Mr. James Mimnagh

Heswall Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 16 November 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 Heswall, an affluent area of Wirral. The practice has one principal dentist, three associate dentists, one dental hygienist, a practice manager and four qualified dental nurses. The practice provides primary dental services to predominately NHS patients. The practice is open Monday – Friday 9am – 5.30pm.

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 received feedback from 53 patients about the service. 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 and friendly. They had trust and confidence in the dental treatments and said explanations were clear and understandable. Emergency appointments were available on the same day and appointments usually ran on time.

Our key findings were:

- The practice recorded and analysed accidents, incidents and complaints and cascaded learning to staff when they occurred.

Summary of findings

- Staff had received safeguarding training 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, 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 consider:

- That when patient safety and other relevant alerts and guidance are followed actions taken are recorded.
- Reviewing and updating policies and procedures including infection control and recruitment policies and procedures to ensure they meet relevant guidelines and legislation.
- Clearly defining job roles and delegating staff relevant responsibilities to involve all staff in the governance framework.
- Equipping the practice with paediatric oxygen masks and defibrillator pads to complete their emergency equipment.
- Reviewing procedures for storage of paper records in accordance with the Department of Health's code of Practice for Records Management (NHS Code of Practice 2006) and other relevant guidance about information security and governance.

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.

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. Local rules were displayed 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 were serviced and maintained at regular intervals.

Staff had received training in safeguarding, demonstrated knowledge and awareness and knew who to report concerns to.

Electronic dental care records were secure. Historic paper records were not secure as they were stored in boxes in an attic.

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 recording and assessing their medical history. Explanations were given to patients in a way they understood and risks, benefits, options and 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. Records viewed and patient's comments confirmed that they were also given oral health promotion advice appropriate to their individual needs.

National Institute for Health and Care Excellence (NICE), national best practice and 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. Patients were referred to other services in a timely manner. Staff received training appropriate to their roles. Staff were supported through training, appraisals and continuous professional development.

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 was maintained. Patients spoke highly of the care and treatment given. We found that treatment was clearly explained and patients were provided with information regarding their treatment and oral health.

Patients who were anxious about visiting the dentist were treated with care and compassion and made to feel more at ease by staff.

Are services responsive to people's needs?

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

Summary of findings

Patients had good access to appointments at the practice and emergency/urgent appointments were usually available on the same day. There were good dental facilities in the practice and there was sufficient well maintained equipment to meet the dental needs of their patient population. Appointment times were convenient and met the needs of patients and they were seen promptly. The practice accommodated patients with a disability or lack of mobility by provision of ground floor treatment rooms and a ground floor toilet.

There was a clear complaints system in place and complaints, including informal and verbal complaints, were dealt with accordingly.

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 principal dentist, manager 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.

Governance systems were in place including clinical audits, management of health and safety and risk assessments were in place and reviewed.

Heswall 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 16 November 2015 and was conducted by a CQC and a dental specialist advisor.

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 any 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 the dentists, dental nurses, the practice manager and administrative and reception staff. We reviewed policies, procedures and other documents. We reviewed 50 CQC comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice and spoke to three patients on the day of inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from accidents, incidents and complaints. Staff were aware of how to report accidents and incidents and were encouraged to bring safety issues to the attention of the dentists. Significant clinical events were reported, analysed and feedback given to all staff through practice meetings and face to face. The practice had a no blame culture and policies were in place to support this. We saw evidence of documented events and outcomes.

There was a policy and procedure in place for responding to complaints. These set out how complaints and concerns would be investigated and responded to.

Patient safety alerts were disseminated to relevant staff. However we found that the alerts were not documented as having been actioned.

Reliable safety systems and processes (including safeguarding)

The practice had policy and procedures in place for safeguarding and protection of vulnerable adults and children. There was access to the local (Wirral) safeguarding authority's flow charts and guidance of what to do in the event of concerns regarding child and vulnerable adult abuse. Staff we spoke with were aware of the 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. Contact details for the local authority's safeguarding personal were available in the policy and procedures.

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. They had received appropriate training for this role and discussed examples of safeguarding concerns raised. Other practice staff had received safeguarding training.

The practice had a whistleblowing policy in place. Staff spoken with on the day of the inspection told us that they felt confident that they could raise concerns and these would be dealt with appropriately.

During our visit 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 electronic. They contained a medical history that was obtained and updated prior to the commencement of dental treatment. The clinical records we saw were all well-structured and contained sufficient detail to demonstrate what treatment had been prescribed or completed, what other treatment was required and details of possible alternatives. Electronic records were secure and password protected. Historic paper records were not stored securely; they were stored in an attic in boxes and were at risk of loss or damage.

We discussed with the dentists and found that a rubber dam was routinely used in all root canal treatments. This was clearly documented in the dental records we reviewed where root canal treatment had been undertaken. A rubber dam is a thin rubber sheet, used in dentistry to isolate the operative site from the rest of the mouth.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff received basic life support training annually. 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. The practice did not have paediatric airways or defibrillator pads with the emergency equipment. They told us this would be rectified immediately. We found that medicines and equipment were checked to monitor stock levels, expiry dates and ensure that equipment was in working order. These checks were recorded.

Staff recruitment

The practice did not have a recruitment policy and procedure in place that was in line with current guidance and regulations.

Are services safe?

Staff records we reviewed demonstrated that all clinical staff had undertaken a Disclosure and Barring Service (DBS). Clinical staff had evidence of registration with their professional body the General Dental Council (GDC) and medical insurance. The GDC is the organisation which regulates dentists and dental care professionals in the United Kingdom. We found that staff files contained the information required relating to workers except for proof of identification for some staff and one newly employed staff member only had documented evidence of one reference.

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.

Monitoring health & safety and responding to risks

A health and safety policy and risk assessments were in place. These identified risks to staff and patients 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. These included infection prevention and control, COSHH, a Legionella risk assessment, and fire risk assessment and procedures. 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.

Processes were in place to monitor and reduce risks so that staff and patients were safe. We saw records to demonstrate that fire detection and fire fighting equipment such as fire alarms and fire extinguishers were regularly tested. Fire drills were undertaken annually.

The practice had an emergency and business continuity plan and arrangements in place to deal with any emergencies that might occur which could disrupt the safe and smooth running of the service.

Infection control

The practice was visibly clean, tidy and uncluttered. There were infection control policies and procedures in place which detailed decontamination and cleaning. These were in need of review and updating to reflect current guidelines and legislation. General cleaning was undertaken by a contracted cleaner and monitored by the practice manager. Responsibility for cleaning the clinical areas in between patient treatments was identified as a role for the dental nurses and they were able to describe how they undertook this.

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 updates. We saw evidence that the practice undertook regular six monthly infection control audits and demonstrated compliance with current Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices (HTM01-05). An action plan was in place to address any issues identified.

We found that there were adequate supplies of liquid soaps and hand towels throughout the premises. Posters describing proper hand washing techniques were displayed throughout the practice. There was a policy and procedure for dealing with inoculation /sharps injuries. Sharps bins were properly located, signed, dated and not overfilled. A clinical waste contract was in place. Clinical waste was stored securely until collection.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room that was in line with published guidance. (HTM01-05) 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 then rinsed and 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. We looked at the sealed instruments in the surgeries and found that they all had an expiry date that met the recommendations from the Department of Health.

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 they wore personal protective equipment when treating patients. We saw evidence that clinical staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation. People who are likely to come into contact with blood products and are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

The practice had a legionella risk assessment in place and conducted and recorded regular tests on the water supply.

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

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.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Records of checks carried out were recorded for evidential and audit purposes. Emergency medicines were stored safely and checked to ensure they did not go beyond their expiry date.

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 demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary.

The dentist monitored the quality of the X-ray images on a regular basis and records were maintained. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays. 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 outcomes for them. We found from our discussions that staff completed assessments and treatment plans in line with The National Institute for Health and Care Excellence (NICE) and national dental guidelines, and these were reviewed appropriately.

The dentist and patients we spoke with told us that each patient's diagnosis was discussed with them and treatment options were explained. Preventative dental advice and 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 and referrals to dental hygienists were made. The patient notes were updated with the proposed treatment after discussing options with the patient.

Patients were referred appropriately and in a timely manner for example in the case of suspected oral cancers and for specialised orthodontic treatments.

We reviewed 50 comment cards and spoke to three patients on the day of inspection. Feedback we received reflected that patients were satisfied with the assessments, explanations and the quality of the treatment.

Health promotion & prevention

The waiting room and 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. Patients told us that the dentists, hygienist and dental nurses gave them good advice and information about dental health such a dietary advice and smoking cessation. The practice had a strategy to focus on oral health and will be promoting oral health and hygiene through their website and through dental nurses trained to deliver oral health promotion.

Staffing

The practice had one principal dentist, three associate dentists, one dental hygienist, a practice manager and four qualified dental nurses. Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels and had access to various role related courses both online and face to face. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development.

The practice provided access to update training and training courses via electronic learning and face to face. We saw evidence of a variety of training courses having taken place such as in infection control and decontamination, basic life support (BLS) and safeguarding. Records we viewed showed that staff were generally up to date with basic mandatory training. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

The practice had procedures in place for appraising staff performance and staff told us that appraisals had taken place. Staff spoken with said they felt supported and involved in discussions about their personal development. They told us that the dentist and managers were supportive and always available for advice and guidance.

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.

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

Are services effective?

(for example, treatment is effective)

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

The practice had a policy on consent to care and a policy for the Mental Capacity Act 2005. We saw evidence that patients were presented with treatment options and consent forms and treatment plans were signed by the patient. Clinical staff were aware of the implications of obtaining consent and of gaining consent in children and vulnerable adults. Staff had not yet received training in the Mental Capacity Act.

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 area and waiting rooms were separated and offered some privacy. A separate room was available should patients wish to speak in private.

Patients reported that they felt that practice staff were kind, helpful and caring and they were treated with dignity and respect at all times. Comments also told us that staff always listened to concerns and provided them with good advice to make appropriate choices in their treatment.

Staff were clear about the importance of emotional support needed when delivering care to patients who were very nervous about dental treatment. This was supported by patients' comments which told us that they were well cared for when they were nervous or anxious and this helped make the experience better for them.

Involvement in decisions about care and treatment

Patient's comments 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. 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. During appointments the dentists and hygienist 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

The practice's information leaflet and information displayed in the waiting area described the range of services offered to patients and included information in relation to the complaints procedure. However the information relating to complaints needing updating to reflect accurately who patients could raise concerns with externally to the practice. The practice offered mostly NHS treatment and the costs were displayed. The practice did not have a website, however this was under consideration.

Each patient contact was recorded in the patient's dental care 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. The practice was located in an older style property. This was accessible to wheelchair users and had ground floor treatment rooms and a ground floor toilet. The practice had undertaken an accessibility audit in April 2015. However there was no information relating to accessibility within the practice information leaflet or displayed in the practice.

Access to the service

Appointment times and availability met the needs of patients. They were able to get an urgent appointment on the same day if needed. The arrangements for obtaining emergency dental advice outside of normal working hours were detailed on the practice answerphone message and in the information leaflet. In the case of requiring out of hours emergency dental care patients were directed to the local area emergency dental services.

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.

Concerns & complaints

The practice had a complaint policy and procedure that explained to patients the process to follow, the timescales 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. These details needed updating to reflect accurately those contacts. Staff we spoke with were aware of the procedure to follow if they received a complaint.

From information received prior to the inspection we saw that there had not been any written complaints received in the last 12 months, however, informal and verbal complaints were logged and addressed.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place for monitoring and improving the services provided for patients. We found that staff did not have clearly defined roles in which to participate in governance activities such as audits and quality monitoring. This was done mostly by the principal dentist.

The practice carried out a number of clinical audits. These included for example, infection control, medical histories, record keeping and assessing the quality of X-ray films. Audits were undertaken on a regular annual basis by all the dentists. 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 and clinical care and treatment policies. Staff were aware of the policies and they were readily available for them to access. Staff spoken with were able to discuss many of the policies and this indicated to us that they had read and understood them. Some of the policies were localised to the practice, some were in need of review and updating such as infection control and recruitment.

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 managers if they had any concerns. They told us that there were clear lines of accountability within the practice and that they were encouraged to report any safety concerns. The principal dentist had a good understanding and gave examples of the Duty of Candour.

All staff were aware of whom to raise any issues with and told us that the dentists and other staff listened to their concerns and acted 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. Regular staff meetings took place that were document and information exchange was evident in these.

Management lead through learning and improvement

Staff told us the practice supported them to maintain and develop through training, development and mentoring. We saw that regular appraisals took place and staff told us they valued the process.

All dentists and nurses who worked at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the UK. Staff were encouraged and supported to maintain their continuous professional development (CPD) as required by the GDC.

Staff we spoke with told us the practice was supportive of training and development and provided them with access to e-learning and face to face training.

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 had a comments box located in the waiting room and they participated in the NHS Friends and Family test. They recorded the results on a regular basis; however the results were not widely shared with staff and patients. The practice had systems in place to review the feedback from patients who had cause to complain.

The practice held monthly documented meetings at which clinical and practice management issues were discussed. We saw that feedback from complaints and accidents and incidents was also shared at these meetings.