to medical emergencies and infection control and prevention.

There was an appraisal system in place which was used to identify training and development needs.

Working with other services

Referrals for patients when required were made to other services. The practice had a system in place for referring patients for dental treatment and specialist procedures such as orthodontics and minor oral surgery. Staff told us where a referral was necessary, the care and treatment required was fully explained to the patient. There was a system in place to record and monitor referrals made to ensure patients received the care and treatment they required in a timely manner.

Consent to care and treatment

The practice ensured informed consent from patients was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits were discussed with each patient who then received a detailed treatment plan and estimate of costs. We asked the dentists to show us some dental care records which reflected this. Patients were given time to consider and make informed decisions about which option they wanted. This was reflected in the comments we received from patients.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff demonstrated a good understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment.

Staff members we spoke with were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. They were familiar with the concept of Gillick competence regarding the care and treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.

No action

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were 11 responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs. One patient we spoke to expressed concern about the service they had received, we discussed this with the practice manager who assured us they would investigate the concerns.

We observed all staff maintained privacy and confidentiality for patients on the day of the inspection. Practice computer screens were not overlooked in reception and treatment rooms which ensured patients' confidential information could not be viewed by others. If further privacy was requested, patients were taken to a private room to talk with a staff member.

We saw that doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

Dental care records were stored electronically and computers were password protected to ensure secure access. Computers were backed up and passwords changed regularly in accordance with the Data Protection Act. Staff were confident in data protection and confidentiality principles.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing NHS and private treatment costs were displayed in the waiting area. The practice's website provided patients with information about the range of treatments which were available at the practice.

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits.

No action

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including the practice opening hours, emergency 'out of hours' contact details, complaints and safeguarding procedures and treatment costs. Leaflets on oral health conditions and preventative advice were also available.

Staff told us that every effort was made to see all emergency patients on the day they contacted the practice and we saw evidence of this on the day. Reception staff had clear guidance to enable them to assess how urgently the patient required an appointment. We looked at the appointment schedules and found that patients were given adequate time slots for different types of treatment.

Tackling inequity and promoting equality

The practice had an equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients. The practice had made reasonable adjustments to prevent inequity to any patient group. A disability access audit had been carried out. A disability access audit is an assessment of the practice to ensure it meets the needs of disabled individuals, those with restricted mobility or with pushchairs. Adjustments had been made to accommodate patients with disabilities which included step free access at the front entrance and a fully accessible toilet. Staff were able to speak other languages including Greek, Iranian and Russian. They also had access to interpretation and translation services where required.

Access to the service

The practice's opening hours were 9am to 5.30pm Monday to Friday. These were displayed in their premises and in the practice information leaflet. Patient feedback indicated that they felt they had good access to routine and urgent dental care. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC.

Information for patients was available in the practice information leaflet but was not displayed in the waiting area. This included how to make a complaint, how complaints would be dealt with and the time frames for responses. The practice manager told us they had not received any complaints in the last 12 months, staff told us they would raised any patient comments or concerns with the practice manager immediately to ensure responses were made in a timely manner.

No action

Are services well-led?

Our findings

Governance arrangements

The practice manager provided us with the practice policies, procedures, certificates and other documents. We viewed documents relating to safeguarding, whistleblowing, complaints handling, health and safety, staffing and maintenance. We noted policies and procedures had not previously been reviewed on a regular basis but the organisation was in the process of implementing a review process.

The practice manager kept all staff files, training logs and certificates and ensured there were regular quality checks of clinical and administration work. The practice's systems for identifying where quality or safety was being affected and addressing any issues required improvement. For example, carrying out and acting on recommendations risk assessments and ensuring that staff are familiar with emergency and safeguarding procedures. Health and safety and risk management policies were in place and the practice manager was working to improve the risk management process to ensure the safety of patients and staff members.

The practice had dedicated leads and various policies to assist in the smooth running of the practice.

Leadership, openness and transparency

The overall leadership was provided by the practice manager with additional support as required from the organisation's head office. The practice manager told us they regularly met with other practice managers to share learning and discuss concerns. Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour requirements.

Learning and improvement

A regular audit cycle was apparent within the practice. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations. Clinical and non-clinical audits were carried out by various members of staff. Topics included radiography, infection prevention and control and record keeping audits. Results and action plans were clearly detailed and shared with staff.

Improvement in staff performance was monitored by the practice manager. Staff told us that regular meetings and informal discussions took place. Staff were encouraged to keep up to date with training and development.

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

The practice had systems in place to seek and act upon feedback from staff members and people using the service. Staff and patients were encouraged to provide feedback on a regular basis either verbally or the annual patient survey, the most recent results showed that 17 of 18 patients surveyed were satisfied with the service.

Staff told us their views were sought and listened to and that they were confident to raise concerns or make suggestions to the practice manager. Staff meetings were held regularly, we reviewed the minutes of meetings and saw that staff had discussed topics including whistleblowing, fire safety, safeguarding and medical histories. Staff told us they were encouraged to contribute to discussions.