

Mr. Nilesh Bhatt

Ocean Dental Manchester

Inspection Report

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Overall summary

We carried out this announced inspection on 28 September 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

Ocean Dental is in Manchester city centre and provides NHS and private treatment to adults and children.

The practice is located on the second floor of The Arndale Centre which is a large shopping complex. There is lift access for people who use wheelchairs and pushchairs. The Arndale Centre has a car park, including spaces for patients with disabled badges.

Summary of findings

The dental team includes seven dentists, five dental nurses (two of whom are trainees), three part-time dental hygienists, a treatment co-ordinator, a clinic manager and a receptionist. 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 23 CQC comment cards filled in by patients and spoke with two other patients. This information gave us a positive view of the practice.

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

The practice is open:

Monday to Thursday: 8.30 am to 7.30 pm

Friday: 8.30 am to 6.00 pm

Saturday: 9.00 am to 6.00 pm

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. Improvements were needed to the availability of some emergency equipment.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes. Not all staff had received training but they knew their responsibilities for safeguarding adults and children.

- The practice had thorough staff recruitment procedures.
- 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 the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review staff training to ensure that dental nursing staff who are assisting in conscious sedation have the appropriate training and skills to carry out the role giving due regard to guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.'

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.

A sharps risk assessment was in place but not all clinicians were familiar with safe re-sheathing techniques.

Staff knew how to recognise the signs of abuse and how to report concerns but not all staff had received safeguarding training. Evidence of training was sent after the inspection.

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.

Recent relevant alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), not been received.

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

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. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful and friendly. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice carried out conscious sedation for patients who would benefit. The sedationist and operator had been supported by one recently qualified dental nurse. We discussed this with the principal to ensure that a dental nurse with a sedation qualification or experience supports dentists treating patients under sedation in the future.

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

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 could get an appointment quickly if in pain.

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

Staff spoke a range of languages and the practice had access to telephone 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 recently engaged with an external company to ensure arrangements were in place 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 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 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 to reduce risk and support future learning.

The practice had registered to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Recent relevant alerts, including two relating to Glucagon and oxygen masks had not been received. The inspector alerted the practice manager on the day of the inspection, the Glucagon was checked to ensure it was not affected by the alert. The adult sized oxygen mask was affected by the safety alert and the principal dentist took immediate action to remove it, inform the other staff and re-order a replacement. The principal dentist gave assurance that they would review their process to 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 had received safeguarding training. Five members of clinical staff had not been present for the training but evidence of up to date training was sent after the inspection. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Not all staff were aware of this but they 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 had recently been carried out. A sharps risk assessment was in place but not all clinicians were familiar with safe re-sheathing techniques; Re-sheathing devices were not available although we saw evidence that these

had been ordered. Sharps bins were not signed and dated. We discussed this with the principal dentist who told us this would be reviewed as a matter of urgency. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal 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 emergency resuscitation and basic life support every year. The sedationist had received additional immediate life support training but the operator had not. This was discussed to action before the next sedation case.

Emergency medicines were available as described in recognised guidance. Child sized oxygen self-inflating bags and masks were not available. The spacer device and automated external defibrillator pads had expired. A member of staff carried out and documented weekly checks but the checking process had not identified the expired items or been updated when expired medicines had been replaced. These were brought to the attention of the principal dentist who ordered the missing and expired items immediately and told us they would review the process for checking the emergency kit.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at staff recruitment files. These showed the practice followed their recruitment procedure.

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's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The maintenance of the premises was the responsibility of the building owner. There was a system to report faults and the practice manager liaised regularly with the building manager to maintain the safety



Are services safe?

of the premises. Staff participated in fire safety and emergency evacuation drills but they were not familiar with how to use the emergency evacuation chair if the lifts were out of use. Staff gave assurance that they would practise using these. Staff had not received fire safety training but there was a plan in place to access this.

The practice had current employer's liability insurance and the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental hygienists 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 records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice had recently carried out an infection prevention and control audit and confirmed that these would be done twice a year. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A risk assessment had been carried out by the building owners and the practice had obtained a copy from them. There were a number of actions identified and the practice gave assurance they would liaise with the owners to ensure these were carried out. Staff maintained the dental unit waterlines in line with guidance.

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. The results of blood tests to ensure staff had adequate protection were not available for eight members of staff, this was raised with the principal dentist to 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. We noted that only one foil ablation test had been carried out to test the efficacy of the ultrasonic cleaner. The practice confirmed that these would be carried out quarterly in line with guidance.

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. Improvements were needed to the local rules to include the details of the operators and systems to ensure that other staff did not enter the surgeries whilst an exposure was in progress.

The practice had an OPG (Orthopantomogram) which is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth and gives a 2-dimensional representation of these.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice had begun to carry out X-ray audits 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. 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.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

The sedationist and operating clinician had been supported by one recently qualified dental nurse. We discussed this with the principal to ensure that a dental nurse with a sedation qualification or experience supports dentists treating patients under sedation in the future.

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; 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 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.

The provider used the skill mix of staff in a variety of clinical roles, for example, dentists, dental hygienists and dental nurses, to deliver care in the best possible way for patients.

Staff changes had impacted on their capacity to carry out appraisals. Staff told us they discussed training needs individually and at staff meetings. We saw evidence that the dentists had requested appraisals from the local dental deanery. The practice were in the process of completing dental nurses appraisals.

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. Bespoke consent forms were used for complex treatment and the



Are services effective?

(for example, treatment is effective)

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 and capacity assessment forms were available. 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 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 professional. We saw that staff treated patients respectfully, appropriately and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding, several commented that they were no longer afraid of coming to the dentist. 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. The reception computer screens were 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.

The provider had installed a closed circuit television system, (CCTV), in the reception, waiting room and in the treatment rooms. We saw that notices were displayed to inform people that CCTV was in use to protect the premises but the provider had not informed the Information Commissioner's Office that CCTV was installed or displayed adequate information to make patients aware that some of

their right of access to footage which may contain their images. The provider immediately removed the cameras from the treatment rooms and assured us this would be addressed.

Music was played in the treatment rooms and there were magazines and a television in the waiting room. The practice provided drinking water, tea and coffee in the patient co-ordinators room.

Practice information folders and information about treatment options 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. A 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 practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as implants and sedation.

Each treatment room had an intra-oral camera and a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment. Patients commented that the dentists spent time to demonstrate and talk through treatment options. Patients had the option to discuss treatment plans with a clinician and the treatment co-ordinator.



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. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Patients were sent text message and email reminders for upcoming appointments. Staff told us that they 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 step free access and accessible toilet with hand rails and a call bell.

The practice had also worked with a local organisation to provide dental care to homeless people in Manchester.

Staff could speak a range of languages including Urdu, Gujarati, Hindi, Punjabi, Romanian, Greek and Polish. They said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services.

Access to the service

The practice displayed its opening hours in the premises and on their website. Patients could book appointments online at a time that suited them and the practice was open on Saturdays.

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 website, 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 clinic manager was responsible for dealing with these. Staff told us they would tell the clinic manager about any formal or informal comments or concerns straight away so patients received a quick response.

The clinic manager 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 last 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 principal dentist had overall responsibility for the management and clinical leadership of the practice. The clinic manager was responsible for the day to day running of the service. The practice had experienced a significant number of staff changes. Staff knew the management arrangements and their roles and responsibilities.

The practice had engaged with an external organisation to review policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included the introduction of a governance programme and annual planner 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

On the day of the inspection, the principal dentist told us that they were aware of deficiencies in leadership and governance prior to the inspection which had prompted them to consult and work with an external company to comprehensively review policies, procedures and introduce systems to help them effectively govern the practice. We were shown action plans and found staff were open to feedback and took immediate actions to address the concerns raised during the inspection and send evidence to confirm that action had been taken. They demonstrated a commitment to continuing the work and engagement with staff and external organisations to make further improvements. 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 clinic 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 principal dentist and clinic manager were approachable, would

listen to their concerns and act appropriately. The clinic manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice had introduced regular meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

During the inspection the provider was responsive to feedback and actions were taken quickly to address our concerns. The practice had recently introduced 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 clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The clinicians were in the process of accessing appraisals for clinicians and carrying out appraisals for all other staff. They 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 online patient feedback and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients/staff the practice had acted on including the facility for patients to book online.

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.