

Good Dentist

Hollins Road Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 25 November 2020 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 and to review in detail the actions taken by the registered provider to improve the quality of care to confirm that the practice was now meeting legal requirements. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

As part of this focused inspection we asked the following questions:

- Is it safe?
- Is it effective?
- 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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services well-led?

Summary of findings

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

Background

Hollins Road Dental Practice is in Oldham and provides NHS and private dental care and treatment for adults and children.

The practice is not accessible to wheelchair users. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes three dentists, three dental nurses (one of which is a trainee) who also undertake administrative and reception duties, a dental hygienist and a practice manager. The practice has two treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC 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 Hollins Road Dental Practice is one of the partners.

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

The practice is open: Monday to Friday 9am to 5:30pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained. Structural and decorative improvements had been made to the premises.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them identify and manage risk to patients and staff. Improvements could be made to the systems to manage the risks from hazardous substances, staff immunity and systems to receive safety alerts.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had improved staff recruitment procedures which now reflected current legislation.
- The clinical staff provided 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.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider had effective leadership. Governance systems including practice policies would benefit from updating.
- Staff felt involved and supported and worked as a team.
- The provider had implemented standard operating procedures in line with national guidance on COVID-19.

There were areas where the provider could make improvements. They should:

- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.

Summary of findings

- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Improve the practice's arrangements for ensuring good governance and leadership are sustained in the longer term. In particular, reviewing and updating practice policies.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action ✓
Are services effective?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records. We highlighted the availability of a national toolkit to support the safeguarding of children and young people who are not brought to appointments.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. These procedures had been reviewed and amended in line with national guidance on COVID-19. Checklists and flowcharts were in place to evidence staff compliance with these. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. *The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.*

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned, these included the removal of water storage heater and tanks to reduce associated risks. Records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean and tidy. Additional premises adjustments had been made to ensure staff maintained social distancing requirements. For example, a screen and social distancing markers had been installed at reception. Hand hygiene facilities and face masks were available for use by staff, patients and visitors. The waiting and treatment areas were kept clean and clutter free with all non-essential items removed.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. New equipment had been installed to separate and filter waste dental amalgam and dispose of this appropriately. A secure external clinical waste storage unit was now in place.

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

The practice's whistleblowing policy could be improved by including 'Speak-Up' information and local sources of support and self-help resources. Staff felt confident they could raise concerns without fear of recrimination.

Are services safe?

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the provider had improved their recruitment procedures to ensure essential checks were carried out on new staff members. We highlighted that where verbal references are obtained, this should be documented in the staff file.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. New electrical systems and gas appliances had been installed and appropriate certification was in place.

A recent fire risk assessment had been carried out in line with the legal requirements. The provider had made additional improvements including the installation of smoke detection equipment and emergency lighting throughout the premises. A log book was in place to document equipment safety checks and fire drills. We saw there were fire extinguishers throughout the building and fire exits were kept clear.

New X-ray equipment had been installed. The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. Safer needle systems and dental matrices were in use. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus. We noted evidence of the effectiveness of the vaccination was not available for one clinical member of staff and the results of a second staff member suggested they had an inadequate immune response. Individual risk assessments had not been carried out on these staff members. The provider gave assurance this would be addressed. A trainee dental nurse was in the process of completing their course of vaccinations. A risk assessment was in place for them and their duties had been restricted to prevent accidental exposure.

Sepsis prompts for staff and patient information posters were available. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Are services safe?

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had some risk assessments to minimise the risk that can be caused from substances that are hazardous to health. New substances were in use that had not been risk assessed to ensure these were stored and used in line with the Control of Substances Hazardous to Health Regulations 2002. The practice manager confirmed this would be reviewed.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out. The most recent audit indicated the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were risk assessments in relation to safety issues. There were systems for staff to monitor and review incidents to understand risks and make improvements.

In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be reported, investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider did not have a system for receiving and acting on safety alerts. The practice manager sent evidence after the inspection that they had registered to receive alerts directly and gave assurance they would ensure that future alerts are acted upon and retained for reference.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. The dentists followed COVID-19 care pathways when planning care and treatment. Screening and triaging were undertaken prior to patients attending the premises and immediately upon arrival to identify COVID-19 positive individuals and those who may have been exposed to the virus.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved co-ordinating care with the dental hygienist, providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. 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. The team had completed training and understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

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

Are services effective?

(for example, treatment is effective)

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. The practice monitored the progress of the trainee dental nurse and provided mentoring to support their learning.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

We saw how the dentists referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide and acted on any referral rejections.

Are services well-led?

Our findings

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

Leadership capacity and capability

We found the partners had the capacity, values and skills to deliver high-quality, sustainable care.

The partners were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. The provider had implemented standard operating procedures to enable care to be provided to patients during COVID 19. Individual risk assessments had been carried out on staff members to identify any individuals at increased risk. Entry to the premises was controlled and signage at the entrance to the surgery clearly alerted patients not to attend if suffering from the symptoms of COVID-19. There was signposting to alternative courses of action if they had an urgent care need. Premises changes had been made to enable staff and patients to maintain social distancing. Appropriate personal protective equipment was provided and fit tested. Systems were in place to update staff on any changes to national guidance.

Leaders were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued.

Staff discussed their training needs at one to one meetings and during clinical supervision. There were plans to carry out annual appraisals to review learning needs, general wellbeing and aims for future professional development.

We saw the provider had systems in place to identify and deal with staff poor performance.

Systems were in place to investigate and respond to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager worked with the partners to ensure the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures. We noted that policies needed to be reviewed, updated and made easier for staff to locate. The practice manager was new in post, they were aware of the need to update governance systems but priority had been given to implementing COVID-19 policies and procedures.

Are services well-led?

We saw there were processes for identifying and managing risks, issues and performance. For example, improvements had been made to clinical waste segregation, fire safety systems and to reduce the risk of legionella in the water systems. Improvements should be made in relation to systems to receive patient safety alerts, staff immunity and the use and storage of hazardous substances. The provider confirmed these would be addressed.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS performance information and audit was used to ensure and improve performance. Performance information was combined with the views of patients.

The provider had information governance arrangements. Staff had completed information governance training and were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service. For example:

The provider encouraged verbal comments and online reviews to obtain patients' views about the service.

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

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

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, antimicrobial prescribing and infection prevention and control. Staff kept 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.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.