

Dr. Simon Lewis

Dr Simon Lewis - Rodney Street

Inspection Report

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Overall summary

We carried out this announced inspection on 22 August 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Dr Simon Lewis - Rodney Street is close to the centre of Liverpool and provides dental care and treatment to adults and children on a privately funded basis.

Summary of findings

There are steps at the front entrance to the practice. The practice has one treatment room. Car parking is available near the practice.

The dental team includes one dentist and a dental nurse. The team is supported by a practice manager, who is also a dental nurse.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

We received feedback from ten people during the inspection about the services provided. The feedback provided was positive about the practice.

During the inspection we spoke to the dentist, the dental nurse and the practice manager. We looked at practice policies, procedures and other records about how the service is managed.

The practice is open:

Tuesday 11.00am to 4.00pm

Wednesday 9.00am to 4.00pm

Thursday 9.00am to 3.30pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had safeguarding processes in place and staff knew their responsibilities for safeguarding adults and children.

- Staff provided care and treatment focused on patients' individual needs.
- The practice had a procedure in place for dealing with complaints.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took patients' needs into account. Dedicated emergency appointments were available.
- The practice had a leadership structure. Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.
- The practice had infection control procedures in place but this did not fully reflect published guidance.
- Staff knew how to deal with emergencies. Some emergency equipment and one emergency medicine were not available.
- The practice had systems in place to help them manage risk, but no Legionella risk assessment had been carried out and not all reasonable measures were in place to minimise risk of injury from sharp instruments.

We identified a regulation the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Full details of the regulation the provider was not meeting are at the end of this report.

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.

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

Staff were qualified for their roles.

The premises and equipment were clean and properly maintained.

The practice had systems in place for the safe use of radiation.

We saw that the practice had suitable arrangements for dealing with medical and other emergencies, but some items of the recommended medical emergency kit were not available. The provider ordered some of these the following day and sent us evidence of this.

The practice had procedures in place for cleaning, sterilising and storing dental instruments but these did not always fully follow recognised guidance.

No action



Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent. The dentist discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The practice supported staff to complete training relevant to their roles and had systems in place to monitor this.

No action



Are services caring?

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

Patients were positive about all aspects of the service. They told us staff were informative, caring and gentle. They said that they were always seen promptly and that their dentist listened to them. Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

Patients said staff treated them with dignity and respect.

No action



Summary of findings

Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients told us they could obtain an appointment quickly in an emergency.

The practice had access to interpreter services.

Staff considered patients' individual needs and made reasonable adjustments to meet these.

Staff responded to concerns and complaints quickly.

No action



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 (see full details of this action in the Requirement Notices at the end of this report).

The practice had arrangements in place to ensure the running of the service. These included systems for the practice team to review the quality and safety of the care and treatment provided. Not all the systems and processes were operating effectively and could be improved.

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

Staff were aware of the importance of confidentiality and protecting patients' personal information. The practice team kept accurate patient dental care records which were stored securely.

The practice had arrangements in place to monitor clinical and non-clinical areas of their work to help them improve and learn. These were not all operating effectively.

The practice asked for and listened to the views of patients and staff.

Requirements notice



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond to and learn from accidents, incidents and significant events. Staff told us there had been no significant events.

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

The practice received information about product safety from suppliers but had not made arrangements to receive national medicines and equipment safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency.

Reliable safety systems and processes (including safeguarding)

The practice had a safeguarding policy in place to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns.

The practice did not have a documented whistleblowing policy in place but staff told us they were confident to raise concerns with the provider or practice manager should the need arise. Staff were unaware of external organisations with whom they could raise concerns.

We looked at the practice's arrangements for safe dental care and treatment. The practice followed relevant safety laws when using needles and other sharp dental items.

We reviewed the procedures the dentist followed when providing root canal treatment and implants. We found the dentist was not adhering to guidance from the British Endodontic Society in relation to the use of rubber dam when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

Medical emergencies

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

Most of the recommended emergency equipment and medicines were available, with the exception of midazolam, some oropharyngeal airways, oxygen masks with a reservoir and self-inflating bag/masks. The provider ordered the airways immediately after the inspection and sent us evidence of this. Staff carried out, and kept records of, checks to make sure the medicines and equipment were within their expiry dates and in working order but these were not at the recommended intervals.

Staff recruitment

The practice did not have documented staff recruitment procedures to help them employ suitable staff but had not recruited staff for over 12 years. Staff recruitment records contained appropriate information.

Clinical staff were qualified and registered with the General Dental Council, where necessary.

Monitoring health and safety and responding to risks

The practice had an overarching health and safety policy in place. We saw that some general workplace and specific dental practice risk assessments were in place.

The practice had a fire safety evacuation procedure in place and we saw that fire safety equipment was in place and was checked regularly by staff.

The practice had assessed the risks associated with the use of sharps and implemented some measures to mitigate these risks, for example, safer local anaesthetic equipment. Not all reasonably practicable measures had been implemented, for example, the procedure for staff to follow in the event of a sharps injury was not clearly displayed or readily available, heavy duty gloves were not worn and long handled brushes not used by staff when manually scrubbing used instruments. Immediately after the inspection the provider ordered a display poster outlining the procedure for staff to follow should they sustain a sharps injury.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was identified.

Are services safe?

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

The dental nurses worked with the dentist when they treated patients. Clinical staff had professional indemnity cover.

Infection control

The practice had an infection prevention and control policy in place.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments. We observed that the practice followed some of the guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health. We found there were a number of areas in which staff were not adhering to the guidance, for example, the practice did not have a magnifying light for inspecting instruments, staff were unclear on when water lines should be flushed and no dates were displayed on the bags containing sterilised instruments. The provider ordered a magnifying inspection light immediately after the inspection and sent us evidence of this.

Staff told us that daily and weekly checks and tests on the sterilisation equipment were carried out but the records kept did not contain sufficient detail.

Staff had carried out an infection prevention and control audit on 06/08/2017. The audit template did not include enough detail to assist the practice in identifying where they were not meeting recognised guidance. No learning points or action plan was produced to assist the practice in rectifying any deficiencies.

The practice had some procedures in place, in accordance with current guidance, to reduce the possibility of

Legionella or other bacteria developing in the water systems, for example, microbiological testing of the water lines, but had not carried out a Legionella risk assessment for the practice.

The practice had identified tasks for keeping the practice clean and had employed cleaners to carry these out. We saw that cleaning equipment was not identified for different areas of the practice, for example, communal areas and treatment areas. The practice was clean when we inspected.

Equipment and medicines

We saw servicing documentation for the equipment used in the practice. Staff carried out checks in accordance with the manufacturers' recommendations. Staff were unclear on whether a pressure vessel test had been carried out on the sterilisation equipment.

We observed that a number of dental materials in the drawers in the treatment room were past the expiry dates.

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

Radiography (X-rays)

The practice had arrangements in place to ensure X-ray procedures were carried out safely. They complied with current radiation regulations and had the required information available.

We saw evidence that the dentist justified, graded and reported on the X-rays they took. We observed that the X-ray audits carried out by the dentist did not fully follow current guidance.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about patients' current dental needs, past treatment and medical history. The dentist assessed patients' treatment needs in line with recognised guidance.

Health promotion and prevention

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

Staffing

The General Dental Council requires dental professionals to complete continuing professional development as a requirement of their registration. Staff told us the practice provided support, training opportunities and encouragement to assist them in meeting the requirements of their registration, and with their professional development. The practice monitored staff training to ensure essential training was completed each year.

Staff told us they did not have formal appraisals but learning needs, general wellbeing and future professional development were discussed informally on a regular basis as it was a small practice.

Working with other services

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer in accordance with the current guidelines. The practice monitored urgent referrals to ensure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. Staff understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence. The dentist was aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were respectful, caring and professional. We saw that staff treated patients kindly and with respect and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient requested further privacy facilities were available. Staff did not leave patient information where other patients might see it.

Involvement in decisions about care and treatment

The dentist provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them, and gave them time to think. The dentist described to us the conversations they had with patients to help them understand their treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

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

The practice had an appointment system in place which took account of patients' needs. Staff told us that patients requiring urgent appointments were seen the same day.

We saw that the dentist tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. Patients told us they had enough time during their appointment and did not feel rushed.

Staff told us that they telephoned patients who had undergone lengthy or complex treatment the following day to check they were comfortable.

Tackling inequity and promoting equality

The practice had considered the needs of different groups of people, for example, people with disabilities.

The treatment room was located on the ground floor.

The practice was not accessible to wheelchair users. Staff told us they could assist patients who were wheelchair users and who had some mobility, but alternatively provided information on nearby practices which were accessible.

The toilet facilities were located on the first floor accessed by a flight of stairs. Staff informed patients of this prior to their appointments.

Staff were aware of how to access interpreter and translation services for people who required them.

Access to the service

The practice displayed its opening hours on the premises, in the practice's information leaflet and on their website.

Staff made every effort to keep waiting times and cancellations to a minimum.

The practice made every effort to see patients experiencing pain or other dental emergencies on the same day and had appointments available for this. The practice's website, information leaflet and answerphone provided contact details for patients requiring emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. We saw that information on how to make a complaint was not easily available for patients. The practice manager was responsible for dealing with complaints and aimed to resolve these in-house where possible. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure the patient received a quick response.

The complaints procedure contained information about organisations patients could contact should they not wish to complain to the practice directly or if they were not satisfied with the way the practice dealt with their concerns.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. We saw staff had access to suitable supervision and support for their roles and responsibilities.

The practice had some policies, procedures and risk assessments in place to support the management of the service and to guide staff. We saw that policies and procedures were regularly reviewed.

We saw the practice had arrangements in place to monitor the quality and safety of the service and make improvements where required but these were not all operating effectively, for example, ensuring the practice was receiving up to date information on the safety of medicines and equipment, and adhering to recommended guidance where available.

The provider had processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk but these were not all operating effectively, for example, not all the recommended medical emergency equipment was available, and risks to staff were not reasonably reduced when they were manually decontaminating used instruments.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they felt confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

The practice held formal staff meetings annually where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information. Staff told us that as the practice was small, information was communicated on a daily basis. We saw that not all areas of communication were operating effectively, for example, staff were not all clear on when dental unit water lines should be flushed as recommended in guidance.

Learning and improvement

The practice had some quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed audits of X-rays and infection prevention and control, and policies. Staff kept records of the results of these but learning points and action plans were not always produced where necessary to ensure the audit process functioned well.

Staff told us the practice provided support and training opportunities for their on-going learning.

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

The practice had a system in place to seek the views of patients about the service delivery through the use of occasional patient surveys and by encouraging verbal feedback from patients.

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

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

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
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The provider had not made arrangements to receive national medicines and equipment safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency.• The provider was carrying out checks but these were not at the recommended time intervals to make sure the emergency medicines and equipment were within their expiry dates and in working order.• The provider was not taking account of HTM 01 05 guidance in that the dental water lines were not being appropriately flushed, dates of processing or expiry were not marked on the sealed bags containing sterilised instruments, and daily and weekly checks and tests on the sterilisation equipment were not being recorded in sufficient detail.• The provider was not carrying out the recommended HTM 01 05 infection prevention and control audit and the audit template staff were using did not include enough detail to assist the practice in identifying where they were not meeting recognised guidance.

Requirement notices

- The provider could not demonstrate that a pressure vessel test had been carried out on the sterilisation equipment.
- The provider did not produce learning points and action plans where necessary when auditing X-rays and infection prevention and control, to assist the practice in rectifying any deficiencies.
- The provider did not monitor the expiry dates of dental materials in the treatment room drawers. Several items were found to be past their expiry dates.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- The provider had no arrangements in place for staff to raise concerns should the need arise.
- The provider did not have midazolam, oxygen masks with a reservoir and self-inflating bag/masks available.
- The provider did not provide heavy duty gloves for staff to wear and long handled brushes for staff to use when manually scrubbing used dental instruments.
- The provider had not carried out a Legionella risk assessment for the practice.

Regulation 17(1)