

151 Dental Ltd

Ayres Road Dental Surgery

Inspection Report

151 Ayres Road
Old Trafford
Manchester
M16 9WR
Tel: 0161 8721695
Website: www.151dental.co.uk

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Overall summary

We carried out this announced inspection on 26 July 2019 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.

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

Ayres Road Dental Surgery is in Old Trafford, Manchester and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. On street parking is available near the practice.

The dental team includes four dentists, five dental nurses (one of whom is a trainee), two dental hygiene therapists, a practice manager and a receptionist. The practice has three treatment rooms.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Ayres Road Dental Surgery is the practice manager.

On the day of inspection, we collected 14 CQC comment cards filled in by patients. They were highly complementary about the staff and services provided.

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

The practice is open:

Monday to Thursday 9am to 5.30pm

Friday 9am - 4.00pm

Saturday 9.30am to 3.00pm (The practice is closed one Saturday a month)

Our key findings were:

- The practice appeared clean, tidy and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures except for Disclosure and Barring Service (DBS) checks.

- 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.
- Staff were proactive at providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

There were areas where the provider could make improvements. They should:

- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice. In particular, carrying out DBS checks or a risk assessment.
- Review the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's policy for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken.
- Review the systems to track and monitor the use of NHS prescription pads in the practice.

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?	No action	✓
Are services effective?	No action	✓
Are services caring?	No action	✓
Are services responsive to people's needs?	No action	✓
Are services well-led?	No action	✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received annual safeguarding training and the safeguarding leads received training to a higher level. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. This included systems to identify dental neglect. For example, when children were not brought to treatment appointments or clinical advice was not followed. In these cases, the parent or guardian was contacted and information was provided about the importance of treating active disease and the risks of not doing so. We discussed the requirement to notify the CQC of safeguarding referrals in certain circumstances as staff were not aware.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation. Staff asked patients if they were a carer. This was highlighted on patient care records allowing more flexibility around appointments that fit around caring responsibilities. They signposted to local advice and support services for carers.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not

used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

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

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at staff recruitment records. These showed the provider followed their recruitment procedure except for DBS checks for members of staff who were self-employed. DBS checks or an adequate risk assessment should be undertaken at the point of employment to ensure the employee is suitable to work with children and vulnerable adults. This was discussed with the practice manager to review.

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

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection and firefighting equipment were regularly tested and serviced. We noted two areas of the practice where fire detection systems were not installed, the kitchen and the attic which was used for the storage. This was brought to the attention of the practice manager who confirmed this would be addressed.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file. The practice had not registered with the Health and Safety Executive for the use of radiography. This was addressed during the inspection. It was not clear who the practice's radiation protection adviser (RPA) was. We discussed this with the principal dentist to include this information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Are services safe?

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had not been undertaken. We discussed this with the principal dentist who gave assurance that this would be completed. Staff confirmed that only the clinicians were permitted to assemble, re-sheath and dispose of needles where necessary to minimise the risk of inoculation injuries to staff. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries.

The 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 checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygiene therapists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

The provider had an alphabetised folder of safety data sheets for hazardous substances, but risk assessments were not in place to ensure the manufacturer's instructions were adhered to. We discussed this with the lead dental nurse to action. Hazardous substances were stored appropriately and clear instructions were provided for their usage and disposal.

The practice occasionally used agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water temperature and quality testing and dental unit water line management were in place. We highlighted to the practice manager that the risk assessment report recommended that Legionella awareness training should be provided for the person responsible for Legionella management.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. Additional hand hygiene audits and observations were carried out to ensure staff followed the correct procedures.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We

Are services safe?

looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance. We noted the log of prescriptions would not identify if a prescription was missing. This was discussed with the provider to implement.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

Where there had been safety incidents we saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons identified themes and acted to improve safety in the practice. For example, the practice had reviewed the process to sterilise dental handpieces after oil from these had affected the operation of the steriliser.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay. The lead dental nurse had received additional training in oral health education and the application of fluoride varnish which enabled them to run oral health clinics. These included helping to prepare patients who were referred for orthodontic treatment to care for their orthodontic appliance and maintain good oral health. We saw the practice was recently congratulated by NHS England for the application of fluoride varnish on 86% of children compared with the locality rate of 67%.

Staff were aware of and participated in national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, the Greater Manchester Healthy Living Dentistry (HLD) project. This project is focused on improving the health and wellbeing of the local population by helping to reduce health inequalities. The practice made a commitment to deliver the health promotion lifestyle campaigns, such as stop smoking, alcohol awareness. Staff created eye-catching displays and resources in the practice and used social media to raise awareness of oral health and other issues.

The dentists and dental hygiene therapists where applicable, 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 signposted to local support services when necessary.

The principal dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in-patient records. 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 had received training and understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

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

Are services effective?

(for example, treatment is effective)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs informally and at annual appraisals and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff, including support for trainee dental nurses. They had access to an online learning resource which included interactive quizzes.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems for 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.

Staff monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were helpful, caring and kind. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. They praised individual members of staff who they felt had been supportive when they were nervous.

Practice information, including the treatments available, fees and clear explanations about exemptions from payment in several languages were available for patients to read. Staff had created a display in the waiting room explaining why updating medical histories was important.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

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. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' 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), internally in the waiting room and

reception area. Notices were displayed to inform people that CCTV was in use to protect the premises. The provider ensured that the use of CCTV footage complied with General Data Protection Regulation (GDPR) requirements.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the principles of the Accessible Information Standard and the requirements under the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpretation services were available for patients who did speak or understand English and staff told us these were regularly used. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.
- The lead dental nurse was in the process of completing Autism awareness training. This would be used to review how the practice meets the need of patients on the autistic spectrum.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. 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.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The principal dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, models and X-ray images of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care. The dentists conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. For example, the practice had been awarded gold level accreditation in Pride in Practice. Staff had received training to enable them to better meet the needs of Lesbian, Gay, Bisexual, Transitioning, Queer or questioning (LGBTQ+) patients by understanding how to provide appropriate services to LGBTQ+ people, and confidence building with staff around terminology and appropriate language.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patient notes were flagged if they were unable to access the first-floor surgery or if they required a translator or the portable ramp.

The practice had made reasonable adjustments for patients with disabilities in line with a disability access audit. These included grab rails at the front entrance, a portable ramp and an accessible toilet with hand rails and a call bell. Staff had received Dementia awareness training.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients were asked about their communication preferences and could choose to receive text message and email reminders for forthcoming appointments. Staff telephoned some patients before their appointment to make sure they could get to the practice. Patients who requested urgent advice or care were offered an appointment the same day. Patients 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.

The practice's 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.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a 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 would tell them about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager 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 had 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. When compliments were received these were shared with staff.

Are services well-led?

Our findings

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

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. They demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

The practice had a culture of high-quality sustainable care. The practice had disease prevention systems that were in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population. They participated in local oral health improvement and disease prevention initiatives.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

We saw the provider had systems to identify and deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

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

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

A dental clinical governance compliance package was in use to help them to meet the required standards. The practice had access to an external human resource and recruiting organisation which provided support including financial, legal support. Expert advice and updates were provided to the practice when required.

We saw there were clear and effective processes for managing risks, issues and performance. We highlighted areas for improvement in relation to fire and hazardous substances.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support high-quality sustainable services.

The provider used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. There were suggestions from patients the practice had acted on. For example, providing a wider range of reading materials in the waiting room.

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. The most recent results showed that 100% of responders would recommend the practice.

Are services well-led?

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

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. The practice had recently improved the radiography audit process after noticing that grading of the quality of radiographs may be too high.

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

The dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD. For example, by accessing training online.