

Mr. Nathan Wright

Kings Road Dental Practice

Inspection Report

106 Kings Road
Bebington
CH63 8LZ

Tel: 0151 608 4328

Website: www.kingsroaddental.com

Date of inspection visit: 29 June 2017

Date of publication: 19/07/2017

Overall summary

We carried out this announced inspection on 29 June 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 specialist dental adviser.

We told the NHS England Cheshire and Merseyside area team and Healthwatch 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

Kings Road Dental Practice is close to the centre of Bebington and provides dental care and treatment to adults and children on a privately funded basis.

There is one step at the front entrance to the practice with a handrail positioned alongside to assist patients with limited mobility. Car parking is available near the practice.

The dental team includes a principal dentist, two dental hygiene therapists and three dental nurses. The practice has two treatment rooms. The team is supported by a practice manager.

Summary of findings

The practice is owned by an individual who is the principal dentist 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 17 people during the inspection about the services provided. The feedback provided was positive about the practice.

During the inspection we spoke to the dentist, two 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 9.00am to 7.00pm

Tuesday 9.00am to 6.00pm

Wednesday 9.00am to 4.00pm

Thursday 8.30am to 6.00pm

Friday 8.00am to 3.00pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medical emergency medicines and equipment were available.
- The practice had systems in place to help them manage risk.

- The practice had safeguarding processes in place and staff knew their responsibilities for safeguarding adults and children.
- 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.
- The practice had staff recruitment procedures in place. These did not reflect current legislation.

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

- Review the practice's protocol for maintaining accurate, complete and detailed records relating to the employment of staff. This includes ensuring recruitment checks are carried out and suitably recorded.
- Review the practice's protocols for infection control audits. The practice should check that the audits have documented learning points and action plans, where appropriate, and resulting improvements can be demonstrated.

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.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles.

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

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

The practice completed recruitment checks before employing staff but these could be improved.

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. The practice had adopted a whole team approach to improving periodontal, (gum), disease in patients. They had attended update training, agreed on the best treatment methods, and used every appointment to assist patients to improve their oral health.

Patients described the treatment they received as excellent. The clinicians 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.

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 attentive, friendly and welcoming. They said that they were given thorough explanations about dental treatment and options and that the dentist listened to them. 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.

Patients said staff treated them with dignity and respect.

No action



Summary of findings

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.

There was a clearly defined management structure and staff felt supported and appreciated.

Staff were aware of the importance of confidentiality and protecting patients' personal information.

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. We found that action plans to help the practice improve were being produced for most audits except the infection control audits. The provider assured us this would be implemented.

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. Staff told us no significant events had occurred.

We discussed examples of significant events which could occur in dental practices and we were assured that should one occur it would be reported and analysed in order to learn from it, and improvements would be put in place to prevent re-occurrence.

The practice received national patient safety and medicines alerts, for example, from the Medicines and Healthcare Products Regulatory Authority. Relevant alerts were discussed with staff, acted on and stored for future reference.

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 vulnerable 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. Staff told us they were confident to raise concerns without fear of reprimand.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed regularly. The practice followed relevant safety laws when using needles and other sharp dental items. We reviewed the procedures the dentist followed when providing root canal treatment and found these were in accordance with recognised guidance.

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.

Emergency equipment and medicines were available as recommended in recognised guidance. 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 procedures to help them employ suitable staff. These did not reflect the requirements of the relevant legislation. We looked at several staff recruitment records. These showed that most of the prescribed information was available with the exception of photographic identification and evidence of qualifications which were not consistently available. Most of the staff had worked with the practice for several years.

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.

Dental nurses worked with all the clinicians when they treated patients. Clinical staff had professional indemnity cover.

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, and that the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections.

We saw that the practice had carried out a fire risk assessment and had fire-fighting equipment in place which was regularly maintained. Fire exit signage was clearly displayed. Staff had not carried out a recent fire drill.

We observed that warning and safety signs in relation to radiation and medical emergency oxygen were not displayed.

Are services safe?

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.

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 had suitable systems for prescribing, dispensing and storing medicines.

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 the required information available.

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

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

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

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

Health promotion and prevention

The practice had a strong focus on preventative care and supported patients to achieve better oral health in accordance with current guidelines and the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentist told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments.

Staff had recently attended update training in periodontology as they were aware of the increasing incidence of periodontal disease in the population at large. The provider told us that following the training the whole team worked together in reviewing their current protocol for treating periodontal disease and had updated and improved this so the clinical team were working to the same guidelines and methods. Patients were recommended to attend their GP for screening for possible risk factors where appropriate.

Staff had produced comprehensive information leaflets for patients to inform them about periodontal disease, the risk factors and what they could do to improve their oral health and reduce the impact of the disease. These were also customised to a patient's individual circumstances. Patients were reviewed regularly by the clinicians and every appointment was used to emphasise and improve patient self care.

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, training opportunities and encouragement to assist them in meeting the requirements of their registration, and with professional development. The practice monitored staff training to ensure essential training was completed each year.

Staff told us they had annual appraisals. These were used to discuss learning needs, general wellbeing and future professional development.

Working with other services

The dentist 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 all 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 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. 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. The dentist was 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 professional, experienced and knowledgeable.

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.

Staff told us that they telephoned patients following treatment to ensure they were not experiencing problems.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with

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 other patients might see it.

Magazines, newspapers and childrens' toys were available in the waiting room.

Involvement in decisions about care and treatment

The clinicians 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. The dentist 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 on the practice's website and 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

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

The practice was well maintained. The practice aimed to provide a comfortable, relaxing environment.

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 clinicians 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 alongside the path to assist with mobility.

Both the treatment rooms were located on the ground floor.

The practice had limited accessibility for wheelchair users. Staff told us they provided assistance to access the practice should the patient request this or provided information on nearby practices which were accessible.

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, in the practice's information leaflet and on their website.

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 website, 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 and were rarely kept waiting for their appointment.

Concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle 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 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. We saw staff had access to suitable supervision and support for their roles and responsibilities.

The practice was a member of an accreditation scheme which promoted good standards in dental care.

The practice had policies, procedures and risk assessments in place to support the management of the service 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.

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

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

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.

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they felt confident to do this. They told us 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.

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 dental care records, X-rays and infection prevention and control. Staff kept records of the results of these and produced action plans where necessary for most of the audits but these were not produced for the infection control audits. The provider assured us this would be implemented.

The whole team showed a commitment to learning and improvement. The principal dentist valued all staff contributions. 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.

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 all areas of service delivery through the use of regular patient surveys and a suggestion box.

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

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.