

Hale Road Dental Practice Limited

Hale Road Dental Practice

Inspection Report

25-27 Hale Road
Liverpool
L4 3RL
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Website: N/A

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Overall summary

We carried out this announced responsive inspection on 7 December 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England Cheshire and Merseyside area team that we were inspecting the practice. We did not receive any information of concern from them.

We reviewed the practice against two of the five questions we ask about services: is the service safe and well-led?

These questions formed the framework for the areas we looked at during the inspection.

Our findings were:

Are services safe?

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

Are services well-led?

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

Background

Hale Road Dental Practice is located in a residential suburb of Liverpool and provides dental care and treatment to adults and children on an NHS and privately funded basis.

The provider has installed a ramp to facilitate access to the practice for wheelchair users. The practice has 3 treatment rooms. Car parking is available near the practice.

The dental team includes a principal dentist, four associate dentists, five dental nurses and a receptionist. The team is supported by a practice manager, who is also a registered dental nurse

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

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

The practice is open:

Monday to Wednesday 8.00am to 5.30pm

Thursday 9.00am to 5.30pm

Summary of findings

Friday 9.00am to 4.00pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medical emergency medicines and equipment were available.
- The practice had safeguarding processes in place and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures in place.
- Staff provided patients' care and treatment in line with current guidelines.
- The practice had procedures in place for dealing with whistleblowing concerns and complaints.
- Staff took care to protect patients' privacy and personal information.
- The practice had a leadership structure. Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.
- The practice had systems in place to help them manage risk. Risk assessments were not in place for two clinical staff in relation to the effectiveness of the Hepatitis B vaccination.

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

- Review the practice's system to ensure it is effective in assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities, specifically in relation to staff immunity to Hepatitis B.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes in place to provide safe care and treatment. They used learning from incidents to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. There were robust practical measures in place to assist staff in safeguarding patients.

The practice had suitable arrangements for dealing with medical and other emergencies.

Staff were qualified for their roles, where relevant. The practice completed essential recruitment checks before employing staff.

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

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

The practice had procedures in place to manage and reduce risks. We found that risk assessments were not in place for two clinical staff whose response to the Hepatitis B vaccination was unknown. The practice manager assured us this would be addressed.

No action



Are services well-led?

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

The practice had effective arrangements in place to ensure the smooth running of the service. These included systems for the practice team to review the quality and safety of the care and treatment provided.

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

Staff were aware of the importance of confidentiality and protecting patients' personal information. The practice team kept accurate patient dental care records which were stored securely.

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

The practice held regular staff meetings, and these were used to share information to improve future practice and to give everybody an opportunity to openly share information and discuss any concerns or issues.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

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

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national medicines and equipment safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures in place to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who are at risk due to their circumstances. Staff received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns.

The practice had displayed safeguarding information for clinicians and staff in the 'nurses' station' area. This was easily accessible for all staff. Local safeguarding authority's contact details for reporting concerns to, along with clear details of the practice's safeguarding lead were displayed. A telephone advice line for clinicians to contact for support and assistance when making referrals was also displayed. Templates of the referral paperwork were also available in this area. The practice manager explained to us these arrangements improved staff confidence and abilities in raising concerns where they suspected patients could be at risk.

The practice had a whistleblowing policy in place. Staff told us they were confident to raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. The practice followed relevant safety

laws when using needles and other sharp dental items. We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance.

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

Medical emergencies

Staff knew what to do in a medical emergency and completed training in medical emergencies and life support every year.

The practice had emergency equipment and medicines available as recommended in recognised guidance. Staff carried out, and kept records of, checks to make sure the medicines and equipment were within their expiry dates and in working order.

Staff recruitment

The practice had staff recruitment procedures in place to help them employ suitable staff. These reflected the relevant legislation. We looked at several staff recruitment records. These confirmed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council, where necessary.

The practice used the skill mix of staff in a variety of clinical roles, for example, dentists and dental nurses with enhanced skills, to deliver care in the best possible way for patients. Three of the dental nurses had enhanced skills qualifications in the application of fluoride.

Monitoring health and safety and responding to risks

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace, for example, fire, and specific dental practice risks, for example, Legionella. Staff reviewed risk assessments every year. We saw that the practice had put in place measures to reduce the risks identified in the assessments.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. Systems were in place to check staff immunity. We found

Are services safe?

that the effectiveness of the vaccination had not been identified for two of the staff and no risk assessment had been carried out in relation to them working in a clinical environment while the effectiveness was unknown. The provider assured us this would be addressed.

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

Infection control

The practice had an infection prevention and control policy and associated procedures in place to keep patients safe. We found that staff followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health. We noted that the practice was meeting some of the best practice recommendations of HTM 01-05.

We saw that all staff completed infection prevention and control training regularly.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

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

The practice had procedures in place, in accordance with current guidance, to reduce the possibility of Legionella or other bacteria developing in the water systems.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual. We observed that the treatment rooms were clean and uncluttered.

Equipment and medicines

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

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

The practice stored and kept records of NHS prescriptions in accordance with current guidance.

Radiography (X-rays)

The practice had arrangements in place to ensure X-ray procedures were carried out safely. They complied with current radiation regulations and had the required information available.

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

Where appropriate, staff completed continuing professional development in respect of dental radiography.

Are services well-led?

Our findings

Governance arrangements

The practice had effective systems in place to support the management and delivery of the service. Systems included policies, procedures and risk assessments to support good governance and to guide staff. We saw that these were regularly reviewed to ensure they were up to date with regulations and guidance. The practice used a dental compliance system to help them ensure good governance was sustained long term.

We saw the practice had arrangements in place to monitor the quality of the service and make improvements where required. Minor issues identified at the previous inspection had been rectified.

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

The practice had information security arrangements in place and staff were aware of the importance of these in protecting patients' personal information.

Staff were supported to meet the requirements of their professional registration by the provision of training.

Leadership, openness and transparency

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service.

Responsibilities were shared between staff, for example, there were lead roles for infection prevention and control and safeguarding. We saw staff had access to supervision and support for their roles and responsibilities.

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they felt confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

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

Learning and improvement

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed audits of dental care records, X-rays, infection prevention and control, fluoride use, cleaning, and antibiotic prescribing. Staff kept records of the results of these and produced action plans where necessary. We saw the auditing process was working well and resulted in improvements.

The principal dentist showed a commitment to learning and improving and valued the contributions made to the team by all staff. We saw evidence of learning from complaints, incidents, audits and feedback.

Staff had annual appraisals, which helped identify individual learning needs. Staff told us the practice provided support and training opportunities for their on-going learning.

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

The practice had a system in place to seek the views of patients about all areas of service delivery through the use of patient surveys and the NHS Friends and Family Test. A summary of patient survey results were available for patients to read.

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