

Mr. Marius McGovern

# The Kirkby Family Dental Centre

## Inspection Report

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### Overall summary

We carried out this announced inspection on 21 September 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 second CQC inspector.

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.

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 form the framework for the areas we look 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 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 Kirkby Family Dental Centre is in the centre of Kirby and provides dental care and treatment to adults and children on an NHS and privately funded basis.

# Summary of findings

There is level access to the practice. The practice has four treatment rooms. Car parking is available near the practice.

The dental team includes two principal dentists, four associate dentists and eight dental nurses, three of whom are trainees. The dental nurses also carry out reception duties. The team is supported by a practice manager.

The practice is owned by an individual who is one of the principal dentists there. They 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 six people during the inspection about the services provided. The feedback provided was positive about the practice.

During the inspection we spoke to two dentists, 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 Thursday 8.30am to 5.30pm

Friday 8.30am to 2.00pm.

## Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- 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 a procedure in place for dealing with complaints.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took patients' needs into account. Dedicated emergency appointments were available.
- 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.
- Staff knew how to deal with emergencies. All the recommended medical emergency medicines and most of the recommended medical emergency equipment was available, except medical oxygen masks with a reservoir.
- The practice had systems in place to help them manage risk but not all risks had not been assessed and mitigated.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency and through the Central Alerting System, as well as from other relevant bodies such as Public Health England.
- Review the practice's system for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities, specifically in relation to staff immunity to infection following vaccination, and in relation to the secure storage of infectious waste externally.
- Establish whether the practice is in compliance with its legal obligations under the Ionising Radiations Regulations 1999 and the Ionising Radiation (Medical Exposure) Regulations 2000.
- Review the practice's systems for ensuring staff are up to date with their recommended training and their continuing professional development.

# 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 knew how to recognise the signs of abuse and how to report concerns.

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.

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

The practice had systems in place to manage risks. Improvements could be made to managing the risks associated with staff immunity, and with the storage of infectious waste in a publicly accessible area.

The practice did not have a system in place to receive and act on safety alerts.

The practice had systems in place in relation to the safe use of radiation but not all the required information was available.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment and aftercare they received as excellent.

The dentists discussed treatment with patients so they could give informed consent, and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems in place to monitor this. We found that monitoring of training could be improved.

No action



### Are services caring?

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

Patients were positive about all aspects of the service. They told us staff were efficient, welcoming and professional. They said that they were given helpful explanations about dental treatment and said their dentist listened to them.

Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

No action



# Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

Patients said staff treated them with dignity and respect.

## **Are services responsive to people's needs?**

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

The practice's appointment system took account of patients' needs. Patients could obtain an appointment quickly in an emergency.

The practice had access to interpreter services.

Staff considered patients' individual needs and made reasonable adjustments to meet these. This included providing facilities for patients with disabilities

Staff responded to concerns and complaints quickly.

**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 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.

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 and staff.

**No action**



# Are services safe?

## Our findings

### **Reporting, learning and improvement from incidents**

The practice had policies and procedures to report, investigate, respond to and learn 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 did not have arrangements in place to receive national medicines and equipment safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. The practice manager assured us after the inspection that arrangements had been made to receive these. We were not provided with evidence of this.

### **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. We were told during the inspection that staff had received safeguarding training. After the inspection we were provided with documented evidence of training.

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 dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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.

Most of the recommended emergency equipment and medicines were available with the exception of oxygen

masks with reservoirs. The practice manager assured us these would be obtained. 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 a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at several staff recruitment records. These showed the practice followed their recruitment procedure.

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

### **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 and specific dental practice risks. Staff reviewed risk assessments regularly. We saw that the practice had put in place some measures to reduce the risks identified in the assessments.

We observed that the practice did not have a sharps risk assessment in place but had implemented some measures to reduce the risks associated with sharps, for example, only the user disposed of used sharp equipment. The provider carried out a sharps risk assessment after the inspection and forwarded it to us.

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 following the vaccination but the checks had not been carried out for seven of the clinical staff. The provider did not have a risk assessment in place in relation to staff working in a clinical environment where the effectiveness of their Hepatitis B vaccination was unknown or where it was ineffective. The provider assured us that immunity would be checked for these staff but we were not provided with evidence to support this.

The provider had a fire risk assessment in place which was regularly reviewed.

# Are services safe?

We found that the waste container for infectious waste was stored externally in an area to which the public had unrestricted access. We observed that the bin was not locked but staff locked this immediately when this was pointed out.

Dental nurses worked with all the clinicians when they treated patients. 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. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM01-05), published by the Department of Health. 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. We observed that staff were not carrying out one of the recommended daily tests on one of the sterilisers. Staff assured us they would seek the advice of the manufacturer as to whether this test was necessary.

Staff carried out infection prevention and control audits twice a year.

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.

## 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 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 most of the required information available. No critical examination and acceptance test reports were available for the X-ray machines in use.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice did not carry out X-ray audits every year following current guidance but assured us these would be re-started.

Where appropriate, staff completed continuing professional development in respect of dental radiography. We did not see documented evidence of this for one of the staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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

We were told that staff audited patients' dental care records to check that the dentists recorded the necessary information.

### Health promotion and prevention

The practice supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

### Staffing

Staff new to the practice completed a period of induction based on a structured induction programme.

The General Dental Council requires dental professionals to complete continuing professional development as a requirement of their registration. Staff told us the practice provided support and training opportunities to assist them in meeting the requirements of their registration. The

practice had a system in place to monitor staff training to ensure essential training was completed each year, but we found that not all the staff had completed the recommended training, for example, in safeguarding.

Staff told us they had annual appraisals. These were used to discuss learning needs, general wellbeing and future professional development. We saw several completed appraisals which confirmed this.

### Working with other services

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer in accordance with the current guidelines. The practice monitored urgent referrals to ensure they were dealt with promptly.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. 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. Staff understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence. Not all staff were aware of the need to consider this when treating young people under 16.

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

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were polite, helpful and caring. We saw that staff treated patients kindly and with respect and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Patients could choose whether they saw a male or female dentist.

The layout of reception and the waiting area provided limited privacy when reception staff were dealing with

patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients. Staff told us that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people might see it.

### **Involvement in decisions about care and treatment**

The dentists provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them, and gave them time to think. Dentists described to us the conversations they had with patients to help them understand their treatment options.

Information about the range of treatments provided was available in leaflet format in the waiting room.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had an appointment system in place which took account of patients' needs. Staff told us that patients requiring urgent appointments were seen the same day.

We saw that the dentists tailored appointment lengths to patients' individual needs and patients could choose from morning, afternoon or evening appointments. Patients told us they had enough time during their appointment and did not feel rushed.

### Tackling inequity and promoting equality

The practice had taken into consideration the needs of different groups of people, for example, people with disabilities, and put in place reasonable adjustments, for example, handrails to assist with mobility.

All the treatment rooms were located on the ground floor, and the practice was accessible to wheelchair users.

Toilet facilities for patients were not available at the practice but staff directed patients to appropriate facilities nearby.

Staff had access to interpreter and translation services for people who required them.

### Access to the service

The practice displayed its opening hours on the premises and in the practice's information leaflet.

Staff made every effort to keep waiting times and cancellations to a minimum.

The practice made every effort to see patients experiencing pain or other dental emergencies on the same day and had appointments available for this. The practice's information leaflet and answerphone provided contact details for patients requiring emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily.

### Concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with complaints and aimed to resolve these in-house where possible. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure the patient received a quick response.

Information was available about organisations patients could contact should they not wish to complain to the practice directly or if they were not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the previous 12 months. We saw that the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had systems in place to support the management of the service. Systems included policies, procedures and risk assessments to support good governance and to guide staff. We saw that policies, procedures and risk assessments were regularly reviewed to ensure they were up to date with regulations and guidance.

The principal dentists 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. We saw staff had access to suitable supervision and support for their roles and responsibilities.

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

During the inspection the practice took action to address some of the issues identified and sent evidence to us to confirm that the actions had been taken.

### **Leadership, openness and transparency**

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

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 hand hygiene, cleaning and infection prevention and control. Staff kept records of the results of these and produced action plans where necessary. We saw the auditing process resulted in improvements.

The practice was committed to learning and improving. We saw evidence of learning from complaints, incidents, audits and feedback.

### **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 the service through the use the NHS Friends and Family Test.

We saw that the provider acted on patient feedback, for example, patients had requested evening appointments and these had been provided in response on one evening per week.

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.