

Freedom Dental Mayfield Dental Care

Inspection Report

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Atherton
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Overall summary

We carried out a follow-up inspection at Mayfield Dental Care on 26 April 2018.

We had undertaken an announced comprehensive inspection of this service on the 5 October 2017 as part of our regulatory functions where a breach of legal requirements was found.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only covers our findings in relation to those requirements. We checked whether they had followed their action plan to confirm that they now met the legal requirements.

We reviewed the practice against one of the five questions we ask about services: are the services well-led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mayfield Dental Care on our website at www.cqc.org.uk.

We revisited Mayfield Dental Care as part of this review and checked whether they now met the legal requirements. We carried out this announced inspection on 26 April 2018 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.

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

The inspection was led by a CQC inspector who had remote access to a specialist dental adviser.

Our findings were:

Are services well-led?

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

Background

Mayfield Dental Care is in Atherton and provides NHS and private treatment to adults and children.

There is access via a small step for people who use wheelchairs and pushchairs. Car parking spaces, including for patients with disabled badges, are available near the practice.

The dental team includes five dentists, four dental nurses (two of whom are trainees), two dental hygiene therapists, a receptionist and a practice manager. The practice has three treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person

Summary of findings

registered with the Care Quality Commission 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 Mayfield Dental Care was the practice manager.

During the inspection we spoke with 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 8.45am to 1pm and 2pm to 5pm

Our key findings were:

- The practice appeared clean, uncluttered and well maintained.
- The practice staff had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had improved systems to help them assess and manage risk.
- The practice had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice staff had suitable information governance arrangements.

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

- Review staff training to ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

Are services well-led?

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

On the day of the inspection the provider was open to feedback and provided evidence to confirm that action had been taken in relation to the leadership and governance of the practice.

A dental clinical governance compliance package was in use to help them to meet the required standards. Policies and procedures were in place to support the management of the service.

The practice had an effective system to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities. They should review staff training to ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

Systems were in place to audit clinical and non-clinical areas of their work.

The practice team kept complete patient dental care records which were clearly written or typed and 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 well-led?

Our findings

Leadership capacity and capability

The team had the capacity and skills to deliver high-quality, sustainable care.

The management had the experience, capacity and skills to deliver the practice strategy and address risks to it.

They were knowledgeable about issues highlighted at the previous inspection and had prioritised these appropriately. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting action plans to achieve priorities. There were further plans to renovate the premises and improve accessibility for patients.

Culture

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

The practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw evidence of how staff documented incidents and discussed these in staff meetings to share learning. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

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. 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 that were accessible to all members of staff and were reviewed on a regular basis.

Staff had taken action in response to our concerns. These included completing a comprehensive fire risk assessment and acting on the recommendations to install fire detection systems and clear out cluttered spaces. They ensured that equipment was serviced appropriately and hazardous substances were risk assessed.

A system was now in place to receive and act on patient safety alerts. Staff were in the process of completing risk assessments for hazardous substances and reviewing how these are handled and stored.

The practice manager had registered the practice's use of dental X-ray equipment with the Health and Safety Executive in line with the Ionising Radiation Regulations 2017 (IRR17) and acted on recommendations from the routine services of the X-ray equipment.

There were clear and effective processes for managing risks, issues and performance. For example, they reviewed the medical emergency kit to ensure it was in line with Resuscitation UK guidance.

Appropriate and accurate information

The practice acted on appropriate and accurate information. They had notified the Information Commissioners Office of the use of CCTV and improved signage and information to patients in relation to this.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. The practice manager had improved the information available to patients to enable them to make a complaint if they were unhappy with the service.

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

Are services well-led?

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

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

The practice 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

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs and infection prevention and control.

They had clear records of the results of these audits and the resulting action plans and improvements. For example, improvements had been made to the processes for manually cleaning, the storage of instruments and the segregation of waste.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. Evidence of up to date safeguarding training was not available for six members of staff. The practice manager gave assurance they would ensure that staff completed this.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.