Hunts Cross D C Limited

Hunts Cross Dental Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 11 October 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 providing well-led care in accordance with the relevant regulations.

Background

Hunts Cross Dental Centre is in a residential area of Liverpool and provides NHS and private dental care and treatment for adults and children.

There is one small step at the front entrance to the practice. The provider has a portable ramp available to facilitate access to the practice for wheelchair users and for pushchairs. Car parking is available near the practice.

The dental team includes two principal dentists, two associate dentists, four dental nurses, two of whom are trainees, two dental hygienists, and three receptionists. The dental team is supported by a practice manager. The practice has four treatment rooms.

Summary of findings

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 the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Hunts Cross Dental Centre was one of the principal dentists.

We received feedback from 20 people during the inspection about the services provided. The feedback provided was positive.

During the inspection we spoke to two dentists, dental nurses, a dental hygienist, a receptionist 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 and Thursday 9.00am to 5.30pm

Tuesday 9.00am to 7.00pm

Wednesday 8.00am to 4.00pm

Friday 9.00am to 5.00pm

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place.
- Staff knew how to deal with medical emergencies. Most of the appropriate medical emergency medicines and equipment were available. The provider obtained the missing items the day after the inspection.
- The provider had safeguarding procedures in place and staff knew their responsibilities for safeguarding adults and children.
- 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 provider had a procedure in place for dealing with complaints. The practice dealt with complaints positively and efficiently.
- The practice had a leadership and management structure and a culture of continuous improvement.
- The provider had systems in place to manage risk.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.
- The provider had information governance arrangements in place.

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

- Review the practice's recruitment procedures to ensure that appropriate checks, specifically references, are completed and suitably recorded prior to new staff commencing employment at the practice.

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?

No action

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

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

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

Staff were qualified for their roles, where relevant.

The provider completed essential recruitment checks before employing staff. We observed that references had not been obtained for two recently appointed staff.

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

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

The practice had systems in place for the safe use of X-rays.

Are services effective?

No action

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 they received as excellent, professional and of a high standard. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The dentists kept up to date with current evidence-based practice, through regular peer review and participation in training events and professional meetings.

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

The provider supported staff to complete training relevant to their roles and had systems to monitor this.

Are services caring?

No action

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

We received feedback about the practice from 20 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, polite and re-assuring.

Patients said they were given advice in a way they could relate to, that questions and concerns were always responded to, and all options were explained. They said their dentist listened to them.

Summary of findings

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

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?

No action

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 patients with disabilities and families with children. The practice had access to interpreter services and had 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.

Are services well-led?

No action

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

The practice leaders had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service.

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

The provider had systems in place to ensure risks were identified and managed, and had put measures in place to reduce risks.

The provider had clear and effective processes for managing performance.

Staff felt supported and appreciated.

The principal dentists showed a commitment to learning and improvement. The staff were involved in quality improvement initiatives such as peer review as part of their approach in providing high quality care. The practice was also a member of a practice accreditation scheme which promoted good standards in dental practices.

Staff monitored clinical and non-clinical areas of their work to help them improve and learn. This included auditing their procedures and asking for and listening to the views of patients and staff.

Managerial responsibilities were shared amongst senior staff. The overall oversight of management was not always effective. The provider assured us this would be reviewed.

Summary of findings

The practice team kept accurate, complete patient dental care records which were stored securely.	

Are services safe?

Our findings

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

The provider had clear systems to keep patients safe.

The practice had safeguarding policies and procedures in place to provide staff with information about identifying and reporting suspected abuse. 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.

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

We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance.

The provider had staff recruitment procedures in place to help them employ suitable staff. These reflected the relevant legislation. We saw that recruitment checks were carried out and the required documentation was available, with the exception of references for two recently employed staff.

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

The provider had arrangements in place to ensure that facilities and equipment were safe, and that equipment, including electrical appliances, was maintained according to manufacturers' instructions. The provider told us a gas safety inspection had not been carried out for the premises. The provider arranged this to be carried out the day after the inspection and sent us evidence to confirm this.

Records showed that fire detection equipment, such as smoke detectors, was regularly tested, and firefighting equipment, such as fire extinguishers, was regularly serviced.

The provider had arrangements in place to ensure X-ray procedures were carried out safely and had the required radiation protection information available.

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

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

Risks to patients

The provider monitored and acted on 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 control of hazardous substances, and specific dental practice risks. Staff reviewed risk assessments regularly. We saw that the practice had put in place measures to reduce the risks identified in the assessments.

The provider had current employer's liability insurance.

The dental team followed relevant safety regulations when using needles and other sharp dental items. We saw the provider had carried out a sharps risk assessment. Staff confirmed that only the dentists were permitted to dismantle and dispose of needles and other sharp items to minimise the risk of injuries to staff. Staff were aware of the importance of reporting sharps injuries. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury.

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. Arrangements were in place to check the effectiveness of the vaccination. We saw that the provider did not have evidence of the effectiveness of the vaccination for two of the clinical staff. The practice did not have a risk assessment in place in relation to these staff working in a clinical environment. The provider carried this out the day after the inspection and sent us evidence to confirm this.

Staff knew how to respond to medical emergencies and completed training in medical emergencies and life support every year with refresher training in between this. 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 each of the dentists and the dental hygienists when they treated patients.

The practice had an infection prevention and control policy and associated procedures in place to guide staff. These followed The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), guidance published by the Department of Health. Staff completed infection prevention and control training regularly.

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

We observed two minor deviations from the guidance which the provider assured us would be addressed. The provider addressed this the day after the inspection and sent us evidence to confirm this had been done.

The provider had had a Legionella risk assessment carried out at the practice in accordance with current guidance. We saw evidence of measures put in place by the provider to reduce risks from Legionella, for example, water temperature testing, and the management of dental unit water lines.

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.

The practice carried out infection prevention and control audits twice a year.

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 dentists how information to deliver safe care and treatment was handled and recorded. We looked at several dental care records to confirm what was discussed and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely.

We saw the provider had arrangements to ensure staff asked patients if their personal information, such as telephone numbers, was still valid.

Medical histories were updated at every patient attendance.

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 provider had systems for the appropriate and safe handling of medicines.

The practice 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.

We saw that systems were in place for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as recommended in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety

The practice monitored and reviewed incidents to minimise recurrence and improve systems.

The provider 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 received national medicines and equipment safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. Relevant alerts were discussed with staff, acted on and stored for future reference. The practice learned from external safety events as well as from patient and medicine safety alerts.

Are services safe?

Lessons learned and improvements

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dentists assessed patients' care and treatment needs in line with recognised guidance. We saw that they delivered care and treatment in line with current legislation, standards and guidance. The dental practitioners kept up to date with current evidence-based practice through regular peer review and participation in training events and professional meetings.

Helping patients to live healthier lives

The practice team 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'. We saw the dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The clinicians told us they discussed smoking, alcohol consumption and provided dietary advice to patients during appointments.

The practice participated in national and local oral health campaigns to support patients to live healthier lives and directed patients to sources of help and advice where appropriate.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

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. 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 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.

Monitoring care and treatment

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

We saw that staff audited patients' dental care records to check that the clinicians recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

We saw that staff new to the practice completed a period of induction based on a structured induction programme.

Staff told us the practice provided support, training opportunities and encouragement to assist them in meeting the requirements of their registration, and with their professional development. The provider monitored staff training to ensure essential training was completed.

The provider discussed training needs and future professional development at annual staff appraisals and one to one meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health professionals to deliver effective care and treatment.

The dentists 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 practice had systems and processes to identify, manage, follow up, and, where required, refer patients for specialist care where they presented with dental infections.

The practice tracked the progress of all referrals to ensure they were dealt with promptly.

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 caring, attentive and helpful. We saw that staff treated patients respectfully, appropriately 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.

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

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. 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 and were aware of The Accessible Information Standard and the requirements of the Equality Act, for example,

- Interpreter services were available for patients whose first language was not English.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers ask questions about their care and treatment.

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 dentists 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.

Staff were clear on the importance of emotional support needed by patients when delivering care.

The provider had carried out a disability access audit and had formulated an action plan in order to continually review and improve access for patients.

The provider 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.

The practice was accessible to wheelchair users. One of the treatment rooms was located on the ground floor.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had hearing impairment, for example, the practice had a hearing induction loop available, and 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, and included this information in their practice information leaflet and on their website.

The practice's appointment system took account of patients' needs. We saw that the dentists tailored appointment lengths to patients' individual needs and patients could choose from morning, afternoon and evening appointments. Staff made every effort to keep waiting times and cancellations to a minimum. Patients told us they had enough time during their appointment and did not feel rushed.

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

The practice's website, information leaflet and 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.

Listening and learning from concerns and complaints

The provider 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.

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. Information was available about organisations patients could contact 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. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

The practice leaders at all levels were visible and approachable.

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

Vision and strategy

The provider had a clear vision and set of values for the practice. The provider had a strategy for delivering high-quality patient centred care and supporting business plans to achieve priorities. Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.

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

The provider had carried out forward planning to ensure governance, leadership and investment in the practice would be sustained in the long term.

Culture

The practice had a culture of learning and improvement.

Staff said they were respected, supported and valued. The provider had arrangements in place to ensure staff did not work excessive hours.

Managers and staff demonstrated openness, honesty and transparency when responding to incidents and complaints. 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 confirmed the managers were approachable, would listen to their concerns and act appropriately.

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

Governance and management

The provider had systems in place to support the management and delivery of the service.

The provider subscribed to a dental practice compliance scheme to assist in maintaining good governance. We saw systems had been put in place at the practice to support good governance and to guide staff, for example, policies, procedures and risk assessments. These were regularly reviewed to ensure they were up to date with regulations and guidance.

We saw the provider had put in place effective governance processes for example, in relation to adequate staffing levels, patient consent and safeguarding.

The practice was also a member of a practice accreditation scheme which promoted good standards in dental practices.

We saw the provider had systems in place to monitor the quality of the service and make improvements where required.

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

The registered manager had overall responsibility for the clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff had additional roles and responsibilities, for example, a lead role for infection prevention and control. We observed that managerial responsibilities were shared amongst senior staff but the overall oversight of management was not always effective.

Appropriate and accurate information

The practice acted appropriately on information.

Quality and operational information was used to ensure and improve performance. There were clear and effective processes for managing risks, issues and performance. For example, the principal dentists regularly reviewed each dentist's NHS quality and performance information with the dentist.

Are services well-led?

Performance information was combined with the views of patients.

The provider had put in place 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 practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys to obtain the views of patients about the service. We saw that the provider acted on patient feedback, for example, patients had requested late evening appointments and these had been made available in response.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used. A summary of patient survey results was available for patients to read.

The practice produced an occasional newsletter to provide patients with information about the practice and oral health information.

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.

Continuous improvement and innovation

The provider had systems and processes in place to encourage learning, continuous improvement and innovation.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed audits of dental care records, waiting times and delays to appointments, composite restorations, X-rays, and infection prevention and control. Staff kept records of the results of these and produced action plans where necessary. We saw auditing processes were working well and resulted in improvements.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by all staff. The practice identified and used the individual strengths of each of the staff to provide the best care for patients. Three of the dentists had additional dental postgraduate qualifications.

We saw evidence of learning from complaints, incidents, audits and feedback.

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

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