

Mr. Joseph Lee

Shevington Dental Practice

Inspection Report

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Shevington
Wigan
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Overall summary

We carried out this announced inspection on 3 November 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

Shevington Dental Practice is in Wigan and provides NHS and private treatment to adults and children.

The practice is located on the first floor above a post office; access is gained via a staircase at the side of the premises. The service is not accessible for people who use wheelchairs or pushchairs. On street parking is available near the practice.

The dental team includes two dentists, five dental nurses (two of whom manage the practice), and a receptionist. The practice has two treatment rooms.

Summary of findings

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 44 CQC comment cards filled in by patients. Patients were positive about all aspects of the service the practice provided.

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

The practice is open:

Monday to Thursday 08:30 to 12:30 and 14:00 to 17:00

Friday 08:30 to 12:30 and 14:00 to 16:30

Our key findings were:

- The premises were clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Minor improvements could be made to the life-saving equipment available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff 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 and proactively signposted to other local services.
- 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.

We identified areas of notable practice.

The practice were proactive in engaging with outside organisations and the local community. For example:

- The practice had partnered with a local cancer care centre to provide dental care to local people newly diagnosed with cancer who did not have a dentist.
- Patient's comments confirmed that the dentists were very informative and gave them information to improve their oral health. The practice had achieved level two on the Wigan Healthy Living Dentistry (HLD) Programme. The HLD Programme supports dental practices across Wigan borough to provide general health advice to patients, preventing the development of long term health conditions.
- The practice were part of a local bid to provide patients with online 360° virtual tours of 10 care providers to help familiarise people with dementia or autism to the services, staff and premises.
- A member of staff had received training in British Sign Language to meet the needs of patients.

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

- Review its responsibilities to the needs of people with a disability and the requirements of the equality Act 2010 and ensure a Disability Discrimination Act audit is undertaken for the premises.

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.

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

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

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

Minor improvements could be made to the arrangements for dealing with medical and other emergencies. These were addressed on the day of the inspection.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had partnered with a local cancer care centre to provide dental care to local people newly diagnosed with cancer who did not have a dentist.

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.

We received feedback about the practice from 44 people. Patients were positive about all aspects of the service the practice provided. Comments about the service suggested patients were treated with care, respect and dignity. They described a professional, friendly and responsive staff team. 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.

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 was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. A disability access audit had not been carried out to ensure that sufficient reasonable adjustments were made where appropriate.

The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice was involved in local community and charitable activities. Patients also commented that the practice was doing a great job in the community.

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

No action



Are services well-led?

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

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

The principal dentist was a member of the Local Dental Committee and the practice manager attended local dental practice management meetings to network with other dental professionals, discuss issues affecting dentistry and share information and resources.

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

The principal dentist had introduced a regular programme of clinical quality and governance meetings where the clinicians met regularly to review clinical standards, audit and discuss their performance.

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. They actively encouraged staff to raise and report any issues. 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. We saw evidence that staff discussed any incidents at regular staff meetings. A message book was also used to assist part time staff to communicate messages and any issues that required further attention.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

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, procedures and flowcharts to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy and signed up to the local 'Freedom to speak up' whistleblowers support scheme which provided staff with a Local Dental Committee member they could approach with any concerns. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. A sharps risk assessment was in place and a safer sharps system was available. The practice followed relevant safety laws when using needles and other sharp dental items. 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. Three members of staff had also received additional first aid training.

Emergency equipment and medicines were available and checked on a weekly basis. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We noted that adult and child size self-inflating bags and oropharyngeal airways were not available. This was raised with the practice manager who took immediate action to order these items. Glucagon, which is required in the event of low blood sugar, was kept unrefrigerated but the expiry date had not been reduced in line with the manufacturer's instructions. We discussed this with the practice manager who gave assurance that the expiry date adjustment of the glucagon would be immediately reviewed.

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 all the staff files. These showed the practice followed their recruitment procedure and retained the appropriate documentation. A staff handbook was in place and staff were provided with all the practice policies.

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. A fire safety risk assessment was in place, fire detection equipment was installed and checked on a regular basis and a member of staff had received fire marshal training. Information relating to the Control of Substances Hazardous to Health (COSHH) was available



Are services safe?

and hazardous substances were appropriately risk assessed. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

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

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. An infection prevention lead was in place who regularly checked that staff were following procedures. 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 carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. An action plan was in place for the practice to achieve best practice.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Staff carried out and documented monthly water temperature testing and the dental unit water lines were maintained appropriately.

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.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. A data logger recorded all steriliser cycles and this was reviewed on a weekly basis.

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

The practice stored and kept detailed 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.

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

Clinical staff completed continuous professional development in respect of dental radiography.



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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

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

Health promotion & prevention

The practice provided preventative care and support to patients in line with the Delivering Better Oral Health toolkit. They displayed oral health education information throughout the practice and supported national oral health campaigns. Patient's comments confirmed that the dentists were very informative and gave them information to improve their oral health. The practice had achieved level two on the Wigan Healthy Living Dentistry (HLD) Programme. The HLD Programme supports dental practices across Wigan borough to provide general health advice to patients, preventing the development of long term health conditions.

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children as appropriate. We saw the practice was recently congratulated by NHS England for fluoride varnish on 90% of children compared with the locality rate of 59%.

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. They actively signposted patients to other local services such as smoking cessation, alcohol support and weight management.

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, dental nurses with additional skills to deliver care in the best possible way for patients. One of the dental nurses had enhanced skills training in oral health education and the application of fluoride varnish and one in impression taking.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and personal development plans.

Working with other services

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly. They audited referrals and partnered with a local cancer care centre to provide dental care to local people newly diagnosed with cancer who did not have a dentist.

Consent to care and treatment

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

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists 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 and patient comments confirmed this.



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 professional, helpful and caring. 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. 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 maintaining confidentiality when dealing with patients at the reception desk. 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.

There were a variety of oral health information leaflets, magazines and a play area with toys for children in the waiting room.

Involvement in decisions about care and treatment

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

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. Many commented that they would recommend the service to others.

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.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray or intra-oral camera images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice. The practice was maintained to a high standard and staff aimed to provide a comfortable, relaxing environment.

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.

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

Tackling inequity and promoting equality

The practice is located on the first floor above the post office. Access is gained via a staircase at the side of the premises. They had made some reasonable adjustments for patients with disabilities. These included installing a second handrail on the stairs and a member of staff had received autism and dementia awareness training. An access audit had not been carried out. We discussed other reasonable adjustments that could be made. The practice manager told us they would undertake a self-assessment and act on any recommendations. Long term plans were in place to relocate to accessible premises.

In addition, the practice were part of a local bid to provide patients with online 360° virtual tours of 10 care providers to help familiarise people with dementia or autism to the services, staff and premises.

Staff said they could provide information in different formats and languages to meet individual patients' needs. A member of staff had received training in British Sign Language and they had access to translation services but staff told us these were rarely needed.

The practice was involved in local community and charitable activities and patient comments confirmed this. For example, they sponsored Shevington in bloom and participated in a donated ticket programme for local children with special educational needs to visit a touring circus. Patients also commented that the practice was doing a great job in the community.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their NHS Choices website. The practice also used social media to communicate with patients.

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

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. The information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

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

The practice manager 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 past 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 practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. Some of the staff had specific roles and responsibilities and we saw staff had access to suitable supervision and support for these.

The practice had a dental clinical governance software, up to date policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. The clinicians set aside time to complete administrative work and discuss clinical quality.

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

Leadership, openness and transparency

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

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

The practice held regular clinical and whole staff meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions and a staff notice board and message book were arranged to share urgent information.

Learning and improvement

During the inspection the provider was open and responsive to feedback and actions were taken quickly to replace items missing from the emergency kit. The practice

had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, prescribing, X-rays, referrals and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements as part of a timetabled programme of clinical quality meetings and reviews held throughout the year.

The principal dentist had introduced a regular programme of clinical quality and governance meetings where the clinicians met regularly to review clinical standards, audit and discuss their performance.

The principal dentist was a member of the Local Dental Committee and the practice manager attended local dental practice management meetings to network with other dental professionals, discuss issues affecting dentistry, share information and share resources.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed personal development plans in the staff folders. Staff confirmed that the principal dentist was very caring, supportive and encouraged them to undertake additional training to further their careers.

We saw evidence that staff 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 funding, support and encouragement for them to do so.

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. Patients regularly mentioned the stairs in their feedback. A second handrail had been installed and staff would escort patients on the stairs if necessary.



Are services well-led?

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. 100% of the most recent respondents would recommend the service.