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Malpas Dental Surgery

Inspection Report

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Date of inspection visit: 30 September 2015
Date of publication: 19/11/2015

Overall summary

We carried out an announced comprehensive inspection on 30 September 2015 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

The practice is situated in the village of Malpas, Cheshire. The practice has four dentists, a practice manager who is a qualified dental nurse and four trainee dental nurses. The practice provides primary dental services to predominately NHS patients. The practice is open Monday to Friday 8.30am – 5pm. Out of hours patients are directed to the emergency out of hour's dental service with contact details displayed on the door and by telephone message.

The principal dentist is the registered provider. A registered provider is registered with the Care Quality Commission to manage the service. Registered providers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We viewed 42 CQC comment cards that had been left for patients to complete prior to our visit and spoke to two patients on the day of inspection, about the services provided. All of the comment cards seen and patients spoken to reflected positive comments about the staff and the services provided. Patients commented that the practice appeared clean; they found the staff very caring, professional and friendly. They had trust and confidence in the dental treatments and said explanations were clear and understandable. Emergency appointments were available and appointments usually ran on time.

Our key findings were:

Summary of findings

- The practice recorded and analysed incidents and complaints and cascaded learning to staff when they occurred.
- Staff had received safeguarding training, demonstrated good awareness and knowledge and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies and emergency medicines and emergency equipment were available.
- Infection control procedures were in place.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.

- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice staff felt involved and worked as a team.
- The practice sought feedback from staff and patients about the services they provided.

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

- Carry out and document staff appraisals to assess performance and develop training plans.
- Carry out regular clinical audits including radiographs and infection control audits and share resulting changes to practice with all staff.
- Ensure fire fighting equipment is serviced and maintained and staff have regular fire safety training in line with fire safety legislation.

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 ensure care and treatment was carried out safely. In the event of an incident, accident or complaint occurring, the practice documented, investigated and learnt from it.

Staff had received training in safeguarding and knew who to report concerns to. Staff were safely recruited and generally all the required information was held in respect of persons employed by the practice.

Infection prevention and control procedures were in place and staff had received training in infection control. Radiation equipment was suitably sited and used by trained staff only. Local rules were displayed clearly where X-rays were carried out. Emergency medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were available at the practice and equipment was serviced and maintained at regular intervals. However we found that audits of radiographs and infection prevention and control had not taken place this year.

Paper dental records were stored securely. We found that there was no documented evidence of safety alerts having been noted and actioned.

Are services effective?

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

Patients received an assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood and risks, benefits of the treatment options offered and associated costs were fully explained. The practice kept detailed dental records of oral health assessments, treatment carried out and monitored any changes in the patients' oral health. The records we viewed and patients spoken with confirmed that patients were given oral health promotion advice appropriate to their individual needs.

National Institute for Health and Care Excellence (NICE) and professional clinical guidelines were considered in the delivery of dental care and treatment for patients. The treatment provided for the patients was effective, evidence based and focussed on the needs of the individual.

Staff received training appropriate to their roles. Staff were supported through training and continuous professional development. Patients were referred to other services when needed in a timely manner.

Are services caring?

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

Patients were treated with dignity and respect and their privacy maintained. Patients spoke highly of the care and treatment given. We were told that treatment was clearly explained and options and choices given where appropriate. Patients who were anxious were cared for well with more time given to them at appointments.

Are services responsive to people's needs?

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

Patients had good access to appointments at the practice and emergency/urgent appointments were available in a timely manner. There were good dental facilities in the practice and there was sufficient well maintained equipment

Summary of findings

to meet the dental needs of their patient population. Appointment times were convenient, met the needs of patients and they were seen promptly. Information about emergency treatment and out of hours care was available on the phone line and displayed on the door to the practice. The practice accommodated patients with a disability or poor mobility by use of the ground floor treatment rooms and ramps.

There was a clear complaints system in place and evidence that demonstrated the practice had responded appropriately if an issue was raised.

Are services well-led?

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

There was a leadership structure evident and staff felt supported by the dentists and other staff. Staff were supported to maintain their professional development and skills. The practice staff met regularly to review aspects of the delivery of dental care and the management of the practice. Patients and staff were able to feedback compliments and concerns regarding the service.

Health and safety general environmental risks had been identified and risk assessments were in place and reviewed. Clinical audits had not taken place this year.

Malpas Dental Surgery

Detailed findings

Background to this inspection

The inspection took place on 30 September 2015 and was conducted by a CQC inspector who was accompanied by a dental specialist advisor and a second inspector.

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. Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed information we held about the practice and found there were no areas of concern. During the inspection we spoke with two dentists, two trainee dental nurses, the practice manager and two patients. We reviewed policies, procedures and other documents. We reviewed 42 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from incidents and complaints. Staff were aware of how to report incidents and were encouraged to bring safety issues to the attention of the dentists and practice manager. Staff told us that the practice had a no blame culture and policies were in place to support this. Incidents and accidents were reported investigated and lessons were learnt from them.

There was a policy and procedures in place for responding to complaints. These set out how complaints and concerns would be investigated, responded to and how learning from complaints would be shared with staff.

National patient safety alerts were disseminated by the practice manager to relevant staff. We saw evidence of the recent guidance on Ebola displayed in the practice. (Ebola is a contagious viral infection causing severe symptoms and caused an epidemic in West Africa). However, we found that safety alerts were not documented as being received by relevant staff or actioned. The practice told us they would action this immediately.

Reliable safety systems and processes (including safeguarding)

The practice had a local practice policy and procedures in place for safeguarding and protection of vulnerable adults and children that was current and up to date. They also had access to flow charts and guidance of what to do in the event of concerns regarding child abuse for staff to refer to. Staff we spoke with were aware of their policy and who to raise concerns to. They were able to demonstrate that they understood the different forms of abuse and how to raise concerns. The practice had a policy for follow up of children who did not attend for dental care and treatment.

All staff were trained in safeguarding adults and children. One of the dentists had a lead role in safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice. The practice had a whistleblowing policy in place. Staff spoken with told us that they felt confident that they could raise concerns and these would be dealt with appropriately.

During our inspection we found that the dental care and treatment of patients was planned and delivered in a way

that ensured patients' safety and welfare. We saw dental care records were in paper format. They contained patient's medical history that was obtained and updated prior to the commencement of dental treatment in all cases. Paper records were stored securely.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received basic life support training. Staff we spoke with were able to describe how they would deal with medical emergencies.

Emergency medicines and oxygen were available. This was in line with the 'Resuscitation Council UK' and 'British National Formulary' guidelines. The practice had an automated external defibrillator (AED) as part of their equipment. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). AEDs are recommended as standard equipment for use in the event of a medical emergency by the Resuscitation Council UK. We checked the emergency medicines and found that they were of the recommended type and were all in date. We saw that medicines and equipment were checked to monitor stock levels, expiry dates and ensure that equipment was in working order.

Staff recruitment

The practice had a recruitment procedure in place that was basic in detail. Records we reviewed demonstrated that all clinical staff had undertaken a Disclosure and Barring Service (DBS) or Criminal Records Bureau (CRB) check. Clinical staff had evidence of registration with their professional body the General Dental Council (GDC) and medical insurance. We reviewed two staff records and found that overall they contained all the information required relating to workers.

Newly employed staff had a period of induction to familiarise themselves with the way the practice ran, before being allowed to work unsupervised. Staff told us they had received an induction and there was documented evidence in staff records.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred staff would cover for their colleagues.

Are services safe?

Monitoring health & safety and responding to risks

A health and safety policy and risk assessments were in place. These identified risks to staff, patients and people who attended the practice. The risks had been identified and control measures were in place to reduce them. There were also other policies and procedures in place to manage risks at the practice including infection prevention and control.

There was fire fighting equipment throughout the practice, however checks on the equipment was out of date having last been done in 2013. The practice told us they would rectify this immediately. PAT testing was undertaken annually and records demonstrated this was up to date. This was last done in June 2015.

The practice had risk assessed and had an up to date procedure in place to address the effects of any extreme weather conditions this winter.

Infection control

The practice was visibly clean, tidy and uncluttered. There was an overarching infection control policy in place and supporting policies which detailed decontamination and cleaning processes and requirements. There was a cleaning schedule in place. Dental nurses and trainee dental nurses were able to describe their role and procedures in relation to cleaning the clinical areas.

There was a nominated dental nurse who had responsibility for infection control and was the lead for decontamination in the practice. Staff had received training in infection prevention and control as part of their continuous professional development and by regular training updates. We saw evidence the practice had last undertaken an infection control audit in 2013. This should be carried out six monthly in order to demonstrate compliance with current Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices (HTM01-05).

We found that there were adequate supplies of liquid soaps and hand towels throughout the premises. Posters describing proper hand washing techniques were displayed in the dental surgeries, the decontamination room and the toilet facilities. There was a policy and procedure for dealing with inoculation /sharps injuries which was displayed in clinical areas. A clinical waste

contract was in place. We found that clinical waste storage bins located outside the building were not properly secured; staff told us they had reported this to the company and would rectify this immediately.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room. The decontamination room had defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye/face wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM 1-05). On the day of our inspection, a dental nurse demonstrated the decontamination process to us and used the correct procedures. The practice cleaned their instruments manually and with an automatic washer. Instruments were examined visually with an illuminated magnifying glass and sterilised in an autoclave. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date.

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

Staff were well presented and wore clean uniforms. We saw and were told by patients that staff wore personal protective equipment when treating patients.

The practice had a legionella risk assessment undertaken in 2014 and regularly ran the water taps to mitigate the risk. However records were not maintained of the checks done on the hot and cold water temperatures. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place.

Equipment and medicines

We found that all of the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean

Are services safe?

and sterilise the instruments and the X-ray sets. There were processes in place to ensure tests of equipment were carried out appropriately and records were held of service histories.

We found that portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process which electrical appliances are routinely checked for safety.

Medicines in use at the practice were stored and disposed of in line with published guidance. There were sufficient stocks available for use and these were rotated regularly. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

Radiography (X-rays)

X-ray equipment was used and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. We noted that local rules were displayed in areas where X-rays were carried out. A radiation protection advisor and a radiation protection

supervisor (the lead dentist) had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in the documentation. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed confirmed that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary.

The dentists monitored the quality of the X-ray images themselves informally. However there were no records to demonstrate this and radiograph audits were not undertaken on a regular basis, the last one having been done in 2014. Patients were required to complete medical history forms and the dentist considered each patient's circumstance to ensure it was safe for them to receive X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The clinical staff were familiar with, and used current guidance for dentistry. Patients attending the practice for a consultation received an assessment of their dental health after providing a medical history covering health conditions, current medicines being taken and whether they had any allergies.

The staff we spoke with and evidence we reviewed confirmed that care and treatment was aimed at ensuring each patient was given support to achieve the best health outcomes for them. We found from our discussions that staff completed, in line with The National Institute for Health and Care Excellence (NICE) and national dental guidelines, assessments and treatment plans and these were reviewed appropriately. Information from the NHS Vital signs reports demonstrated the practice was performing well and generally in line with national averages. (The NHS Dental Services vital signs report provides measures which helps monitor providers contracts across four key areas; access, activity, quality and finance.

The dentists and patients we spoke with told us patient's diagnosis was discussed with them and treatment options were explained. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures. Where appropriate, dental fluoride treatments were prescribed. The patient notes were updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with NICE recommendations. Data from the NHS Dental Services vital signs report showed that for 2014/2015 and 2013/2014 the practice applied fluoride varnish (varnish which helps protect teeth from decay) to nearly twice as many patients' teeth than the average for England.

We reviewed 42 CQC comment cards and spoke to two patients on the day of inspection. The feedback we received reflected that patients were very satisfied with the assessments, explanations and the quality of the treatment received.

Health promotion & prevention

The waiting room/reception area at the practice contained literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. This included information on how to maintain good oral hygiene both for children and adults and the impact of diet, tobacco and alcohol consumption on oral health. There was a strong focus on dental health education and health promotion for all patients including children. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health; children who regularly failed to attend for appointments were followed up. Patients told us that the dentists and dental nurses gave them good advice and information about dental health.

Data from the NHS Vital signs reports for 2014/2015 and 2013/2014 shows that the practice carried out nearly twice as many scale and polishes than the average for England and that in 2014/2015 the practice provided best practice prevention in 97.5 out of 100 courses of treatment. This was more than twice the national average.

Staffing

The practice had two principal dentists and employed two part time associate dentists. There were four trainee dental nurses, and a qualified dental nurse/practice manager. Dental staff were appropriately trained and all the dentists and qualified dental nurses who worked at the practice were registered with the General Dental Council (GDC). Staff were encouraged and supported to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development.

Staff were expected to maintain their own training records and CPD requirements. The practice provided access to update training and training courses via electronic learning and face to face training sessions. We saw evidence of a variety of training having taken place and planned for the near future such as in infection control and decontamination, basic life support (BLS) and safeguarding.

Staff spoken with said they felt supported and involved in discussions about their personal development. They told us that the dentists were supportive and always available for advice and guidance.

Are services effective?

(for example, treatment is effective)

Working with other services

There was proactive engagement with other dental and healthcare providers to coordinate care and meet patients' needs. The practice had systems in place to refer patients to other practices or specialists. This included for intravenous sedation, orthodontic specialists and for suspected cancers in accordance with cancer referral guidelines.

Consent to care and treatment

Patients we spoke with and comments reviewed told us they were given appropriate information and support regarding their dental care and treatment and to support treatment choice decisions. Patients told us they were

given clear explanations and treatment options were discussed. The patients confirmed they understood and had consented to treatment. We saw that consent was documented in patient dental care records.

Clinical staff were aware of the implications of obtaining consent and of gaining consent in children and vulnerable adults. Staff were aware of the Mental Capacity Act 2005 and supporting guidance from the British Dental Association (BDA). We saw evidence that patients were presented with treatment options and consent forms and treatment plans were signed by the patient. However the two patients spoken with could not confirm if they had received written treatment plans when having treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception and waiting area was open plan. We were told by reception staff/dental nurse that they considered conversations held at the reception area when other patients were present and would take them into the treatment rooms to discuss anything confidential.

The patients who completed comment cards and those we spoke with reported that they felt that practice staff were professional, courteous, friendly and caring and that they were treated with dignity and respect at all times.

Staff were clear about the importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment. This was supported by patients we spoke with and comment cards reviewed which said that they were well cared for when

they were nervous and this helped make the experience better for them. The comments we received demonstrated to us that staff put patients at ease and were very good in caring for nervous and anxious patients.

Involvement in decisions about care and treatment

The comment cards we reviewed and patients we spoke with told us that the staff were professional and care and treatments were always explained in a language they could understand. Information was given to patients enabling them to make informed decisions about care and treatment options and these options were talked through with the patient giving them time to understand and make decisions. Staff confirmed that treatment options, risks and benefits were discussed with each patient to ensure the patient understood what treatment was available so they were able to make an informed choice. Staff told us that during appointments the dentist would discuss patients' oral health with them and gave suggestions how this could be improved.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

In the waiting area of the practice information was displayed which described the services offered to patients and included information in relation to their complaints procedure. The practice offered mostly NHS treatment and the costs were clearly displayed.

Each patient contact was recorded in the patient's dental record. New patients completed a medical history and dental questionnaire. This enabled the practice to gather important information about their previous dental, medical and relevant social/lifestyles history. They also aimed to capture the patient's expectations in relation to their needs and concerns which helped direct dentists to provide the most effective form of care and treatment.

Tackling inequity and promoting equality

The practice had an equality and diversity policy. Staff we spoke with were aware of these policies. They had also considered the needs of patients who might have difficulty accessing services due to mobility or physical issues. The practice was accessible to patients with reduced mobility in the ground floor treatments rooms and ramps were available for those patients using wheelchairs.

Access to the service

Appointment times and availability met the needs of patients. Patients we spoke with and CQC comments cards we reviewed told us they always got a convenient appointment and emergency appointments were available in a timely manner. The arrangements for obtaining

emergency dental treatment outside of normal working hours, including weekends and public holidays were clearly displayed in the waiting room area, on the door of the practice and by telephone message when the practice was closed.

Patients we spoke with and comments we received told us that there was no concerns regarding waiting times and that appointments usually ran on time. Patients commented that they had sufficient time during their appointment for discussions about their care and treatment and for planned treatments to take place.

Patients who completed the CQC comment cards confirmed that they were very happy with the availability of routine and emergency appointments. Data from the NHS Vital signs reports for 2014/2015 showed that 96.2% of patients were satisfied with the time they had to wait for an appointment compared with 89.8% national average.

Concerns & complaints

The practice had a complaint policy and procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. It also included the details of external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Staff we spoke with were aware of the procedure to follow if they received a complaint. The complaints procedure was displayed in the waiting area for patients to see.

From information received prior to the inspection we saw that there had been one complaint received in the last 12 months this had been responded to appropriately.

Are services well-led?

Our findings

Governance arrangements

The practice had some arrangements in place for monitoring and improving the services provided for patients. Staff we spoke with were aware of their roles and responsibilities within the practice.

The practice had not carried out any audits in the last 12 months due to staff sickness and other absences. We discussed this with the practice who told us they were looking at starting to implement a programme of audits shortly. Health and safety risk assessments were in place to help ensure that patients received safe and appropriate treatments.

There was a range of policies and procedures in use at the practice. These included health and safety, infection prevention control, patient confidentiality and recruitment. Staff were aware of the policies and they were available for them to access. Some of the policies were not dated with issue and review dates to ensure they were current and reflected current legislation and guidance. Staff spoken with were able to discuss many of the policies and this indicated to us that they had read and understood them.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. Staff told us that they could speak with the practice's dentists or manager if they had any concerns. They told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns. Staff had lead roles in areas such as decontamination, radiography, and complaints.

There was a whistle blowing policy in place. All staff were aware of whom to raise any issue with and told us that the

dentists and other staff listened to their concerns and dealt with them appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

The practice had a statement of purpose. Staff could articulate the values and ethos of the practice to provide high quality dental care.

Management lead through learning and improvement

Staff told us the practice supported them to maintain and develop through training, development and mentoring and provided them with access to relevant e-learning and face to face training. However, regular staff appraisals did not take place. Staff told us they could speak to the practice manager and dentists at any time and were well supported professionally and personally.

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

The practice staff told us that patients could give feedback at any time they visited. They participated in the NHS Friends and Family test, submitted their data and looked at the results to identify any areas for improvement. Results from the last two months that we viewed were very positive with 100% of patients saying they were likely or highly likely to recommend the practice to friends and family. (The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided or where improvements are needed). The practice had systems in place to review the feedback from patients who had cause to complain.

The practice held regular staff meetings to discuss clinical and non-clinical issues arising and for staff feedback. Staff we spoke with told us that information was shared and that their views and comments were sought informally. They were listened to and able to contribute to service developments and improvements. Staff told us that they felt part of a team.