

East Road Care Limited

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Inspection Report

73 East Road
Longsight
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Overall summary

We carried out this announced inspection on 16 January 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team that we were inspecting the practice. We did not receive any information of concern from them.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

East Road Care Limited is in Longsight, Manchester and provides NHS and private treatment to adults and children.

The dental practice is located on the ground floor premises of a terraced property. Access to the service is via the side entrance of the premises. A ramp facilitates access for people who use wheelchairs and pushchairs. On street parking spaces is available near the practice.

Summary of findings

The dental team includes one dentist and two dental nurses who also carry out reception and administrative duties. The practice has one treatment room.

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 East Road Care Limited was the dentist.

On the day of inspection we collected 40 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with the dentist and both dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 9am to 6pm. The service is closed from 1 to 2pm each day for lunch.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- The practice had some systems to help them manage risk. The risks relating to fire safety were not adequately assessed.
- Staff received training in emergency resuscitation and basic life support every year. Staff lacked awareness of emergency equipment and protocols despite their training.
- The practice had safeguarding policies but staff did not have an effective process to raise concerns.
- Staff were not aware of the Mental Capacity Act, Gillick competence, the Duty of Candour or RIDDOR, or their responsibilities in relation to them.
- The clinical 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 appointment system met patients' needs.
- The practice asked staff and patients for feedback about the services they provided.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the storage of medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and Gillick competency, ensuring all staff are aware of their responsibilities under the Act as it relates to their role.

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. Immediate actions were taken by the practice to address the concerns identified on the day of the inspection.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse. Processes were not in place to enable staff to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

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

The arrangements for dealing with medical and other emergencies required improvement. We saw evidence that the staff received training in emergency resuscitation and basic life support every year. Staff lacked awareness of emergency protocols despite their training. Evidence was sent after the inspection that the arrangements had been reviewed.

No action



Are services effective?

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

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

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

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

No information was available about the Mental Capacity Act 2005 and the team were not aware of this or the need to take it into consideration when treating adults who may not be able to make informed decisions. No information was available about Gillick competence and staff were not aware of the need to consider this when treating young people under 16.

No action



Are services caring?

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

We received feedback about the practice from 40 people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, caring and professional. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them.

No action



Summary of findings

Patients commented that they made them feel comfortable and 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 was efficient and met patients' needs. Patients confirmed they could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children.

The practice had access to interpreter services and the dentist could speak four languages, English, French, Swedish and Farsi.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations. The provider took immediate action to address the concerns identified. After the inspection, staff sent us an action plan detailing the ongoing improvements they were in the process of taking.

Staff worked together to govern the practice and provide timely access and care to patients. effective leadership was not in place and staff did not appear familiar with governance requirements. This was addressed by the team working together to implement a dental governance package.

During the inspection we found staff were responsive to discussion and feedback to improve the practice. Actions were taken quickly to address our concerns. For example, ordering emergency equipment and immediately contacting the indemnity provider for information.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

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

No action





Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice did not have policies to report, investigate, respond and learn from accidents, incidents and significant events. Staff told us there had never been any incidents or accidents at the practice. Incident recording forms and an accident book were available for staff to complete in the event of an incident and they demonstrated that they understood their role to report these to the practice owner.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference. Staff did not record their actions taken and we noted one recent relevant alert had not been received by the practice. This device was checked to confirm that it was not affected. After the inspection, staff told us they had reviewed their process to receive alerts and record their actions in relation to these.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence staff had received safeguarding training to the appropriate level. Staff knew about the signs and symptoms of abuse and neglect but they did not know who they would report any concerns to. We discussed this with the team. After the inspection staff told us that a process and flow chart had been created for staff to report any safeguarding concerns. The practice had a whistleblowing policy but this was not up to date with the details of external organisations. Staff told us they felt confident they could raise concerns without fear of recrimination. Staff told us after the inspection that the whistleblowing policy had been updated.

We looked at the practice's arrangements for safe dental care and treatment. The practice had not carried out a sharps risk assessment. The dental nurses told us that the dentist was responsible for needles and safe re-sheathing devices were available. They followed relevant safety laws when using needles and other sharp dental items and a process was in place to follow up any sharps injuries which

was displayed in the surgery. The dentist told us they did not use rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment but an alternative method was used to secure dental files.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice but this was not up to date. Staff told us they had reviewed this immediately after the inspection.

Medical emergencies

We saw evidence that the staff received training in emergency resuscitation and basic life support every year. Staff lacked awareness of the equipment and emergency protocols despite their training.

Emergency equipment and medicines were available. Staff told us they checked these approximately every six weeks but did not keep records of their checks to make sure they were available, within their expiry date, and in working order. Self-inflating oxygen bag and mask systems were not available although these were later found after the inspection. An Automated External Defibrillator (AED) was available but the battery was not fitted and staff told us they were not confident of using the device. The syringes for adrenaline were not the correct size and staff were not familiar with the dosages required for anaphylaxis (an extreme allergic reaction). Glucagon, which is required in the event of severe hypoglycaemia, was kept in the fridge, the temperature of the fridge was not monitored in line with the manufacturer's instructions.

Immediately after the inspection, we were sent evidence that staff had reviewed and discussed the emergency kit, provided protocols for dosages and brought the date of the next training session forward to February 2018.

Staff recruitment

A staff recruitment policy and procedure was not in place to help them employ suitable staff. We looked at staff files. The most recent recruit was eight years ago. They contained appropriate qualifications, GDC registration and Disclosure and Barring checks were in place but evidence was not available that references had been sought. This was discussed with the dentist to review for future recruitment.

Clinical staff were qualified and registered with the General Dental Council (GDC). Evidence of appropriate professional



Are services safe?

indemnity cover was in place for the dentist but evidence was not available for the dental nurses. Neither the dentist nor dental nurses were sure whether indemnity was in place. The dentist telephoned their indemnity provider during the inspection who confirmed that the dental nurses were covered on the principal dentist's policy.

Monitoring health & safety and responding to risks

The practice had health and safety policies to help manage potential risk. These did not refer to the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR). We found staff were not aware of what constituted a RIDDOR reportable occurrence. A fire safety self-assessment had been carried out by the practice. We noted that the risks relating to fire safety were not adequately assessed and a question relating to the presence of combustibles and hazardous devices such as pressure vessels and oxygen tanks had been answered incorrectly. Two battery operated smoke alarms were installed and staff told us they checked these only when the low battery alarm sounded. There were no fire detection systems in the cellar which contained stored combustible materials and the dental compressor. Staff told us they had carried out fire drills and evacuation procedures.

The practice had information relating to the Control of Substances hazardous to Health (COSHH). A small selection of dental materials and cleaning products had been risk assessed but safety data sheets were not available. After the inspection we were sent evidence that information about RIDDOR had been obtained, a fire risk assessment had been booked with an external company and staff were putting COSHH risk assessments and safety data sheets in place.

The practice had current employer's liability insurance in place.

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

Infection control

The practice had an infection prevention and control policy and procedures but these were not up to date and referred to decontamination processes that were not in use at this practice. Staff had created their own checklists to evidence the process and tests carried out on the equipment. Staff demonstrated that 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 every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice had carried out an infection prevention and control audit but this was not dated. It had been reviewed in 2017. The latest audit showed the practice was meeting the required standards. We spoke with staff about carrying out six-monthly audits in line with the guidance in HTM01-05.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Monthly water temperature testing was carried out and documented. The practice had a system to ensure the quality of water in the dental unit waterlines.

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

The staff records we reviewed with the practice manager provided evidence to support the relevant staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. There was no evidence that one member of staff had been tested to ensure the efficacy of these vaccinations. This was discussed with the staff member concerned to follow up and risk assess as appropriate.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.



Are services safe?

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

Radiography (X-rays)

The practice had arrangements to ensure the safety of the X-ray equipment. We saw evidence that the X-ray equipment had been installed and tested appropriately. Guidance relating to local rules was available but site specific local rules were not in place. A revised set of appropriate local rules was sent to us after the inspection. A radiation protection file was in place and the practice had access to radiation protection advice services. There was no evidence that the Health and Safety Executive had been notified of the use of X-ray equipment.

We saw evidence that the dentist justified, and reported on the X-rays they took. The practice carried out X-ray audits following current guidance and legislation. The dentist had devised their own system for grading X-rays on the day list but this was discarded at the end of each day. After the inspection we were told that X-rays were now graded appropriately and documented in the patient records.

Clinical staff completed continuous 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 the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

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

Health promotion & prevention

The practice provided preventative care and support to patients in line with the Delivering Better Oral Health toolkit. They displayed oral health education information throughout the practice and patient's comments confirmed that the dentist was very informative and gave them information to improve their oral health. We discussed how the practice could improve their process to document periodontal disease measurements in line with British Periodontal Society guidance.

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children as appropriate.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed

clinical staff completed the continuous professional development required for their registration with the General Dental Council. One of the dental nurses had enhanced skills training in oral health education and one in the taking of impressions.

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 under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team obtained 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 did not have a consent policy. No information was available about the Mental Capacity Act 2005. The team were not aware of this or the need to take it into consideration when treating adults who may not be able to make informed decisions. No information was available about Gillick competence and the dentist and dental nurses were not aware of the need to consider this when treating young people under 16. Staff told us 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 helpful, caring and professional. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Anxious patients said staff were compassionate and understanding.

The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients and staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients and if a patient asked for more privacy they would take them into another room. The reception computer screen was not visible to patients and staff did not leave personal information where other patients might see it.

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

There were magazines, practice information and thank you cards were available for patients to read.

Involvement in decisions about care and treatment

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

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The treatment room had a screen so the dentist could show patients X-ray images when they discussed treatment options. Staff explained treatment options to patients needing more complex treatment.



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 had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed.

Staff described how they supported nervous patients. For example, by making sure the dentist could see them as soon as possible after they arrived and offering longer appointments.

Tackling inequity and promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a 'knee break' dental chair to provide easy patient entry/exit via the front or side of the dental chair, a range of high and low seating in the waiting room, a hearing loop and grab rails in the patient toilet. The toilet was not fully accessible to wheelchair users but staff told us that wheelchair users did not have difficulty using the facilities.

Staff said they could provide information in different languages to meet individual patients' needs. They had access to interpreter/translation services and the dentist could speak four languages, English, French, Swedish and Farsi.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on NHS Choices website although this had not been kept up to date.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. The information leaflet and answerphone provided telephone numbers for patients needing 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. In addition, the practice was part of a local scheme to provide urgent dental care to patients who did not have a dentist. Staff told us that a central appointment office were responsible for booking patients and providing information to the practice.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The dentist was responsible for dealing with these. Staff told us they would tell the dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The dentist told us they aimed to settle complaints in-house and would invite patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

Staff told us that no written or verbal complaints had been received by the practice. They had information and letter templates to respond appropriately to any future complaints.



Are services well-led?

Our findings

Governance arrangements

The dentist had overall responsibility for the management, clinical leadership and day to day running of the practice with support from the dental nurses. Staff shared roles and responsibilities.

Several policies were out of date, documented procedures were not in place or not appropriate to the service. For example, safeguarding, local rules for X-ray equipment, infection prevention and control. Risks were not effectively assessed to protect patients and staff. This was addressed by the team working together to implement a new dental governance package. After the inspection, an action plan was sent to address these areas.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Staff were not aware of the duty of candour but understood the requirements to be open, honest and to offer an apology to patients if anything went wrong.

Leadership, openness and transparency

Staff told us there was an open, no blame culture at the practice. They said the dentist encouraged them to raise any issues, they felt confident they could do this through regular discussion. They told us the dentist was approachable, would listen to their concerns and act appropriately.

The practice held regular meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. Staff told us they worked well as a team and held daily informal discussions.

Learning and improvement

During the inspection we found staff were responsive to discussion and feedback to improve the practice. Actions were taken quickly to address our concerns. For example, ordering emergency equipment, introducing emergency treatment protocols and immediately contacting the indemnity provider for information. After the inspection, staff sent us an action plan detailing the improvements they were in the process of taking in relation to the arrangements to govern the practice, implement up to date policies, procedures and make sure staff were up to date with regulations and guidance. The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had records of the results of these audits and the resulting action plans and improvements.

The dentist valued the contributions made to the team by individual members of staff. Staff did not have appraisals. They assured us that they regularly discussed learning needs, general wellbeing and aims for future professional development.

Staff told us they completed highly recommended training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

Practice seeks and acts on feedback from its patients, the public and staff

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We saw cards from patients thanking the team for their care.