

Mr. Harvey Showman

H Showman & Associates Dental Practice

Inspection Report

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Failsworth
Manchester
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Overall summary

We carried out this announced inspection on 3 October 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 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

H Showman & Associates is in Failsworth, Manchester and provides NHS and private treatment to adults and children.

Summary of findings

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

The dental team includes four dentists, five dental nurses who also work on reception and a practice manager. The practice has four treatment rooms.

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.

On the day of inspection we collected 18 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, three dental nurses and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 9:00 to 20:00

Friday 9:00 to 17:00

Sunday 10:00 to 14:00

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk. Improvements were needed to assess the risks from sharps and COSHH substances.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice did not have a recruitment policy but could demonstrate thorough staff recruitment procedures had been followed.

- 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 had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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 its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's procedures for closed-circuit television (CCTV) and compliance with the information commissioner's office protocols (ICO).

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 to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Information relating to the Control of Substances Hazardous to Health (COSHH) and a number of product risk assessments were in place but safety data sheets were not available.

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

A risk assessment had not been undertaken for the safe use of sharps. Staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of needles in order to minimise the risk of inoculation injuries.

The practice did not have a system to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA).

No action



Are services effective?

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

Improvements were needed to ensure clinicians 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.

They displayed oral health education information throughout the practice and supported national oral health campaigns. Patient's comments confirmed that the dentists were very informative and gave them information to improve their oral health.

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 to help them monitor this.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 18 people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional, helpful and caring. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Many patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

The practice had installed CCTV in the reception area. Signs were displayed to advise people that CCTV was in use but information was not available to advise that images were recorded, how to access images and the Information Commissioner's Office had not been informed.

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 commented that 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 telephone and face to face interpreter services and had arrangements to help patients with sight or hearing loss.

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

The practice team kept complete patient dental care records which were, clearly written 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 had policies and procedures to report, investigate, respond and learn 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 including follow up actions to reduce risk and support future learning.

The practice did not have a system to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The inspector alerted the practice manager on the day of the inspection and three devices were checked to ensure they were not affected by recent relevant alerts. The practice manager gave assurance that they would ensure that future alerts are received, acted upon and retained for reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns and discussed where these procedures had been followed. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. A risk assessment had not been undertaken for the safe use of sharps (needles and sharp instruments). We discussed this with the principle dentist who gave assurance that this would be reviewed and risk assessed more thoroughly. Staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of needles in order to minimise the risk of

inoculation injuries to staff. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Glucagon, which is required in the event of severe hypoglycaemia, was kept with the emergency drugs kit but the expiry date had not been adjusted in line with the manufacturer's instructions. Staff carried out and kept records of monthly checks to make sure these were available, within their expiry date, and in working order. We discussed this with the practice manager and senior dental nurse who took immediate action to review the Glucagon expiry date and told us they would carry out daily checks of the automated external defibrillator and weekly checks of the emergency equipment.

Staff recruitment

The practice did not have a staff recruitment policy but the most recent recruit was 2013. We looked at staff files including for the most recently recruited member of staff. These showed the practice followed appropriate recruitment procedures including checks through the Disclosure and Barring Service (DBS) to help them employ suitable staff that reflected the relevant legislation. The practice manager told us they would implement a policy for future staff recruitment.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice had health and safety policies and risk assessments which were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. A fire risk assessment was in



Are services safe?

place and staff carried out and documented checks of fire safety systems and regular battery changes in smoke alarms. Two members of staff were trained as fire marshals and the team practiced evacuation procedures.

Information relating to the Control of Substances Hazardous to Health (COSHH) and a number of product risk assessments were in place but safety data sheets were not available. The practice manager told us that they would take action to obtain the product safety data sheets and update the risk assessments.

The practice had current employer's liability insurance and checked each year that the professional indemnity insurance was up to date for clinical staff.

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

Infection control

The practice had an infection prevention and control policy and procedures 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 every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The dental nurses took part in a rota to oversee decontamination procedures and maintain up to date records. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice knew that infection prevention and control audits should be carried out twice a year. The latest audit was January 2017 which showed the practice was meeting the required standards. This was discussed with the senior dental nurse who explained that they had not had the capacity to repeat the audit in June and this would be addressed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water

systems, in line with a risk assessment. The practice were carrying out monthly water temperature tests but these were not documented. The provider confirmed this would be addressed.

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 and had attained a satisfactory level of protection. 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.

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.

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

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. Evidence was not available that the Health and Safety Executive (HSE) had been notified of the use of radiological equipment on the premises and this was discussed with the practice manager to follow up.

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

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. We found some inconsistencies in the standard of record keeping between the clinicians. This was discussed with the principal dentist who told us they would review this. 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

There were inconsistencies in the provision of 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 supported national oral health campaigns. Patient's comments confirmed that the dentists were very informative and gave them information to improve their oral health.

The dentists 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 dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. 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 had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional

development (CPD) required for their registration with the General Dental Council and the practice supported them to complete their training by offering in-house training, 'lunch and learn' sessions and online training.

Staff told us they discussed training needs as required and in staff meetings. The practice manager had accessed training and guidance to carry out staff appraisals but the practice were unsure how to proceed with the process. We discussed this with the practice manager and senior dental nurse and signposted them to additional guidance and resources. We saw evidence of up to date staff training and a system to track CPD in staff files.

Working with other services

Dentists 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 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; Staff had received training and the dentists and dental nurses were 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 friendly, helpful and had a calming manner. We saw that staff treated patients respectfully, appropriately and were friendly towards patients at the reception desk and over the telephone, especially when patients requested urgent care.

Nervous patients said staff were compassionate, understanding and made them feel at ease. Patients could choose whether they saw a male or female dentist.

The layout of reception and waiting areas did not provide 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 and if a patient asked for more privacy they would take them into another room. One patient comment queried patient confidentiality at the front desk. This was raised with the staff to discuss and review their procedures.

Staff did not leave personal information where other patients might see it and paper records were stored securely.

Music was played in some of the treatment rooms and there were magazines and practice information folders available for patients to read.

The practice had installed CCTV in the reception area. Signs were displayed to advise people that CCTV was in use but information was not available to advise that images were recorded, how to access images and the Information Commissioner's Office had not been informed of the use of CCTV. The provider told us they would address this.

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 dentists 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.

Each treatment room had information on a range of available treatments and demonstration models to explain 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 and patients commented that they had found it easy to access urgent appointments. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patient notes were flagged if they were unable to access the first floor surgery or if they required a translator

Patients were provided with appointment cards and written reminders for upcoming appointments. Staff told us that they telephoned some patients on the morning of their appointment to make sure they could get to the practice. Staff also telephoned patients after complex treatment to check on their well-being and recovery.

Tackling inequity and promoting equality

The practice made reasonable adjustments for patients with disabilities. These included a portable ramp, widened front door entrance, a range of seating in the waiting area and ground floor toilet with hand rails. The layout of the premises made the provision of a fully accessible toilet impractical but staff told us that wheelchair users were able to access the facilities.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter and translation services. A member of staff was trained in the use of British Sign Language.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on NHS Choices.

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 care. On the day of the inspection we observed that there was a high demand for urgent care from patients. We found the practice to be very responsive to face to face and telephone requests for urgent appointments and patient comments confirmed this. The practice also offered late evening and Sunday appointments to meet the needs of patients. 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.

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 practice manager was responsible for dealing with these. 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 and principal dentist told us they aimed to settle complaints in-house and invited 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.

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

Governance arrangements

The practice was a member of a 'good practice' accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The practice had information governance arrangements 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 if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held regular informal discussions and occasional meetings where staff could raise any concerns

and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. A plan was in place to introduce a more regular meeting structure.

Learning and improvement

During the inspection staff were responsive to feedback and actions were taken quickly to address any issues. 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. The record keeping audits evidenced some inconsistencies but there were clear records of the results of these audits and the resulting action plans.

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service.

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.