

Sharma Family Ltd

Irby Dental Surgery

Inspection Report

67 Thingwall Road
Irby
CH61 3UB
Tel: 0151 648 1974
Website: www.irbydentalpractice.co.uk

Date of inspection visit: 11/04/2018
Date of publication: 01/06/2018

Overall summary

We carried out this announced inspection on 11 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 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.

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 not providing well-led care in accordance with the relevant regulations.

Background

Irby Dental Surgery is near the centre of Irby and provides private dental care and treatment for patients of all ages.

There is level access to the practice for people who use wheelchairs and for those with pushchairs. Car parking spaces are available at the practice.

The dental team includes two dentists, two dental hygiene therapists and three dental nurses, one of whom is the practice manager. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Irby Dental Surgery was the principal dentist.

We received feedback from twelve people during the inspection about the services provided. The feedback provided was positive about the practice.

During the inspection we spoke to the two dentists, 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 9.00am to 5.30pm.

Our key findings were:

- The practice was clean and well maintained.
- Staff knew how to deal with medical emergencies. Appropriate medicines and equipment were available.
- The provider had staff recruitment procedures in place.
- 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.
- The dental team provided preventive care and supported patients to achieve better oral health.
- The appointment system took account of patients' needs.
- The practice had a leadership and management structure in place.
- Staff felt involved and supported.
- The provider had information governance arrangements in place.
- The practice had infection control procedures in place. These did not always reflect published guidance.

- The provider had systems in place to manage risk. We found that systems relating to the control of hazardous substances, staff vaccination and the control of Legionella were not operating effectively.
- The provider had safeguarding procedures in place and staff knew their responsibilities for safeguarding adults and children. We saw that the safeguarding procedures were not practice specific.
- We saw that the provider's complaints procedure did not contain sufficient information.
- The provider had limited arrangements in place to seek the views of patients about the services they provided.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review the practice's policies and procedures for obtaining patient consent to care and treatment to ensure they are in compliance with legislation, take into account relevant guidance, and staff follow them.
- Review the practice's complaint handling procedures and establish an accessible system for identifying, receiving, recording, handling and responding to complaints by service users. This did not include information about the Dental Complaints Service.
- Review the practice's protocols for the use of closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

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 used learning from incidents to help them improve.

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 had suitable arrangements for dealing with medical and other emergencies.

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

The practice had procedures in place for cleaning, sterilising and storing dental instruments. We observed that recognised guidance was not followed in some aspects. The provider acted on this after the inspection and submitted evidence demonstrating some actions had been taken in relation to this.

Staff received training in safeguarding and knew how to report concerns.

No action



Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent. The dentist discussed treatment with patients so they could give informed consent but did not always record this in their records. The provider assured us this would be addressed.

The practice had arrangements for referring patients to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles.

The practice used closed circuit television for monitoring the waiting and reception areas in the practice but were not displaying sufficient information about this.

No action



Are services caring?

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

Patients told us staff were professional, accommodating and attentive.

They said they were given good explanations about all procedures and said their dentist listened to them.

No action



Summary of findings

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

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 book an appointment quickly if in pain.

Staff considered patients' differing needs and put measures in place to help all patients receive care and treatment. This included providing facilities for disabled patients and families with children. Staff did not have had access to interpreter services. The practice had some arrangements to assist patients who had sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. We observed that insufficient information was available about other organisations patients could complain to.

No action



Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Actions section at the end of this report).

We are considering our enforcement actions in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

There was a management structure in place at the practice.

Staff kept accurate, complete patient dental care records which were stored securely.

The practice had arrangements in place for delivering the service. These included systems for the practice team to monitor the quality and safety of the care and treatment provided. We found that these systems were not always operating effectively, for example, staff training was not monitored to ensure staff completed recommended training.

We found the practice had procedures in place to manage and reduce some risks. We found these could be improved. The provider acted on this after the inspection and submitted evidence demonstrating this.

The practice had limited arrangements in place for monitoring clinical and non-clinical areas of their work to help them improve and learn, for example, patient feedback was not actively sought.

Enforcement action



Are services safe?

Our findings

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

The practice had safeguarding policies and procedures in place to provide staff with information about identifying and reporting suspected abuse. We observed these were not customised to the practice's specific circumstances. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who were 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, including notification to the CQC.

The practice had a whistleblowing policy in place to guide staff should they wish to raise concerns at work. Staff told us they felt confident to raise concerns.

The provider had staff recruitment procedures in place to help them employ suitable staff. These reflected the relevant legislation. Pre-employment checks were carried out. We looked at four staff recruitment records. These showed the practice followed their recruitment procedure.

We saw that clinical staff were qualified and registered with the General Dental Council where necessary, and had professional indemnity cover.

The practice was well maintained. The provider had arrangements in place to ensure that facilities and equipment were safe, and that equipment, including electrical and gas appliances, was maintained according to manufacturers' instructions.

Records showed that emergency lighting, fire detection equipment such as smoke detectors, and fire-fighting equipment such as fire extinguishers were regularly tested.

The provider had arrangements in place for X-ray procedures to be carried out.

We saw that the dentist justified, graded and reported on the X-rays they took.

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

Risks to patients

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 risks, for example, fire, and specific dental practice risks. We saw that the practice had put in place some measures to reduce the risks identified in the assessments.

Staff followed relevant safety regulations when using needles and other sharp dental items. A sharps risk assessment had been undertaken and this was reviewed regularly. Information was displayed for staff to refer to quickly should they sustain a sharps injury. We observed that this did not contain contact details for medical assistance should it be necessary.

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We observed that the provider did not routinely request evidence of the effectiveness of the vaccination. The practice did not have a risk assessment in place in relation to three staff working in a clinical environment when the effectiveness of the vaccination was unknown. The provider acted on this after the inspection and submitted evidence demonstrating this.

The practice had some arrangements in place for the control of hazardous substances. We observed that insufficient information was available about these substances, including the manufacturer's safety information. The provider acted on this after the inspection and submitted evidence demonstrating this.

Staff knew how to respond to medical emergencies. The provider arranged training in medical emergencies and life support every year. The practice had medical 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 available, within their expiry dates and in working order.

A dental nurse worked with the dentist when they treated patients.

The practice had an infection prevention and control policy and associated procedures in place to guide staff.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments. We observed

Are services safe?

that these did not always follow the Health Technical Memorandum 01-05: Decontamination in primary care dental practices guidance published by the Department of Health;

- A wire brush was used to clean some used instruments
- The temperature of the water used for manually cleaning instruments was not monitored
- A number of unused dental instruments were uncovered in the drawers in the treatment rooms, for example, dental burs
- Records of the steriliser cycles were not downloaded to verify the test cycle had completed successfully
- Staff were unclear whether unused instruments were re-processed at the end of the day.

The provider acted on this after the inspection and submitted evidence demonstrating some of the action taken.

The records showed equipment used by staff for cleaning and sterilising instruments was maintained in accordance with the manufacturers' guidance.

The provider had had a Legionella risk assessment carried out at the practice in accordance with current guidance. We saw that some of the recommended actions had been completed. The practice had procedures in place to reduce the possibility of Legionella or other bacteria developing in the water systems, for example, water temperature testing and the management of dental unit water lines. We observed that the temperatures for the water were outside the recommended range for six months consecutively. No action had been taken to address this issue. Staff were not fully clear on how to carry out the water temperature testing. The provider told us this would be addressed and acted on this after the inspection and submitted evidence demonstrating some of the action taken.

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

Staff ensured clinical waste was segregated and stored securely in accordance with guidance.

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

We saw that the provider had current employer's liability insurance.

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 several dental care records to confirm what was discussed.

Medical histories were updated at every patient visit.

We saw that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

Safe and appropriate use of medicines

The practice had systems for the appropriate and safe handling of medicines.

The provider had a stock control system for medicines stored at the practice. This ensured that medicines did not exceed their expiry dates and enough medicines were available when required.

The practice had systems for prescribing, dispensing and storing medicines. The dentist was aware of current guidance with regards to prescribing medicines.

Track record on safety

We saw that the practice monitored and reviewed incidents to minimise recurrence and improve systems.

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 provider had a system for receiving and acting on safety alerts. The practice learned from external safety events as well as from patient and medicine safety alerts.

Lessons learned and improvements

Staff confirmed that learning from incidents was shared with them to help improve systems at the practice, to promote good teamwork and to minimise recurrences.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dentist assessed patients' care and treatment needs in line with recognised guidance.

Helping patients to live healthier lives

Staff 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'. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay. The dentist told us they discussed smoking, alcohol consumption and provided dietary advice to patients during appointments.

Consent to care and treatment

The practice team understood the importance of obtaining patients' consent to treatment. We found that consent was not routinely recorded. The dentist 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. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to the legal precedent (formerly called the Gillick competence) by which a child under the age of 16 years of age can consent for themselves in certain circumstances. The 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 where appropriate and made sure they had enough time to explain treatment options clearly.

The provider had installed a closed circuit television system, (CCTV), in the reception and waiting room and at the entrance to the practice. We saw that notices were displayed to inform people that CCTV was in use to protect

the premises but the provider had not displayed any information to make patients aware of their right of access to footage which may contain their images. The provider assured us this would be addressed.

Monitoring care and treatment

The dentist kept dental care records containing information about patients' current dental needs, past treatment and medical histories.

Effective staffing

The provider had an induction programme in place for staff new to the practice. We observed that the most recently recruited member of staff had not been provided with an induction.

Staff told us the practice provided support and training opportunities to assist them in meeting the requirements of their registration, and with their professional development. The provider did not monitor staff training to ensure recommended training was completed by all staff, for example, training in infection prevention and control. The provider acted on this after the inspection and submitted evidence demonstrating this training had been undertaken.

We saw evidence of completed appraisals for staff. We observed that these were not used to identify individual training needs of staff. The provider acted on this after the inspection and submitted evidence demonstrating this.. Staff confirmed they could approach the provider if they identified an opportunity for training.

Co-ordinating care and treatment

The dentist confirmed they referred patients to specialists in primary and secondary care where necessary or where a patient chose treatment options the practice did not provide. This included referring patients with suspected oral cancer under current guidelines to help make sure patients were seen quickly by a specialist. The dentist tracked the progress of urgent referrals to ensure they were dealt with promptly. We observed the practice did not track the progress of routine referrals.

The dentist described how they identified, managed, followed up, and, where required, referred patients for specialist care where they presented with dental infections.

Are services caring?

Our findings

Kindness, respect and compassion

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

Patients commented positively that staff were friendly, courteous and helpful. We saw that staff treated patients respectfully and kindly 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.

The provider aimed to provide a comfortable, relaxing environment for patients.

Privacy and dignity

The layout of the reception and waiting areas 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.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

The practice provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them and did not rush them. The dentist described to us the conversations they had with patients to help them understand their treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to take account of patients' needs and preferences.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had considered the needs of different groups of people, for example, people with disabilities, wheelchair users and people with pushchairs, and put in place reasonable adjustments, for example, handrails to assist with mobility, step free access, an accessible toilet with hand rails and a call bell.

The treatment rooms were located on the ground floor.

We found that interpreter services were not available for patients whose first language was not English. The practice had arrangements in place to assist patients who had hearing impairment, for example, appointments could be arranged by email.

Larger print forms were available on request, for example, patient medical history forms.

Timely access to services

Patients were able to access care and treatment at the practice within an acceptable timescale for their needs.

The practice displayed its opening hours on the premises.

The practice's appointment system took account of patients' needs. We saw that the dentist tailored

appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. Patients told us they had enough time during their appointment and did not feel rushed.

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

The practice made every effort to see patients experiencing pain or dental emergencies on the same day and had appointments available for this.

The practice answerphone provided telephone numbers for patients who needed emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointments.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information on how to make a complaint was clearly displayed for patients. We observed that this did not include information about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

The practice manager was responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response. The practice manager told us they aimed to settle complaints in-house.

Are services well-led?

Our findings

Leadership capacity and capability

The registered manager had been in the post a number of years and provided leadership at the practice.

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

Vision and strategy

We saw that the provider had invested in the practice, for example, treatment facilities had been re-furbished to a high standard.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

Culture

Staff said they were respected, supported and valued.

Managers and 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 were confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

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

Governance and management

The practice had 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 found that not all of these were regularly reviewed, for example, the practice's safeguarding policy contained out of date details and the infection control policy was not specific to the practice's circumstances. The provider acted on this after the inspection and submitted evidence demonstrating this.

We saw the practice had some systems and processes in place to monitor the quality of the service and make improvements where required. We found that not all these

were operating effectively, for example, systems for monitoring staff training. The practice manager was unaware as to when some of the staff had last completed infection control or medical emergencies and life support training.

The provider had systems in place to ensure risks were identified and managed, and had put measures in place to mitigate risks. We found not all these systems were operating effectively, for example, in relation systems relating to staff vaccination results, and the control of hazardous substances. The provider acted on this after the inspection and submitted evidence demonstrating this.

There were 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 was responsible for the day to day running of the service. Staff were jointly responsible for the lead role in infection control. We found that responsibilities in this role were not clearly defined. The provider acted on this after the inspection and submitted evidence demonstrating that action in relation to this was on-going.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

The provider had limited processes in place to obtain views or feedback from patients about the service.

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

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed audits of X-rays and infection prevention and control. Staff kept records of

Are services well-led?

the results of these. We observed that action plans were not always produced where necessary. The provider acted on this after the inspection and submitted evidence demonstrating this.

The clinical staff told us they completed continuous professional development in accordance with General Dental Council professional standards. Staff told us the practice provided support and encouragement for them to do so.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ol style="list-style-type: none">1. The provider did not have an effective system to monitor staff training and was unaware as to when three clinical staff had last completed infection prevention and control training, or when one of the clinical staff had completed medical emergencies and life support training. Appraisals of nursing staff were carried out. These were not used to identify individual training needs.2. The provider did not have an effective process in place to oversee infection prevention and control at the practice. The responsibility for infection control was shared amongst the whole team rather than allocated to a nominated individual. Responsibilities in this role were not clearly defined. A number of deviations from the recommended guidance were observed:-<ol style="list-style-type: none">A. A wire brush was used to clean some used instrumentsB. The temperature of the water used for manually cleaning instruments was not monitoredC. A number of unused dental instruments were uncovered in the drawers in the treatment rooms, for example, dental bursD. Records of the steriliser cycles were not downloaded to verify the test cycle had completed successfully

Enforcement actions

E. Staff were unclear whether unused instruments were re-processed at the end of the day.

3. A number of the provider's policies, procedures and risk assessments were not all customised to the practice's specific circumstances, including the infection control policy and safeguarding policy.

The provider had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

1. The provider had not carried out a risk assessment in relation to the three members of staff working in a clinical environment when the effectiveness of the Hepatitis B vaccination was unknown.
2. The provider did not retain manufacturer's safety data details at the practice in relation to hazardous substances in use.
3. The provider was not effectively monitoring water temperatures to ensure risks associated with Legionella were reduced as far as reasonably practicable. The temperatures for the water were outside the recommended range for six months consecutively. No action had been taken in relation to this.

The provider had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

1. Staff carried out audits on radiographs but audits did not identify learning points or contain action plans where appropriate.
2. The provider had limited arrangements in place for evaluating and improving their practice, for example, limited means for obtaining patient feedback on the service were in place.

Regulation 17(1)