

530 Bolton Partnership

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Inspection Report

530 Bolton Partnership
Oasis Dental Care
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Manchester
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Date of inspection visit: 17 September 2015
Date of publication: 18/02/2016

Overall summary

We carried out an announced comprehensive inspection on 17 September 2015 to ask the practice the following key questions; are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Background

530 Bolton Partnership (part of Oasis Dental Care) took over the ownership of the practice in December 2014. The practice provides private and NHS dental treatments to children and adults living in the Bolton area of Greater Manchester. The practice offers a range of dental services including examinations, assessments, individual treatments and dental hygiene. The staff in the practice consists of four dentists, two dental hygienists and six dental nurses. There was also a practice manager, a receptionist and an apprentice dental nurse. The practice opening hours are from 8.00am to 6.00pm Monday to Friday. Appointments are from 8.30am to 5.30pm on a Monday, Thursday and Friday, with extended hours being provided between 5.30pm and 7.00pm on a Tuesday and Wednesday.

There is a registered manager in place, although they were not present at the inspection. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons 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 reviewed 14 comment cards that had been completed by patients and carried out two telephone interviews with two patients. Patients indicated they were very happy with the service provided. They described the dentists as

Summary of findings

excellent and professional and the support staff as caring and friendly. Patients commented that they were given oral health care advice and their treatments were always fully explained.

Our key findings were:

- The practice was not following national guidance in the use of rubber dams for root canal treatments.
- The practice worked with other providers to ensure that co-ordinated care was provided.
- Emergency equipment was stored in different places around the practice so may not be easily available in the event of an incident occurring.
- Regular practice meetings took place to ensure good communication among the staff team
- There were no evidence of staff appraisals having taken place.
- It was not possible to clearly establish the training staff had completed as some staff training records were incomplete.
- Staff said they enjoyed their work and felt well supported in their role.
- Staff had not completed safeguarding training and a recent safeguarding incident had not been reported to the local authority.
- There were limited governance procedures in place at the practice.

We identified regulations that were not being met and the provider must:

- Ensure that all of the staff have undergone relevant training, to an appropriate level, in the safeguarding of children and vulnerable adults.
- Ensure suitable governance arrangements are in place and an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.

You can see full details of the regulations not being met at the end of this report.

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

- Review the practice's protocols for completion of dental care records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff.
- Review the storage of records relating to people employed and the management of regulated activities giving due regard to current legislation and guidance.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the storage of dental care products requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.

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 not providing safe care in accordance with the relevant regulations. We have told the provider to take action to address this issue. See full details of this action in the requirement notice section at the end of this report.

The practice had systems and processes in place to support the provision of care and treatment. The practice received national patient safety and medicines alerts, although we could not establish clearly the system in place to ensure clinical staff received these alerts. Staff had not undertaken recent safeguarding training and a recent safeguarding alert had not been reported to the local authority for information and investigation. It was not possible to establish clearly the training staff had completed as records were not updated. The practice was not following national guidance in the use of rubber dams for root canal treatments. Medicines were being stored in a fridge along with food.

Are services effective?

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

The practice had appropriate systems in place for health promotion. The clinical staff said that they discussed oral health with patients and would advise patients on issues such as smoking and alcohol intake. We noted that there was a range of health promotion material on display and equipment was available for purchase at the practice. There was no evidence that staff appraisals had taken place although new documentation had been set up which indicated this was in the process of being addressed. The practice had a formalised system of learning and improvement through the provision of a programme of online training; however, we found that there was no centralised monitoring of professional development in the practice. The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients.

Are services caring?

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

We observed that staff were polite and professional when speaking to patients. The patients that we spoke with said that staff treated them with dignity and respect and that they were happy with the care being provided. The comment cards we received indicated that patients were very happy with the care and treatments they received. They described the reception staff as friendly and helpful and dentists and dental nurses as excellent and caring. The practice provided information about treatment options and costs. Patients told us that their dentist and dental hygienists explained their treatments and gave advice on dental health and hygiene, which meant patients were involved in any decisions made about their care and treatment.

Are services responsive to people's needs?

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

Patients reported they found it easy to book an appointment and they were never kept waiting when they arrived at the practice. The practice provided enough time for consultations with patients. There were hand rails at the front of the practice with a ramp and one small step to support patients with mobility problems. There were sufficient treatment rooms on the ground floor to accommodate patients who were unable to use the stairs. Language line, a telephone translation service was available to support patients whose first language was not English. Plans were being made to provide staff with equality and diversity training to ensure they had an understanding of how to meet patients' different cultural needs.

Summary of findings

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action to address this issue. See full details of this action in the requirement notice section at the end of this report.

We found there was a lack of formal management systems in place. While there were systems in place to support the daily running of the practice, for example, regular practice meetings were held for the purpose of ensuring good communication, we sometimes found that some systems were disorganised. Improvements were needed in the way medicines used for emergencies were stored. Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. Quality assurance questionnaires were available for patients to complete. In august 2015 patients commented they were very happy with the service they received, although this information did not fully reflect the questions asked in the surveys.

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Detailed findings

Background to this inspection

Background

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There is a registered manager in place, although they were not present at the inspection. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons 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 reviewed 14 comment cards that had been completed by patients and carried out two telephone interviews with two patients. Patients indicated they were very happy with the service provided. They described the dentists as excellent and professional and the support staff as caring and friendly. Patients commented that they were given oral health care advice and their treatments were always fully explained.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice understood their responsibilities around their duty of candour in that patients would be told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result. The practice had suitable processes around reporting and discussion of incidents and staff spoken with were aware of the incident reporting system. Staff understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). An accident book and incident reporting forms were available for staff to record details of incidents and accidents. No significant incidents had been reported in the last 12 months. The records of past incidents were unavailable. Issues were discussed at staff meetings for the purpose of learning and improving from incidents.

Reliable safety systems and processes (including safeguarding)

The practice manager was the safeguarding lead in the practice. Safeguarding policies and procedures were in place and most staff had signed a document to indicate they had read these documents. Staff had not undertaken recent safeguarding training although we were informed that plans were being made for this training to be provided in the near future. A recent safeguarding alert had not been reported to an external agency such as the local authority for investigation. We discussed this issue at the inspection and advised the senior staff to report this matter to the local authority immediately. We received an email the following day to confirm this had been reported appropriately.

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK, and oxygen was available. Records showed the equipment was checked regularly to ensure the equipment was safe to use. Two staff were trained in first aid and annual training in basic life support was provided. We were unable to verify this training as training records were incomplete. How to deal with an emergency was discussed during team meetings and staff were involved in scenarios to practice and develop their skills.

Staff recruitment

The practice had a policy for the safe recruitment of staff, for example, obtaining proof of identification, two satisfactory references, proof of qualifications, and proof of registration with the appropriate professional body. Disclosure and Barring Service (DBS) checks were sought for all employees. Some of this information was not available for inspection as it was kept at the organisation's head office. We looked at the staff files for two members of staff. The amount of information held on file differed and some information was difficult to locate. There were sufficient numbers of staff working at the practice. A system was in place to ensure that where absences occurred, part-time staff were contacted to attend the practice and cover for their colleagues.

Monitoring health & safety and responding to risks

The practice had arrangements in place to deal with foreseeable emergencies. A health and safety policy was in place. There was no fire alarm in the building although whistles for the staff were available to use as a fire alarm alternative. We were told that senior management were aware of the issue and were in the process of resolving this matter. A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice.

Infection control

One of the dental nurses was the infection control lead in the practice. Their role was to ensure there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance. The practice had followed the guidance about decontamination and infection control issued by the Department of Health. Policies and procedures relating to infection prevention and control were accessible to staff. Posters promoting good hand hygiene were clearly displayed to support staff in following practice procedures. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective

Are services safe?

eye wear. Equipment was serviced regularly to ensure its safe use. Records were kept of cleaning schedules. Staff received annual training in infection prevention and control and regular updates were provided at staff meetings.

We looked around the premises during the inspection and found the treatment rooms and the decontamination room appeared clean and hygienic. They had sealed floors and work surfaces that were free from clutter and could be cleaned and disinfected between patients. There were hand washing facilities in each treatment room and staff had access to supplies of protective equipment for patients and staff members.

The practice had carried out an in-house infection control audit. This audit identified the practice was not compliant in all aspects of infection control. An action plan had been drawn up to address the identified issues.

Equipment and medicines

Records indicated that the battery check of the defibrillator last took place on 27 September 2014. We were informed this equipment was checked more recently, although no

record was available to confirm this. Emergency medicines were stored in various areas of the practice. Systems were in place to monitor medicines stock control and expiry dates of the medication. Medication and food were being stored together in the practice fridge. We discussed that medication stored in the fridge could be stored with all the emergency medication, however two months must be taken from the current the expiry date. The practice had appropriate maintenance and service contracts in place for equipment. This included service and maintenance for the X-ray machine, autoclave and compressor.

Radiography (X-rays)

Dentists were trained in the use of taking X-rays. There was an appointed external radiation protection adviser. There was a radiation protection file providing staff with information and guidance on radiography. The patient records we looked at did not indicated the reason for X-rays being taken and the quality of the X-ray was not recorded. New documentation introduced recently should remedy this situation as dentists must complete a template which includes the recording of this information.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had some measures in place to monitor and improve outcomes for patients. The practice had a mechanism for checking medical histories which were rechecked on each attendance at the practice. The dentist that we spoke with said that they used guidelines such as those issued by the National Institute for Health and Care Excellence (NICE) to decide on treatment options and when follow ups were required. There was a recall system in place so that patients' health care could be monitored. We looked at a selection of clinical records and noted that on some occasions, only minimal information was recorded.

Health promotion & prevention

The practice had appropriate systems in place for health promotion. The clinical staff said that they discussed oral health with patients and would advise patients on issues such as smoking and alcohol intake. These discussions were noted in patient records. We noted that there was a range of health promotion material on display and equipment was available for purchase.

Staffing

There was no evidence of staff appraisals having taken place although new documentation had been set up to indicate this was in the process of being addressed. While the practice did have a formal system of learning and improvement thorough the provision of a programme of online training, we found that there was no centralised monitoring of professional development in the practice. There were continuing professional development folders for the nursing staff but not for the dentists. We asked for this information to be emailed to the CQC following the inspection, however this was not received. Staff training records were not up to date, therefore it was not possible to establish clearly the training staff had completed.

Staff personnel details, including home addresses and national insurance numbers were not stored securely. While this information was stored in a locked room, this was not alarmed, and was in a separate building at the back of the practice.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. For example, referrals were made to hospitals and specialist dental services for further investigations and treatment. The practice completed referral forms or letters to ensure the specialist service had all the relevant information required. Dental care records we looked at contained details of the referrals made and the outcome that came back from the referrals that were made. The organisation employed specialist dentists in other practices, and referrals to these dentists could be made as needed.

Consent to care and treatment

Dentists understood the Mental Capacity Act and offered support when necessary. They were aware of Gillick competency in relation to children under the age of 16. The practice ensured valid consent was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they wanted. This was reflected in the comment cards completed by patients. The practice asked patients to sign specific consent forms for some dental procedures to indicate they understood the treatment and risks involved.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed that staff were polite and professional when speaking to patients. The practice had a zero tolerance policy in place regarding staff abuse, a copy of which was displayed in the waiting area. The patients that we spoke with said that staff treated them with dignity and respect and that they were happy with the care being provided. The comment cards we received indicated that patients were very happy with the care and treatments they received. They described the reception staff as friendly and helpful and dentists and dental nurses as excellent and caring.

Involvement in decisions about care and treatment

The practice provided information about treatment options and costs. The practice displayed information in the waiting area which gave details of NHS and private dental charges or fees. Patients told us that their dentist and the dental hygienists explained the treatments and gave advice on dental health and hygiene. The dentists explained how they were aware of patients' anxiety and dealt with this by offering reassurance and information. Treatments were explained to children and the parents or carers of very young children, again offering reassurance to alleviate any anxiety.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients reported they found it easy to book an appointment and they were never kept waiting when they arrived at the practice. The practice provided enough time for consultations with patients. The dentist told us they had enough time to treat patients and that patients could generally book an appointment in good time to see them. We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting. The practice information leaflet described the range of services offered to patients, the complaints procedure, information about patient confidentiality and record keeping. The practice offered both NHS and private treatment.

Tackling inequity and promoting equality

The practice had taken steps to ensure that the practice met the needs of different groups. There were hand rails at the front of the practice with a ramp and one small step to support patients with mobility problems. There were sufficient treatment rooms on the ground floor to be able to accommodate patients who were unable to use the stairs. There were disabled toilet facilities on the ground floor. Language line, a telephone translation service, was also available to support patients whose first language was

not English. Plans were being made to provide staff with equality and diversity training to ensure they had an understanding of how to meet patients' different cultural needs.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. The practice displayed its opening hours in their premises. Out of hours information was provided on the answerphone when the practice was closed and information was also available on the practice leaflet. One of the dentists worked from 5.30pm to 7.00pm two evenings a week which supported patients who went out to work or could not access the practice during normal opening hours.

Concerns & complaints

There was information about how to make a complaint that was displayed in the reception area. The complaint procedure provided patients with information about the timescales for managing and responding to their complaint. The practice manager was responsible for managing complaints although dentist would advise on clinical complaints. Records indicated that no complaints had been received within the last year.

Are services well-led?

Our findings

Governance arrangements

We found there was a lack of formal management systems in place. While there were systems in place to support the daily running of the practice, for example, regular practice meetings were held for the purpose of ensuring good communication, we found that some systems were disorganised. We found that staff could not easily locate information such as training records and clinical records were not always fully up to date. This issue was highlighted in a recent internal audit that identified improvements were needed to the current management systems. An action plan was in place to address these issues.

Leadership, openness and transparency

Staff in the practice had key areas of responsibility, for example, infection control and fire prevention. Staff told us there was an open culture within the practice and they were encouraged and confident to raise issues at any time. These were discussed openly at staff meetings where relevant and it was evident that the practice worked well as a team and dealt with issues in a professional manner. Staff told us that the practice manager was approachable, would listen to their concerns and act appropriately.

Staff were supported by a range of clinical and non-clinical policies and procedures to ensure they were aware of their responsibilities and knew how to work safely. New and updated policies and procedures were in the process of being introduced for all staff.

Learning and improvement

While all staff had attended appropriate training, there was no clear process on how learning needs were identified in the practice for all staff. While the practice did have a formal system of learning and improvement through the provision of a programme of online training, we found that there was no centralised monitoring of professional development in the practice. There were continuing professional development records for the nursing staff, but not for the dentists. We were informed this information would be emailed to us, however, it was not received. Dentists carried out peer review meetings together and issues were discussed at practice meetings for the purpose of learning. Newly employed staff received an induction, however, we saw no evidence of this having taken place. The practice had carried out its own training audit and found improvements needed to be made in this area. This particularly related to training on safeguarding adults and children and equality and diversity. An action plan was in place to address this issue.

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

Staff we spoke with told us that they felt involved at the practice and their views were sought and listened to. The practice had systems in place to involve, seek and act upon feedback from people using the service. Quality assurance questionnaires were available for patients to complete. These were comprehensive and covered a lot of areas relating to the service provided. We looked at a summary of findings for August 2015. This indicated that patients were very happy with the service they received. However, it did not reflect all of the questions asked in the survey. Therefore it was not entirely possible to establish accurately patients' views of the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have effective systems in place to: Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

Regulated activity

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider had not established and operated systems and processes to investigate, immediately upon becoming aware of, any allegation or evidence of abuse